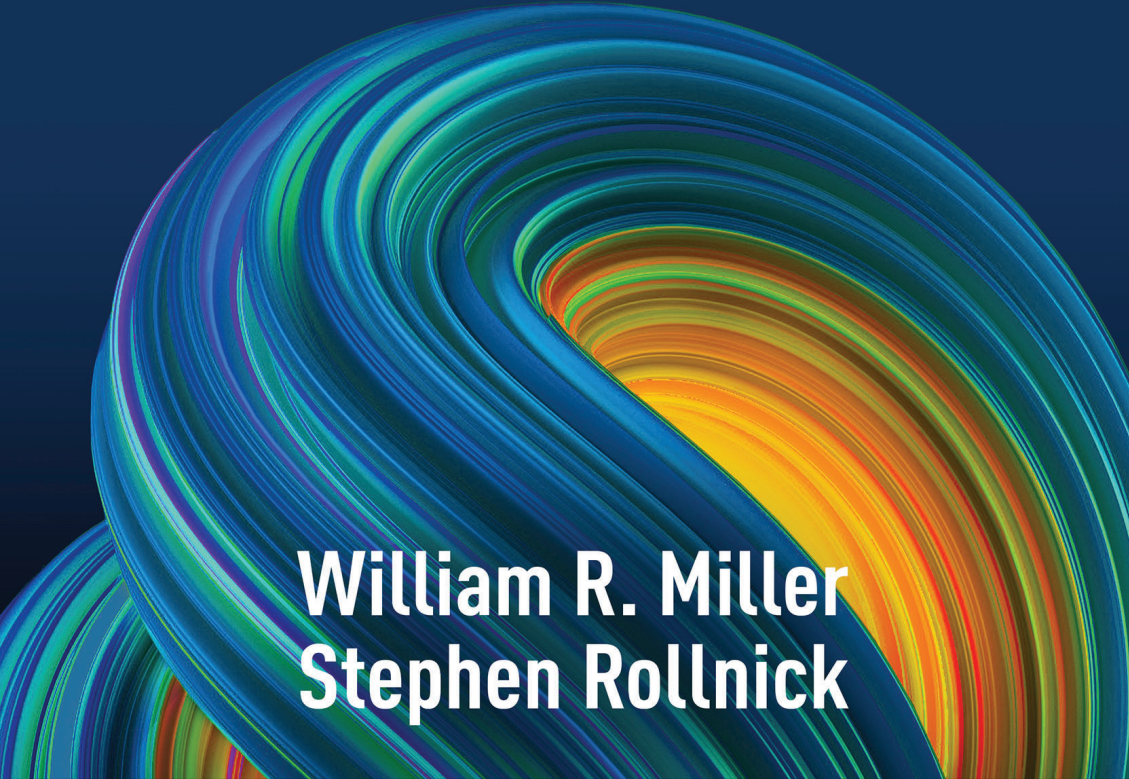


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MOTIVATIONAL INTERVIEWING

HELPING PEOPLE CHANGE AND GROW



**William R. Miller
Stephen Rollnick**



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MOTIVATIONAL INTERVIEWING

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FOURTH EDITION

HELPING PEOPLE CHANGE AND GROW

William R. Miller
Stephen Rollnick



THE GUILFORD PRESS
New York London

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A Division of Guilford Publications, Inc.
370 Seventh Avenue, Suite 1200, New York, NY 10001
www.guilford.com

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Printed in the United States of America

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Library of Congress Cataloging-in-Publication Data is available from the publisher.

ISBN 978-1-4625-5279-5 (hardcover)

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*To my beloved spouse of 50 years,
Kathleen Jackson*

—WRM

*Looking to the next generation:
for the wonderful and loving Jacob, Stefan,
Maya, and Nathan Rollnick*

—SR

About the Authors

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Preface to the Fourth Edition

As we finish writing this fourth edition of *Motivational Interviewing*, we have each devoted half a century to understanding how and why people change and how to help them do so. For each edition, including this one, we have almost completely rewritten the book, benefiting from what has been learned in the decade since the prior edition.

Psychological methods tend over time to become ever more technical and complex. The textbooks grow larger. Practitioners and instructors seek advanced training and certificates of proficiency in the brand-name method, which in turn can lead toward restricting practice to those so qualified. There are some understandable reasons for this progression, and early in the development of motivational interviewing (MI) we were advised by respected colleagues to trademark and copyright the name and to license its practice: “You’ll be sorry if you don’t.”

We declined to do so, and MI has followed a very different course. Our conscious reason was our disinclination to become MI police, occupied with preventing bad practice, if indeed that is even possible. Instead we and the MI Network of Trainers (<http://motivationalinterviewing.org>) have chosen to focus on understanding and promoting better practice, freely sharing what we have learned along the way. MI is like open-source software, available for those who want to learn and practice it, which may be one reason for the surprisingly rapid and wide dissemination of MI. Still, many ideas that are freely available do not spread so readily. There seems to be something more to why MI has been adopted across so many different settings, professions, cultures, and languages and why it has been applied to such a wide range of change challenges. It is as though helpers seem to *recognize* MI when they meet it, like something they had already known. It

is not a totally new or strange approach. To some it feels more like a friend they had known long ago and perhaps lost touch with for a while.

Writing this fourth edition has posed many interesting challenges for us. For readers new to the method, this book serves as their introduction to MI. Some have heard of MI, perhaps learned a bit about it in presentations or readings, and are interested in understanding how to practice it. At the same time, this has also been the authoritative book on MI to which people turn for scientific documentation and a more advanced understanding. Some readers are teachers and trainers who help others to develop skillfulness. How could we write for all these audiences?

The first three editions of *Motivational Interviewing* did grow in size and complexity. Each time, hundreds of new studies had appeared to clarify the promise, processes, and limitations of MI. We could now write a still larger and more complicated fourth edition, but we are drawn instead toward simplicity. When understanding something more deeply, it may become possible to explain it more clearly and with less jargon. U.S. Supreme Court Justice Oliver Wendell Holmes Jr. opined: “I would not give a fig for the simplicity this side of complexity, but I would give my life for the simplicity on the other side of complexity.” In this fourth edition we pursue the challenge of conveying simplicity on the far side of complexity in hopes that what we have learned over the decades may be of use to a still broader range of professional helpers.

MI is certainly being applied now in areas far beyond our initial imagining. It is used not only in counseling and psychotherapy but also in health care, education, nutrition, coaching, preventive dentistry, sports, social work, corrections, leadership, and management. Note that this includes some professional roles that are less about effecting discrete behavior changes and more about accompanying people over a longer period of growth, roles such as teachers, mentors, parents, spiritual directors, supervisors, leaders, and life coaches. Already more than a hundred books have been published on particular applications of MI. Thus, we are writing for an ever-broader range of helping professions. People in many such roles have the common experience that attempting to push (coax, cajole, coerce, persuade) someone into changing often fails or even backfires. Trying out the spirit and method of MI can yield observable change in how people respond, improve their outcomes, and even make work more enjoyable for practitioners and clients alike. MI is a way of practicing a helping profession. If you are relatively new to this method, we hope that this edition affords you a clear introduction and welcome to MI. If your practice of MI is more seasoned, we aim to deepen your understanding of how all this applies in your own work.

Addressing a broader array of professional fields creates some special challenges in language. Terminology varies across these fields, but the essentials of MI remain the same. Those essentials are our focus in this

fourth edition—the fundamentals of this method that apply in helping relationships. People who are being helped may be called *clients*, *patients*, *relatives*, *students*, *athletes*, *advisees*, *residents*, or *employees*; we have used *client* or *person* as a generic term, and we hope that works for you. The practitioners of MI come from many different professions and fields, and we have written simply to “you” as the reader. To avoid sexist language, we have used plural pronouns when referring to people in general.

We are conscious, too, that many readers of this edition are specialists in behavioral health fields—practitioners, counselors, and psychotherapists who treat psychological problems. For this reason, we have included a new feature, special “For Therapists” sections that offer more advanced material within the context and terminology of psychotherapy. Using these sections allows us to fill in some specialist pieces without assuming that all readers will be interested in treatment issues or will be familiar with psychotherapy jargon.

For those already familiar with MI, we have introduced some changes from prior editions. Writing for helpers more broadly, we have sought to move away from specialist jargon toward more everyday language. Whereas early editions focused on *preparing* people for change, we now understand MI as a way of accompanying people throughout the journey of change and growth. Within the spirit of MI we have retained the constructs of partnership, acceptance, and compassion, but we have broadened “evocation” to “empowerment,” affirming clients’ own strengths, motivations, resourcefulness, and autonomy. We describe the four processes of MI (engaging, focusing, evoking, and planning) more simply as component “tasks” of MI. Informed by ongoing discussions about praise versus affirmation, we adopted the distinction between simple and complex affirmations introduced by Miller and Moyers in their 2021 book, *Effective Psychotherapists*. Our prior term, *righting reflex*, has been changed to the clearer *fixing reflex*. A technical procedure that we had inaptly termed *running head start* is now called a *pendulum* technique. We give greater attention to the strategic use of *directional* questions and reflections that are chosen intentionally to invite and strengthen change talk. With increased remote delivery of services via telephone and digital technology, this edition addresses issues in providing MI beyond in-person contexts.

Documentation in this book remains thorough, but we have switched away from an American Psychological Association citation format that interrupts text with names and dates. Instead, citations and additional information are provided in numbered endnotes within each chapter. Some of the illustrations of MI dialogue in this edition are from transcription of video demonstration interviews by highly experienced practitioners. We have also added a “Personal Perspective” feature in each chapter with one of us (Bill or Steve) commenting on a particular aspect of MI practice. Throughout this edition, we highlight some terms and phrases that merit

special attention or have particular meaning within MI. The first time they are discussed in the book they are printed in ***boldface italic*** font, and they are also listed in alphabetical order at the end of the chapter. A definition of each of these concepts is included in the updated glossary at the end of the book. You will encounter some intentional repetition from chapter to chapter of points that we regard as particularly important.

As we provided with the third edition, a website with additional resources for learning and teaching MI is available at www.guilford.com/miller2-materials.

Despite all the changes we have made in this edition, the method of MI itself remains the same. We just know far more about it than when we first described it. Although there can be a freestanding “pure” version of MI as an intervention in itself, most often it is now being used in combination with other evidence-based methods. Rather than an add-on technique, MI is becoming a way of doing what else you already do as a helping professional, a way of being with those you serve. It is meant not to replace but to enhance what you do. The fundamentals of MI overlap substantially with what makes helpers more helpful. Our hope for this fourth edition, then, is that you will find in it a welcome way of being a guide for those who seek your help on their journey toward change and growth.

Acknowledgments

We first acknowledge our indebtedness to Carl Ransom Rogers (1902–1987), founder of a humane, person-centered approach to counseling, psychotherapy, education, and clinical science. MI is a person-centered method built on the solid foundation of the work provided by Dr. Rogers and his students.

We are grateful to the remarkable community of colleagues known as MINT—the Motivational Interviewing Network of Trainers—for stimulating discussions that have informed us over the years as we developed successive editions of *Motivational Interviewing*. Professor Theresa Moyers has been at the forefront of MI process and training research, advancing our understanding of how MI works by applying scientific method while also clearly recognizing its limitations. The MINT members who asked us good questions and contributed their knowledge and perspectives to this fourth edition are far too numerous to name here. We tried, and we were quickly overwhelmed just by the long list of people we recalled, plus troubled that we would surely be omitting important others.

This is the 19th book, including new editions, that we have personally authored or edited with The Guilford Press, in addition to serving as series editors for other Guilford books on MI. Having worked with many other publishers, we continue to be impressed with and grateful for the outstanding level of care, quality editing, and attention to detail that has been our consistent experience with Guilford. It has been a great pleasure over the years to work with Guilford editors like Jim Nageotte, Jane Keislar, Kitty Moore, and Chris Benton—not necessarily when we are in the midst of yet another rewrite, but always in the quality of the final product. As before, the copy editor for this book, Betty Pessagno, was most helpful in getting the language just right. Finally, we are grateful to Theresa Moyers, David Rosengren, and Allan Zuck-off for their careful reviews of the manuscript, offering suggestions to improve its flow and clarity. Like MI itself, this book is the collective work of many dedicated, generous, and talented people.

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PART I

HELPING PEOPLE CHANGE AND GROW

In this section, we introduce you to the spirit and method of motivational interviewing (MI). Chapter 1 offers a broader context in the guiding style of MI that lies in between directing and following, and the underlying helper's attitude of partnership, acceptance, compassion, and empowerment. Chapter 2 then introduces you to the method of MI—how it began, the dynamics of ambivalence, and four component tasks in MI: engaging, focusing, evoking, and planning. Finally, Chapter 3 illustrates the flow of MI—how it sounds and feels in practice.

CHAPTER 1

The Mind and Heart When Helping

Anyone who willingly enters into the pain of a stranger is truly a remarkable person.

—HENRI J. M. NOUWEN, *In Memoriam*

We wrote this book for helping professionals, those who choose to spend a significant proportion of their lives in service to others. How did you decide to become a helper? A common motivation is the compassionate desire to foster well-being and happiness, alleviate or prevent suffering, and facilitate positive change. There is the joy, indeed the privilege, of being witness to growth and change, knowing that you have made a difference. These motivations are often what attract and retain people as counselors, educators, clergy, coaches, and health care professionals along with many other kinds of helpers who accompany people on life's journey.

Wanting to help is a good beginning. Having particular skills can then be the difference between making matters better or worse. When trying to help someone with a health crisis or injury, for example, having specific life-saving skills can be vital. Knowing what to do is part of a helper's expertise, and service professions appropriately emphasize using methods with scientific evidence of effectiveness.

In helping vocations, it does matter *what* you do, and it also matters *how* you do it. Beyond technical know-how, there are particular communication skills that make some helpers more (or less) effective than others.¹ In this book, we focus on *motivational interviewing* (MI) as an evidence-based method for promoting change and growth. For a definition, MI is a *particular way of talking with people about change and growth to strengthen their own motivation and commitment*. Its component skills such as empathic listening are not personality traits or inborn talents. They are practices you can learn and develop over time.

FOR THERAPISTS: Effective Practice

Although MI began as a method for behavioral health counselors and psychotherapists, it is now being used in many other helping professions. Throughout this edition, we have included special sections “For Therapists” to offer additional information and perspectives for the many practitioners whose work does focus on treating behavioral health concerns. In these more advanced sections, we assume familiarity with technical therapeutic concepts that may be less relevant for other readers.

A common finding in psychotherapy research is that clients’ outcomes vary with the therapist who provides treatment. Even when following a structured treatment manual, some therapists are simply more effective than others, and it has very little to do with years of experience. At least eight observable clinical skills differentiate therapists whose clients have better (or worse) outcomes regardless of the theoretical orientation. In reviewing 70 years of psychotherapy research,² we were struck by the parallels between these eight characteristics of more effective therapists (highlighted in *italic* font below) and the foundational elements of MI described in this book. *Accurate empathy* has been part of MI from the very first description of the method in 1983, as have sharing *hope* and *positive regard* or affirmation. *Acceptance* is a core component of the underlying spirit of MI described later in this chapter. Having *shared goals* for change and a strategy for reaching them is an essential element of a working alliance and is central to the focusing task of MI. *Evocation* of the client’s own perspectives and motivations for change is a defining task of MI, which also includes *offering information and advice* in a particular person-centered way. The eighth of these therapeutic skills, congruence or *genuineness*, is one to which we have paid too little attention in our prior writing and is now addressed in this fourth edition.

These therapeutic skills are broadly applicable, and for this reason they have sometimes been called “nonspecific” factors, meaning that they are not specific to a particular theoretical orientation. Yet they are specifiable, observable, and learnable, and they predict client outcomes. Our work in developing and evaluating MI has operationalized many of these therapeutic skills to make them more specifically observable and learnable. We do not intend for MI to be used instead of but rather in addition to other treatment methods. Indeed, this is the most common use of MI now: in *combination* with other effective therapies. For us MI became a *way of doing* cognitive, behavioral, and health care interventions, an evidence-based *way of being* with clients as you use your expertise to help them change and grow.

Our own research on MI began in the 1980s, when we initially sought ways to help people change the harmful use of alcohol and other drugs.³ We soon found that the skills we were studying and teaching are helpful not only for reducing bad habits but also for promoting positive, healthy changes. To our surprise and with relatively little assistance from us, MI spread into medical care, social work, counseling, coaching, mental health, nutrition, dentistry, education, public health, corrections, rehabilitation, and sports. It also crossed cultures on six continents and is now being used and taught in at least 75 languages around the globe.

Through decades of research and three prior editions of this book we have waded deep into complexity in the study and practice of MI. Countless studies have documented outcomes of MI, plumbed the depths of what happens in helping relationships to promote change, linked specific counselor and client responses, and explored what it takes to develop these salutary skills. As we write this, the scientific literature includes more than 2,000 controlled clinical trials involving MI across a wide range of fields and nations.⁴

What we hope to convey now in this fourth edition of *Motivational Interviewing* is a simplicity beyond the complexity of decades of research.⁵ Starting with simplistic generalizations may be unhelpful—like telling parents to just love their children or urging teenagers to just say no to drugs—if it lacks the specific *how* that is involved. When you understand something deeply, however, it may become possible to explain it more simply and clearly. MI *is* simple but it is not easy, at least not when you are beginning to learn it. There may be some old habits to restrain and new ones to develop. There is an underlying mindset or spirit to MI that you can cultivate as you practice. Yet we do understand—much better now than when we began developing MI—how to teach this way of helping people change and grow.

A Helper's Presence

MI is not a novel approach to be used *instead* of other forms of helping. Rather, MI is a *way of doing* what else you do, a *way of being* with those you seek to serve, and it is grounded in a view of some fundamentals of a helping relationship.

First and foremost, we believe helping should be *person-centered*.⁶ When your work is person-centered, you're not primarily seeing deficits, diagnoses, or problems to be solved. You are talking to a *person* first and a client, patient, student, employee, or athlete second. You see this person as someone with strengths, hopes, and relationships, someone who appreciates being heard, valued,

MI is a way of doing
what you already do.

and regarded as competent. You are in a relationship with a real human being who makes choices, and you are present as a real person yourself. In a helping profession it can be tempting to put on a mask of distance, authority, or objectivity. That may be appropriate for an actor or a courtroom judge, but person-centered practice calls on you to be *yourself* as a helping professional, aligned in heart and mind.

Here are some broad brushstrokes of a person-centered approach. Be curious. Bring a humble beginner's mind to your helping relationships, not assuming you already know what's happening and what's needed. Pay close attention. Notice how someone responds as you say and do specific things. You are in an interaction, a dance, and not a solo performance. Respond in the moment rather than following a rehearsed routine, checklist, or manual, and be mindful of your own reactions.

At the same time, practice restraint. The focus in a person-centered approach is on your client, not yourself. Regulate your own emotions and provide a calm presence. Be modest with your own desire to fix things and provide solutions. You are not the only wise person in the conversation. As a helper, you are a guest in the person's world.

Some helpers think that all they need to do is follow along and listen sympathetically. Others believe the way to help people is to solve problems and tell them what to do. In between these two communication styles of *following* and *directing* is a sweet spot of *guiding*. If you travel to a new country, you might hire a guide to help you on your way. You don't expect the guide to decide when you will arrive and leave or to order what you will see and do. Neither do you expect the guide just to follow you around. The guide's job is to help you get where you want to go and do what *you* choose to do—safely, enjoyably, perhaps even economically. The guide's expertise is important, and so are your own goals and choices. A guide normally walks alongside, neither pulling from the front nor pushing from behind. Ideally, there is mutual respect between the guide and those being guided. That middle ground of guiding is where MI lives, drawing both on following with good listening and on offering direction when appropriate. Box 1.1 offers some verbs associated with these three communication styles of directing, guiding, and following.

The Guiding Spirit of MI

MI involves not only particular skills, but also an underlying attitude, a particular state of mind and heart with which you engage in a helping relationship. It shuns domination. This attitude calls for being open, calm, and compassionate—sometimes in the midst of chaos. It also calls for a posture that may seem radical if you understand your job as that of providing solutions and treatments for problems. If you begin with an intention to

BOX 1.1. Some Verbs Associated with Each Communication Style

Directing style	Guiding style	Following style
Administer	Accompany	Allow
Authorize	Arouse	Attend
Command	Assist	Be responsive
Conduct	Awaken	Be with
Decide	Collaborate	Comprehend
Determine	Elicit	Go along with
Govern	Encourage	Grasp
Lead	Enlighten	Have faith in
Manage	Inspire	Listen
Order	Kindle	Observe
Prescribe	Lay before	Permit
Preside	Look after	Shadow
Rule	Motivate	Stay with
Steer	Offer	Stick to
Run	Point	Take in
Take charge	Show	Take interest in
Take command	Support	Understand
Tell	Take along	Value

persuade, fix, or correct someone, you have already lost the person-centered path. Human beings are fine-tuned to sense clever manipulation, even if unconsciously. It matters how you think about your role as a helper and how you understand the process of helping. We refer to this attitude toward helping as the guiding *spirit of MI*, without which the technical skills are hollow. There are four interlocking elements of that underlying spirit: partnership, acceptance, compassion, and empowerment.⁷

If you begin with an intention to correct someone, you have lost the path.

Partnership

As a helper, it's easy to fall into an expert stance that has you in essence talking down to the person from a position of superiority. Some professional contexts amplify this imbalance with diplomas on the wall, a barrier desk or window, or a white coat. Professional expertise is often part of what people seek from helpers; yet in any helping relationship you are not the only one with expertise. People are experts on *themselves*. If the topic

of conversation involves a change in people's behavior or lifestyle, then you will *need* their expertise. No one has more experience with or knows more about them than they do, so a helping relationship is a *partnership* of your expertise and theirs. You both bring strengths and capability to the relationship. It is not an adversarial task like wrestling but is more like dancing together with flowing motion, adjustments and direction.⁸ If you're dancing in a ballroom, you can move gracefully without pushing or dragging your partner. Helping relationships can be like that. Skillful guiding requires a collaborative partnership.

Acceptance

Nonjudgmental *acceptance* is widely recognized and scientifically demonstrated to be a healing factor in psychotherapy.⁹ The most effective practitioners, therapists, and counselors are those who are empathic, warm, accepting, and affirming.¹⁰ The same characteristics are found in effective teachers, organizational leaders, and coaches.

Acceptance in helping relationships bespeaks in part a general reverence for humankind and its diversity. For an open-hearted helper, people have inherent worth and do not need to earn or prove that they deserve respect. More than this, helpfulness involves respect for and interest in the particular unique person you are serving. Acceptance does not mean agreement or approval. For example, you can accept opinions very different from your own without agreeing with them. Acceptance is importantly conveyed by what you are *not* doing: judging, disapproving, criticizing, or shaming.

How can accepting people *as they are* help them to change and grow? There is an ironic paradox here: When people experience being accepted as they are, it becomes possible for them to change.¹¹ In contrast, feeling unacceptable can be immobilizing. Motivation for change is rarely fueled by feeling sufficiently terrible about oneself—guilty, ashamed, or worthless. Nonjudgmental helping involves taking an interest in and understanding people's unique experience whatever it may be.

When people feel accepted as they are, then they can change.

Compassion

What we mean by *compassion* is not a *feeling* such as sympathy or pity (feeling *for* someone). Sympathetic feelings may nudge you into the role of a fixer or technician who is there to find the problem and correct it or may prompt you to make unjust preferential decisions.¹² Rather, what we mean here by compassion is an *intention* to give top priority to the health and well-being of the one you are serving.¹³ It is a commitment to benevolence, an intent to alleviate suffering and support positive growth. Some of

the skills we will describe in this book can be and have been used in self-serving ways to influence others to do something that is in the practitioner's own interest.¹⁴ MI is not about getting people to do things that *you* want them to do. With compassion, the prime directive is the best interest of the person whom you are helping. MI is compassion in action.

Empowerment

Professional helpers are sometimes called “providers.” So much of what happens in the name of helping is based on a deficit model indicating that the person is lacking something that needs to be provided. The implicit message is, “I have what you need, and I’m going to give it to you,” be it knowledge, insight, diagnosis, wisdom, reality, rationality, or coping skills. Clinical evaluation is often focused on detecting faults or deficits to be corrected by professional expertise. The underlying assumption is that once you have discovered what the person lacks, then you will know what to install. This approach is reasonable in automobile repair or in treating infections, but it usually does not work well when lifestyle change is the focus of the conversation.

To empower can mean giving what the person did not have before—for example, granting an authority that was not theirs to begin with. A second common meaning of empower, however, is to help people realize and utilize their own strengths and abilities. The spirit of MI starts from this latter strengths-focused premise, that people already have within them much of what is needed and your task is to evoke it, to call it forth. It is not just accepting a person's autonomy, but actively supporting and encouraging it, looking for assets and opportunities rather than deficits.¹⁵ The implicit message in MI is, “*You* have what you need, and together we will find it.” From this perspective it is particularly important to focus on and understand the person's own strengths and resources. The view here is that

Not just accept, but actively
encourage a person's autonomy.

people truly do have wisdom about themselves and have good reasons for doing what they have been doing. They already have motivation and abilities within them that they can

call upon, which is a primary purpose of the *evoking* task in MI (see Chapter 2). One of the surprises in our early MI research was that once people resolved their reluctance about change, they often went ahead and did it on their own without additional professional assistance or permission.¹⁶ **Empowerment** in MI, then, is not primarily giving people something they lack but rather helping them appreciate and use what they already have. It is an optimistic view that prizes strengths and competence.

Empowerment also affirms people's ability to make their own choices, sometimes called *autonomy support*.¹⁷ Short of extreme coercive measures

like incarceration, a client's autonomy cannot be taken away no matter how much you might wish to do so at times.¹⁸ The opposite of autonomy support is domination: to exert power or control over another from a superior position, the attempt to *make* people do things. There is a paradox here. Telling people that they "can't" do something, and more generally trying to constrain choices, typically evoke a desire in them to reassert their freedom. On the other hand, directly acknowledging someone's freedom of choice often diminishes defensiveness and can facilitate change.¹⁹ Approaching your work with this understanding of empowerment involves letting go of the idea that you have to (or can) make people change. It is in essence letting go of a power that you never had in the first place.

We hasten to acknowledge here that in some cultures one's sense of self is intimately connected with the well-being of one's family, group, or community. In such contexts, the concept of autonomy may expand beyond the individual. In indigenous and other more collectivist cultures, for example, primary consideration is often given to the well-being of the community, and thinking first or only of oneself is peculiar. MI was originally developed in a more individualistic Western context, but it has now been adopted and adapted in a wide range of world cultures. Indeed, MI can be applied in macro-level changes at a system or social level.²⁰

In sum, MI as a way of helping starts from your state of mind and heart when you are working with others. As a helper you are not a hero arriving to fix things, but rather a companion and guide on the client's journey of change and growth.

A Way of Being

Happily, embodying the underlying spirit of MI is not a prerequisite for practicing MI. If it were, few could begin. MI is grounded in a willingness and intention to be an accepting, compassionate, and empowering partner on the path to change and growth. You learn how to don that underlying attitude as you practice the technical skills of MI. As you begin the journey of learning MI, your best asset is a clear mind, letting go of needless mental clutter or seeking clever things to say.

It is our experience that over time the practice of MI can change you as a person. Those in helping professions have told us that learning and practicing MI has lifted an emotional burden from their shoulders, allowing them to enjoy their work much more. Though more studies are needed, we suspect MI is an antidote for the poison of burnout.²¹ Practicing empathy and acceptance for others may help you become a more accepting person, more patient not only with others but also with your own shortcomings.²²

There is a common situation that gives rise to MI in helping professions. The helper sees a beneficial change the client could make, and the person seems reticent or even uninterested in doing it. The helper is

championing change and the client is reluctant about it; they seem to have different goals, and attempts to convince or persuade are often fruitless at best. This situation can be frustrating for client and helper alike, who can wind up blaming each other for the impasse with labels such as “rigid,” “resistant,” and “unmotivated.” MI is about arriving at shared goals to move toward while finding and strengthening the client’s own motivations for change.²³ Over time we have come to realize that the very term *resistance* is an unhelpful way to think about helping relationships. If you practice the spirit and method of MI, this kind of oppositional struggle is far less common from the outset. We certainly will address in detail the issues of differing goals and resistance once the fundamentals of MI are in place.

MI is about arriving
at shared goals
to move toward.

As you learn this way of working with others, you may soon notice significant changes happening in how people respond to you. They become less defensive or “resistive” and more appreciative. It is easier to develop and pursue common goals. The engaging skills of MI can equip you to develop trusting relationships surprisingly quickly. The experience of being listened to in this way is sufficiently rare that people will be eager to talk to you more.

Practiced with a compassionate and accepting spirit, MI is a method for helping people change and grow. In the beginning MI was focused on specific changes, often decreasing a harmful behavior or increasing a healthful one. There is ample evidence that MI can be effective in helping people change behavior, but we now think about its usefulness in facilitating change and growth more generally. The concept of ambivalence applies well when considering a specific change like being more physically active—wanting and not wanting it at the same time. Human growth more often is about choice within a broader field of options. What do you want to be and do in the long run? What and how would you like to learn? Where are you stuck? How will you choose to spend your time? What kind of life do you hope to pursue for yourself, your loved ones, your community or nation? MI is a way of accompanying people on these growth journeys as well.

PERSONAL PERSPECTIVE: An MI Meditation

Living in the American Southwest, I have often been privileged to talk with Native American helpers about MI. Some have told me that this respectful way of relating to others is quite compatible with tribal conversational norms. A tribal leader once observed, however, that in order to teach MI to Native American people, it should have a prayer, a song, and a dance. I leave the dance and song to more capable people, but I did craft this prayer with assistance from a Navajo elder.

This version reflects a meditative preparation to work with a woman, but the pronouns are easily changed.

Guide me to be a patient companion,
to listen with a heart as open as the sky.
Grant me vision to see through her eyes
and eager ears to hear her story.
Create a safe and open mesa on which we may walk together.
Make me a clear pool in which she may reflect.
Guide me to find in her your beauty and wisdom,
knowing your desire for her to be in harmony:
healthy, loving, and strong.
Let me honor and respect her choosing of her own path,
and bless her to walk it freely.
May I know once again that although she and I are different,
yet there is a peaceful place where we are one.

—BILL

In Chapter 2 we will describe what MI is, how it began, and its four component tasks, each of which is then explained in more detail in Chapters 4–7. Together these chapters portray the fundamentals of MI.

KEY CONCEPTS

- Acceptance
- Autonomy support
- Compassion
- Directing
- Empowerment
- Following
- Guiding
- Motivational interviewing
- Partnership
- Person-centered
- Spirit of MI

KEY POINTS

- Motivational interviewing (MI) is an evidence-based, person-centered method for fostering change and growth, and is applicable across a broad range of helping professions.
- MI is a particular way of talking with people about change

and growth to strengthen their own motivation and commitment.

- MI does not compete but is compatible with many other means of helping. It is a way of doing what else you do.
- The underlying guiding spirit of MI includes four elements: partnership, acceptance, compassion, and empowerment.
- Over time, the practice of MI can change how your clients respond and may also change you as a person.

Notes and References

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What Is Motivational Interviewing?

You are a midwife, assisting at someone else's birth. Do good without show or fuss. Facilitate what is happening rather than what you think ought to be happening. If you must take the lead, lead so that the mother is helped, yet still free and in charge. When the baby is born, the mother will rightly say, "We did it ourselves!"

—LAO TZU, *Tao Te Ching*

To get a big picture of MI, let's begin with the name itself. *Motivation* is whatever actually gets someone moving: acting, changing, or growing. No one is unmotivated. People are always doing something even if it's sleeping or relaxing. The prompts for action can be external (such as drawing your hand away from a hot stove) or internal (such as eating when you feel hungry). Yet the line between external and internal motives can be blurry. For example, hunger can be triggered not by stomach contractions but by the sight or smell of food or by cues associated with eating such as time of day. Rather than some mysterious internal force such as will power, motivation arises from both internal and external sources and is often interpersonal, something that happens between people.

Interviewing is a particular kind of interaction. An interviewer has a different role from that of the person being interviewed. We might have called the method "motivational conversation," but two people who are conversing typically have similar roles, just as two friends do when they are talking to each other. An interviewer has a particular guiding role that is different from the role of the person who is being interviewed. We also chose the term "interviewing" because in English it does not imply the balance-of-power relationship between the people involved. The interviewer could be an employer deciding whom to hire, thereby holding the

balance of power. An interviewer might also be a student completing an assignment by posing questions to a famous visitor. In both cases, the interviewer's task is to ask particular questions, listen with curiosity, and learn.

MI is a specific form of interviewing. When practicing MI, the interviewer has a guiding role in using the particular skills we describe in detail in this book. The recipient of MI is being served and ultimately is the one who decides what to change, if anything. MI is not about *installing* motivation

MI is not about installing motivation, but evoking it.

in people but rather *evoking* it from them. You don't provide the motivation any more than a midwife provides the baby. You bring it out, calling forth what is already there.

A key in MI is discovering the person's *own* motivation for the change that is being considered. As we will discuss shortly, people are often *ambivalent* when considering change: they perceive reasons both for and against changing. MI is a particular way of having such conversations about change.

How MI Began

MI is a work in progress, continuing to evolve with experience and research.¹ It was not derived from a preconceived theory.² Like the person-centered approach of Carl Rogers, it arose from closely observing and reflecting on clinical practice.³ Although MI is broadly about change and growth, it originated in clinical efforts to alleviate problem behavior. It began from a series of discussions in 1982 with a group of Norwegian psychologists and social workers who were treating people with alcohol use disorders.⁴ The group listened carefully to examples of clinical practice, asking good questions such as:

- Of all the things the client said, why did you focus on and reflect that specific comment?
- Of all the questions you could have posed, why did you ask that particular question?
- Why didn't you push harder on that point?

We paid close attention to what the interviewer was *thinking* that guided what they said and to how clients replied to particular counselor responses. Together the group developed a tentative set of guidelines to help people change their drinking, including the following⁵:

- Change is a process that emerges over time, often through personal interactions.
- Ambivalence is a normal experience when considering change.
- It is necessarily the client who decides whether change is going to happen.
- It is important to understand the client's own experience and perspective.
- It is the client and not you who should be voicing the reasons for change.
- It matters what you choose to ask, affirm, reflect, and include in summaries.
- Don't push back against what feels like resistance because doing so usually strengthens commitment to the status quo.
- Foster hope and optimism regarding the person's *ability* to change.

At the time, we did not know how well an approach using these guidelines would actually work. It was in stark contrast to the authoritarian confrontational style in vogue for treating addictions at the time, but we discovered that it does, in fact, work. (Evidence for the effectiveness of MI would emerge over the subsequent decades, and if you're interested, in Chapter 18 we will summarize what has been learned from research.)

We were surprised when MI began being applied in a variety of areas even before there was research supporting its efficacy. Then as now, across contexts and settings there seemed to be something engaging about this approach to a helping relationship. When people learn about MI, they often seem to *recognize* it as if they were being re-minded of something they already knew about being human. They tell us things such as “Yes, *this* is how I want to work with people!” or “I have already been doing something like this, but you helped me to understand what I'm doing and to do it better.” As research accumulated, the scientific evidence base became another reason for interest in this way of helping people change and grow. Together these two factors—a humane appeal and scientific evidence that it works—contributed to the surprising diffusion of MI in so many fields, nations, and languages.⁶

Ambivalence

What is it that inhibits people from making a change? Reluctance is a normal human response when faced with change and growth. There is a cozy familiarity in the *status quo*—in one's accustomed ways of doing and

being. Hesitancy can be about whether the change is important, necessary, or advantageous; there may also be doubt as to whether it is even possible. “Can’t I just keep on as I have been?” Usually, the answer to that question is, “Yes,” that people *can* choose not to change or grow. Knowing and accepting this fact can help you to practice MI well.

On the other hand, change could have some advantages—for example, in choosing a new place to live or work, taking steps to be healthier, getting more education or training, or having a family. When considering change, a person commonly experiences *ambivalence*—simultaneously wanting and not wanting it. Ambivalence about change is quite normal and is not resistance or pathology.⁷ Holding that idea in mind can help you to see your hesitant clients in a better light.

Often a new way of doing or being has both perceived advantages (pros) and disadvantages (cons). (Perhaps you are even right now weighing the pros and cons of MI as a way to engage in helping relationships.) This balance of pros and cons predicts whether change or growth is going to happen.⁸ When listening to people talk about possible change, you can hear them voice their own arguments both for and against. In the following example, the pros are followed by a plus sign (+), and the cons are indicated by a minus sign (−).

“My daughter says that I should move to live with them now that I’m a widow. I’d enjoy being closer to our grandchildren (+), but it’s also kind of exhausting when I’m there even for a few days (−). It sure would be a relief not to have to take care of this house (+), and they certainly could help me with the things I don’t know how to do (+). Yet moving to a whole new city at my age would be hard (−). I don’t even want to think about the downsizing it would take (−), and most of my friends live here (−). Still, who knows what will happen as I get older, and it would be nice to be close to family (+), though what if they decided to move somewhere else (−)?”

You can hear the balance tipping back and forth when someone voices the pros and cons.

And choices are not always binary. Often there are many possible options from which to choose, such as the menu at a restaurant, and choosing within a universe of alternatives can be daunting. Important developmental choices are often like the following:

- “What will my career or vocation be?”
- “What lifestyle changes will I make to manage this chronic illness?”
- “What do I want to learn about?”
- “How will I spend my time, and with whom?”
- “What kind of person do I want to be?”

Talking about Change

The work of helpers is often about facilitating change and growth. Sometimes it does involve doing things *for* people, such as casting a broken bone, providing an application form, giving instructions, or making a referral. Even so, the desired outcome usually depends on people doing their part as well: doing physical therapy exercises at home, completing and submitting the application, following directions, or getting to the referral.

A common frustration we hear from helping professionals is, “I tell them and I tell them and I tell them, and *still* they don’t change!” Part of the problem may be in the telling. Helpers have a natural inclination to want to make change happen. We call this the *fixing reflex*,⁹ and its intention is good. People who enter the helping professions want to help, to fix things and set them right. The question that arises is *how* best to do that. Telling and persuading are often insufficient and can even have an opposite result from what you intended.¹⁰ Telling tends to be a one-way communication—I tell you—and often people don’t respond well to that.

Consider what happens, for example, when a helper with the fixing reflex encounters a person who is ambivalent. The helper’s natural inclination is to advocate for positive change, explaining how to do it and why it’s important, and perhaps emphasizing the risks of not doing it. Remember that an ambivalent person already experiences motivations both for and against change. Suppose the issue is anger, and in trying to be helpful, you make one or more of these comments:

- “I think you really do have an anger problem.”
- “You tend to be aggressive and just make matters worse.”
- “You need to learn how to manage your anger.”

What will the person naturally say next? It’s quite predictable: “No, I don’t.” This in turn might prompt you as a helper to work harder to convince the person, and so you continue your line of persuasion, doing so with the best of intentions. You know enough to be able to write out the dialogue in advance with alternating lines of “Don’t you see . . . ?” and “Yes, but. . . .”

What’s occurring in such a dialogue is that you two are actually acting out the person’s own ambivalence. You take up the pro-change arguments, leaving the person to voice the other side of the dilemma. Whenever you advocate for one side of an issue on which someone is ambivalent, their natural response is to defend the other side. This might be interesting psychodrama except for the fact that people tend to believe what they hear themselves say, and so they become more committed to it. They are literally talking themselves *out* of change, though neither person in the conversation may be conscious of what is happening.

Perhaps the right thing to do, then, might be to use some clever “reverse psychology”? If you argue for people *not* to change, perhaps they will then take up the opposite position and argue themselves into doing it? It might work, but you probably can already feel what’s wrong with that strategy: It’s a *strategy*. You are still mentally in an adversarial relationship hoping to make change happen, and people can sense manipulation a mile away.

Instead, what is more likely to be persuasive are the person’s *own* motivations for change, and that’s where MI comes in. In a way, practicing MI is the opposite of arguing for change. Instead of inadvertently causing people to voice counterarguments, MI is about consciously evoking their own desires, ideas, values, and reasons for change. It helps people talk themselves into change and growth based on their own desires, ideas and values. In the absence of pressure and the presence of a compassionate helper, people can and do make remarkable decisions to change.¹¹

An important part of practicing MI, then, is resisting the pull of the fixing reflex, the allure of trying to *convince* people or *make* them change. The Latin root of the word *convince* is *vincere*—to conquer. It results from a power struggle, and even if you achieve such a victory, it is fleeting. Your fixing reflex can feel quite strong to you; it is like the impulse to swim toward shore against a rip tide that is pulling you out to sea. From an MI perspective, instead of entering that exhausting fight against the offshore pull, it’s better to swim sideways for a bit, parallel to the shore, thereby helping you escape from the usually narrow rip tide so that you can reach the shore with less effort. In truth, direct confrontation doesn’t work well. You can’t *make* someone change or grow, although you can provide conditions that make it more likely. People must participate in their own healing. Wendy Farley observed, “We wish we could reach in and break the hold of an addiction we see destroying someone we care about or make an adolescent see the destructiveness of her behavior. It is not that it would be immoral to do so. It is simply not possible.”¹²

It’s not immoral to try to make someone change.
It is simply not possible.

MI, then, is an alternative to trying to make people change. As defined in Chapter 1, MI is a particular way of talking with people about change and growth to strengthen their own motivation and commitment.

Four Tasks in MI

Four key tasks embody MI: engaging, focusing, evoking, and planning (Figure 2.1). At first glance, these tasks seem to have a linear quality: first, you engage with a person (be that a client, a patient, a pupil, a supervisee, or whoever it is you wish to help), then you develop a focus, and finally you

FOR THERAPISTS: Resistance

Within psychodynamic psychotherapy “resistance” has a specific technical meaning and is an important element of practice. In classic analysis, it refers to unconscious ego defenses to prevent the emergence of threatening material. Outside of a psychodynamic perspective, however, the term came to be used much more loosely in psychotherapy, medicine, counseling, and coaching, as well as in popular parlance. We encountered this early in addiction treatment settings where arguing with a counselor and failing to comply with treatment were labeled as resistance. (There is an old psychotherapy joke that when you disagree with your therapist it is called resistance. If you subsequently come to agree with your therapist, it’s called insight.¹³) It is to this careless but popular misuse of terms such as “resistance” and “denial” that we refer in this book.

Resistance became a way of explaining and blaming clients for noncompliance and oppositional responses, and ultimately for not getting better. Normal human phenomena such as ambivalence and impression management were interpreted as signs of either pathology or willful obstruction. People with substance use disorders, for example, were widely branded with immature defense mechanisms such as denial and rationalization, claims that were never confirmed by psychological research. This view in turn was used to justify harsh confrontational approaches for “breaking down” defenses, methods likely to be regarded as malpractice in the treatment of most mental disorders. “Resistance” also invites an adversarial view that the therapist is just trying to help while the client is being oppositional.

In MI we deconstruct the component client behaviors that tend to be (mis)interpreted as resistance: sustain talk (arguing against change, which is one side of normal ambivalence) and *discord* (reflecting discomfort with the therapeutic alliance). Both behaviors, if unaddressed, predict poor treatment outcome. We emphasize the *interpersonal* nature of these behaviors. Both can be increased or decreased by what the interviewer is doing. Ironically, the very strategies sometimes prescribed to confront resistance and denial clearly exacerbate it. These strategies are very far from normal therapeutic responses to resistance within a psychodynamic perspective where, for example, a premature interpretation is simply noted as the therapist trying to move too quickly.

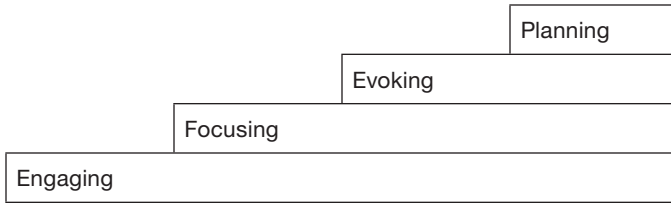


FIGURE 2.1. Four tasks in MI.

evoke the *why* and plan the *how* of change. Yet, in practice, these tasks overlap and blend. Think of them as stairs on which you can move up or down.

Engaging

A first step in helping is to establish a collaborative, trusting, and affirming relationship. The underlying metaphoric question in *engaging* is, “Can we walk together?” So often this step is skipped over by “getting right down to business,” that is, by asking questions and providing information. In fact, engaging is more about responding to some unspoken questions in the person’s mind, and not by answering with facts but by the way in which you respond. Entering a potentially helping relationship with you, a person may be wondering:

- “What are we doing here?”
- “Am I safe? Can I trust this person or this place?”
- “Will I be listened to and heard?”
- “Will my feelings and values be respected?”
- “Can they really help me here?”

Engaging requires more than being friendly. There are particular interpersonal skills that help to forge a helping relationship and improve client outcomes.¹⁴ Engaging involves empathic listening to establish a nonjudgmental human relationship. Such a relationship becomes like a safe cocoon in which to consider change. This task doesn’t have to take a long time; in observing MI sessions, we sometimes see it happening within a matter of minutes. A rough guideline we suggest in getting started is to devote about 20 percent of whatever amount of time you have to engaging, particularly in initial interactions. In fact, sometimes these skills are all you need in order to be helpful. We will discuss engaging skills in more detail in Chapter 4.

Establishing a *working alliance* influences the quality of a helping relationship and its outcomes.¹⁵ In both counseling and health care, people who are actively engaged are more likely to stay in, adhere to, and benefit from treatment. A student who feels engaged and connected is going to learn more than one who doesn't. So what defines a good working alliance? One widely studied system highlights three aspects of a working alliance in a helping relationship¹⁶:

1. Establishing mutual trust and respect.
2. Agreeing on goals.
3. Collaborating on mutually agreed tasks to reach those goals.

The latter two aspects of an effective working alliance involve focusing, the second of our four MI tasks.

Focusing

If the unspoken subject of engaging is, "Can we walk together?" then the questions underlying the *focusing task* are "Where are we going?" and "What shall we talk about?" MI is not *directive* in the usual sense of that word but rather is *directional*, purposeful, moving toward intended outcomes. The focusing task helps you and your client gain a sense of where you are going, what your helping relationship is intended to achieve, and what topic(s) will be most helpful to discuss.

Being helpful doesn't always require having clear goals, but often it's an important element. Sometimes a person expresses or implies certain goals right away to a helper:

- "I need to lose weight and get into better shape."
- "We want to improve our relationship."
- "I've been feeling very tired lately, like I have no energy."
- "I'd like your help in drawing up a will."

Sometimes your workplace influences what goals are likely. When a person walks through the door of a smoking cessation clinic, there is no mystery about what the topic of conversation is going to be. In contrast, when someone is referred to a diabetes educator, there is a broader range of potential goals, including dietary change, weight loss, medication use, exercise, blood pressure, foot care, and stress reduction.¹⁷ Nevertheless, all of these objectives are routes toward achieving the overall goal of better glycemic control, health, and quality of life. It is also common for people to have multiple intertwined goals. Although MI is

MI is directional
and purposeful.

often thought of as focusing on specific behavior change, the focus can be much broader, and goals are not limited to changing behavior.¹⁸ A person might, for example, be contemplating forgiveness or seeking broader life satisfaction.

A fixing reflex can lead you to be directive and to *prescribe* goals, telling people what they should or need to do. Yet you can't *make* people change their behavior or lifestyle; you can only encourage and help them to do so. As with medications, prescribing goals does not mean that the person will actually accept them. In a helping relationship, the goal is not fully a goal until your client concurs with it. It is *shared* change goals that form a working alliance. Keep to task and stay finely tuned into a helpful direction for the conversation. Avoid sudden and unannounced changes in what you speak about and make sure you are moving together in a helpful direction. If the conversation is like heading out in a sailing boat, hand the steering over to the person, and if you do grasp the controls at times to shift focus, keep them alongside and in agreement. We describe more about the focusing task in Chapter 5.

Don't misinterpret this recommendation as suggesting there is nothing you can do until a person is "ready" or "motivated." In fact, MI was originally developed in the field of addictions, where many people are pressed into treatment by families or the courts. Just because they walk through the doors of an addiction treatment program does not mean they are ready to change their use of alcohol or other drugs. Reducing substance use and related harm is the natural goal of those who work in addiction treatment, and MI was developed precisely to help strengthen clients' own readiness for change. That is an important part of the third task: evoking.

Evoking

A metaphoric question that underlies *evoking* is, "Why would you go there?" Remember that a common starting point for change is *ambivalence*. Part of the person can see reasons for change, and another part is reluctant to do so.

"I know I really ought to change how I eat. The nurse warned me about some terrible things that can happen if diabetes is uncontrolled, but you know, I'm not even sure if I have diabetes. I mean, I feel fine. It was just some blood test the doctor ordered and told me that I have it. I know I could stand to lose some weight, and the fast food I eat isn't good for me, but it is so easy and it tastes good. I shouldn't ignore the warning, I guess, but I do feel fine. They also said I should get more exercise, and I know that's important, but my days are already so busy."

It is as if there were a committee inside the person debating how important change is. There are advocates both for and against change, and who will win the debate depends in part on who is given more air time.

Evoking is the task that particularly differentiates MI from other approaches. It involves arranging conversations about change so that the person's pro-change advocates naturally get good time to make their case. Normally, these internal committee members are interrupted right away. As soon as they make a point, someone else on the committee jumps up and says, "Yes, but . . ." and the whole process bogs down. The evoking task is about tipping the balance toward change, usually because that is what the client asked you to do.

A skillful MI conversation is like dancing, moving together. What your client says matters at least as much as what you say, if not more. *Change talk* is client language that indicates movement toward a particular change. Its opposite, *sustain talk*, moves the speaker away from change in support of the status quo. We will say much more about this motivational language in Chapter 6. During an interview, you influence how much change talk (and sustain talk) you will hear by what you choose to ask and emphasize. When you want to facilitate movement in a particular direction, you pay close attention to this motivational language and your own influence on it. There are also times when you would choose to remain neutral, being careful *not* to put your thumb on the balance scales. We will say more about skills for remaining neutral in Chapter 9.

The same skills that we will describe as central in engaging (Chapter 4) continue to be important when evoking. The difference is that in evoking you are more likely to ask *certain* questions rather than others; you preferentially reflect, affirm, and summarize *particular* parts of what people say. Instead of telling them what they should do and why they should do it, you are evoking and strengthening their own *why* of change (Chapter 6). Similarly, in the next task—planning—you evoke their own wisdom in negotiating *how* to change rather than just telling them the way you think is best (Chapter 7). If they are not sure whether they *can* change, you may also be evoking *hope* in the possibility and their own capabilities (Chapter 10).

Planning

When there seems to be sufficient motivation (*why*) for change, talk normally expands into *how* to change. The *planning task* rests on and continues to use your engaging, focusing, and evoking skills. Indeed, in MI a plan for change is evoked from, not imposed on, the client, for it is not a plan until the person accepts it. The underlying metaphoric question is, "How will you get there?" It is also worth noting that people's willingness

even to consider the *why* of change sometimes depends on their first seeing a possible and acceptable way to do it (the *how*), so these tasks can be intertwined.

A plan to change is not a plan until the person accepts it.

This is different from an expert model of providing your own wisdom. MI does not even assume that you have all of the necessary expertise. To be sure, clients do sometimes ask for information

and advice, and providing it can be a legitimate part of MI (Chapter 11). It's just not the default or starting point to provide a plan yourself because advice or direction alone is often insufficient and can even backfire. In MI you learn to respect, evoke, and collaborate with the person's own expertise, thereby opening the door to change.

Sometimes people seem quite ready for change, and with a working alliance in place you can proceed quickly to planning (see Chapter 7). If you begin planning and then encounter ambivalence, you can always double back to focusing and evoking.

Planning can also be an ongoing process. It is a misunderstanding that once you have arrived at a plan, MI is over. Your role may continue in helping the person to try out and implement a plan, or at least follow up over time to see how it is going. The implementation of a plan for change or growth ordinarily includes some setbacks—two steps forward and one step back. Discouragement can set in, calling for further reinforcement with your engaging and evoking skills. We understand MI as a way of doing what else you do, be it as a therapist, counselor, physician or nurse, educator, or coach.

We understand these four tasks as building on one another, with each providing a basis for subsequent steps. Engaging lays a foundation for working together toward shared goals, and the engaging skills continue to be used throughout MI. Until you have a clear focus, you actually don't know what to evoke; change talk is defined by the change goal(s). Building clients' motivation for the *why* of change prepares the way to plan the *how* of change. In theory, the four tasks sound linear, occurring in a neat sequence.

Yet in practice, it is not always so. Clients may present with a focus or a plan before you have even had much chance to engage. Sometimes while you are evoking, the focus may change as different or more important goals emerge. Reluctance can reemerge during planning, suggesting a need for further evoking. Discord in your working relationship could occur anywhere along the line, indicating a need to reengage. Don't assume that MI is a linear process. Pay close attention to how your client is responding to whatever you do, because it provides immediate feedback about whether

you are on the right track or may need to shift. Move flexibly among the four tasks as needed in response to what is happening in the moment. It's a bit like dancing up and down the stairs together; staying in synchrony and paying close attention to your partner's posture and movement.

Some Traps to Avoid

As described in Chapter 1, MI is a way of guiding that lies in between directing and following. If you veer too far toward either directing or following you may step into some traps that can slow your progress on this middle path.

First, there is an *expert trap* in which you assume an authority stance and proceed to solve someone's problem *for* them. With hard-won education and training, it's natural to think of yourself as having professional know-how. Indeed, expertise is one reason people come to you for help, and making good use of your knowledge is part of your job. At the same time, it is important to know that your clients have vital expertise about themselves. No one is an expert on someone else's life, and the stance that "I have the answer for you" is provisional at best. No one knows more about your clients than they do, and particularly when your hope is to facilitate change in their behavior or lifestyle, you *need* their expertise. Taking an expert stance can leave people feeling patronized and restricted, wondering whether you really understand their situation. A safeguard here is to communicate from the outset your intention to collaborate and your appreciation for the person's strengths, wisdom, and self-direction.

Like the expert trap, the *persuasion trap* errs on the side of directing. Here you find yourself taking responsibility to convince someone to do something. You take up the *pro* arguments with the predictable effect that your client argues against it. This is especially prone to happen when you feel urgency about what the person should do (the fixing reflex). You try harder to convince your client, and your client escalates counterargument. (Remember that *convince* literally means to win, to conquer.) If you don't detect the trap and find yourself in this kind of debate, it's time to change course. Slow down, ask instead of telling, and listen well. Remember that there is wisdom in the person you're speaking with and that people appreciate the freedom to decide for themselves. Consider asking what your client thinks would be best. Sometimes helping someone toward change is mostly a matter of getting out of their way.

Feeling in a hurry can lead you to rush, trying to make up for too little time. That is the *time trap*. Ironically, what you are hoping to accomplish can take longer when you feel pressured. If you act and feel like you only have a few minutes, it may take all day; if you feel and act as though you

have all day, it may only take a few minutes.¹⁹ You may fall into this trap when you try to focus on a particular course of action too soon and find the person is not keen to go with you. The goal may feel urgent to you or may be important in the context of your workplace, but your client doesn't yet share it. Avoid letting this turn into a power struggle. Perhaps you need further engaging time with this person. (Chapters 4, 6, 8, and 10 delve deeply into ideas and tools for avoiding this trap and for evoking your clients' own perspectives, motivations, and ideas.)

Then there is the *wandering trap*. Most people love to be listened to. Good listening is rare enough that people will often carry on happily for hours on end while you follow whatever they are saying. It's a kind and friendly thing to do, but a danger is that you *only* follow along listening and lose your sense of direction. If your conversations wander from topic to topic wherever the client heads, it's probably time to clarify what you hope to do in this helping relationship (we discuss focusing in Chapter 5) and have a clear plan for how to move in that direction. MI is a matter of keeping your balance on the middle way between the extremes of directing and following.

What MI Is Not

Finally, it may be useful to clarify a few things that MI is *not*, ideas and methods with which MI is sometimes confused.²⁰ Some of these things, we hope, will already be clear from the foregoing discussion.

First, MI is not just being nice to people, and it is not identical to the client-centered counseling approach that Carl Rogers initially described as "nondirective." MI's focusing, evoking, and planning tasks have clear directionality to them. After the initial engaging, there is intentional, strategic movement toward one or more specific goals.

MI is also not a technique, an easily learned gimmick to tuck away in one's toolbox. We describe MI as a *way* of being with people, an integration of particular interpersonal skills to foster motivation for change. It is a complex style in which one can continue to develop proficiency over the years.

At the same time, MI is also not a panacea, a solution to all helping situations. The spirit and style of MI can certainly be used across a wide range of goals and professions, but we have not intended to propose a "school" of psychotherapy or counseling to which people would be converted and swear allegiance, forsaking all others. Rather, MI seems to blend well with other helping skills and approaches. MI was originally developed to help people resolve ambivalence and strengthen motivation for change. Not everyone needs MI's evoking task. When motivation for change is already strong, move ahead with planning and action where the spirit and skills of MI are still applicable.

In part because they were developed around the same time, MI and the

transtheoretical model (TTM) of change have sometimes been confused. MI and TTM are compatible, but MI is not a comprehensive theory of change, and the popular TTM *stages of change* are not an essential part of MI. MI is also sometimes confused with a decisional balance technique of equally exploring the pros and cons of change. In this edition, we discuss decisional balance as an appropriate way to proceed when you choose to maintain neutrality rather than moving toward a particular change goal (Chapter 9). If your intention is to promote change in a particular direction, doing a decisional balance intervention is likely to undermine rather than favor commitment to change.²¹

MI does not require the use of assessment feedback. The confusion here is related to an adaptation of MI that was tested in Project MATCH (*motivational enhancement therapy*), combining the clinical style of MI with personal feedback from pretreatment assessment.²² Although assessment feedback can be useful in enhancing motivation,²³ particularly with those lower in readiness for change (see Chapter 12), it is not a necessary or sufficient component of MI.

Finally, MI is explicitly not a way of getting people to do what you want them to do. MI cannot be used to manufacture motivation that is not already there. It is a collaborative partnership that honors and respects the other's autonomy, seeking to understand the person's internal frame of reference. We added compassion to our description of the underlying spirit of MI precisely to emphasize that MI is to be used to promote others' welfare and best interests, not one's own.

PERSONAL PERSPECTIVE: What Is MI?

This is a question I have been asking myself since 1982, and the answers continue to evolve as we learn. MI has always had a communal identity. It began that way in my initial conversations with Norwegian colleagues trying to voice together this way of helping people change. MI has an emergent quality as its practitioners ask this same question: What is it that we are doing here? The development of the *Motivational Interviewing Network of Trainers* created an international collective that shapes the heart and mind of MI. This emergent nature of MI has sometimes been a frustration for researchers seeking to anchor it in theory and fidelity: What exactly is it?²⁴ I am pleased that from the beginning MI has been accountable to empirical science. The method is reliably measurable, and extensive study has been devoted to tools for assessing fidelity of practice.²⁵ As with Carl Rogers's foundational research,²⁶ the hypothesized mechanisms of efficacy have been specified to be replicable and linked to the widely documented

outcomes of MI as reflected in over 200 meta-analyses and systematic reviews.²⁷ With this scope of research, it is unsurprising that a collective understanding of MI continues to grow. It is also clear that the core elements of MI overlap with therapeutic skills that are linked to better client outcomes across a range of helping professions and theoretical orientations.²⁸ Is this perhaps what we have been studying all these years—what skills make helpers more helpful?

—BILL

In summary, this chapter has provided the big picture, an overview of MI as a way of helping people to change and grow. Although MI started out in the realm of counseling and psychotherapy, it applies to a much broader array of helping relationships and is not limited to providers with advanced degrees. Lay counselors and peer support workers have successfully learned and provided MI in both developed and developing countries.²⁹ It is a particular way of understanding your role as a helper, mobilizing people's own motivations and resources. How you can do that is what we will be discussing in more detail in Parts II and III. Before we get into specific skills, though, Chapter 3 introduces you to the flow of MI—how it sounds and feels in practice.

KEY CONCEPTS

- Ambivalence
- Change talk
- Directional
- Discord
- Engaging task
- Evoking task
- Fixing reflex
- Focusing task
- Motivational enhancement therapy
- Motivational Interviewing Network of Trainers
- Planning task
- Stages of change
- Status quo
- Sustain talk
- Traps to avoid
 - Expert trap
 - Persuasion trap

- Time trap
- Wandering trap
- Working alliance

KEY POINTS

- You don't provide or install motivation any more than a midwife supplies the baby. It's already in there; you just bring it out.
- Ambivalence is normal whenever people are considering change.
- It is the client and not you who should be voicing the reasons for change.
- Pushing back against resistance usually strengthens commitment to the status quo.
- There are four core tasks in MI: engaging, focusing, evoking, and planning.
- Beware of some common pitfalls, such as the expert, persuasion, time, and wandering traps.

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CHAPTER 3

A Flowing Conversation

Be yourself. Everyone else is already taken.
—ANONYMOUS¹

Not all of us can do great things, but we
can do small things with great love.
—MOTHER TERESA

In Part II we will be addressing the technical skills of MI, but before we do that, we want to offer you a sense of how MI sounds and feels in practice and how it involves you as a person. Basically, MI is a fluid conversation about change and growth that can take many different routes among which you navigate. MI is less like playing predetermined notes in a musical composition and more like improvising within a chord progression. In both cases, musicians do follow certain rules as they perform their art. The difference is in the flexibility of their artistry.

This chapter contains three interrelated themes. First, we offer you two brief examples of MI to illustrate how it can sound in two different cultural settings. The latter of these examples illustrates how all four MI tasks—engaging, focusing, evoking, and planning—can occur even within a relatively brief visit. Next we discuss being genuinely present as a person when practicing MI rather than taking on an artificial role. Finally, we consider more broadly the role of culture—yours and your clients’—and how MI is being adapted to flow well in various social contexts.

Two Seemingly Simple Examples

In skillful hands MI may be relatively brief. While working as a volunteer in a charity during the COVID-19 pandemic, Steve did follow-up telephone calls with people who were struggling in isolation with their mental or

physical health. A woman in her 80s who was suffering with a variety of physical maladies appreciated the call and talked with ease about how she felt safe staying in bed, though she knew it was not good for her. For a while he listened compassionately to her frustration at feeling so restricted in her life and activities. Then he said this: “Do you mind if I ask you: If there were one or two small steps you could take to be healthier, what would they be?” And tumbling out came change talk, her own good ideas about some things she could do to feel better and be less limited. The specific details of this example are not important here—we will offer examples of more detailed dialogue in subsequent chapters. His seemingly simple question sings the essence of MI. It’s not a matter of using these particular words. Focus on what is happening and not happening in the communication. She is not being told what to do, pitied, or talked down to. Her own wisdom and autonomy are respected in asking *permission* and seeking with curiosity her own ideas.

Don’t misunderstand us. There is no prescribed formula for MI. It’s not that you *always* ask permission or that you *never* offer information or advice. What we want you to hear at this point is the music, not particular notes. You can take many different paths and choose among countless ways to do MI well in a particular situation. As you develop fluency with MI, we do not encourage you to practice it just as we do. Rather, we hope you will learn to practice MI as *you* do it.

There are countless ways to do MI well.

Here is a second example, where the use of MI has crossed cultures in the work of a community nurse. The context is a rural health clinic in South Africa. The consultation appears to be simple but is actually quite skillful. A mother is being treated at this clinic for long-term illness related to the human immunodeficiency virus (HIV), for which she, her husband, and child have all tested positive. She works hard to keep her family going, and today she has walked a long distance in the summer heat carrying her child for an arranged visit with the nurse whom she knows from previous visits. The mother is worried because both she and her child are feeling unwell. For her part, the nurse may be concerned about a healthy diet, safe sex, and the need to continue taking medicine to keep the virus at bay.

This is a busy clinic where the nurse has about 5–10 minutes with each person. She takes a quick look at her notes to refresh her memory. She knows this mother, appreciates the difficult challenges that she faces in life, and is genuinely glad to see her again. It could be tempting to spend the precious time that she has in telling the mother what to do and why, but this nurse knows that is usually less effective than engaging empathically to clarify the challenges and guide the mother to take charge of key decisions for herself. The nurse decides to take this latter course and offers a warm welcome, complete with eye contact and a smile:

NURSE: I'm so glad you came back to see me today!

MOTHER: I really must do this for my baby.

NURSE: Your baby is very important to you.

MOTHER: Yes, he is.

NURSE: And you want both of you to be healthy.

MOTHER: Yes, I told my husband I was coming today, and he's supportive, but there are some issues he is not helping me with—like he doesn't want to use the condoms.

NURSE: To protect you from reinfection.

MOTHER: Right.

NURSE: Well, what would be most helpful for us to start talking about today? Is it condoms, your medication, your diet, or perhaps something else?

MOTHER: I want to talk about our medication.

NURSE: Yes, fine, we can come back to other things if you want. So the medication is important to you.

MOTHER: It's very important. I want to know how to take these medicines so that I keep well and my baby does, too.

NURSE: What would you most like to know about the medicine?

MOTHER: If I miss doses, I worry that it will bring harm.

NURSE: I see. So sometimes it's hard for you to take the medication on time.

MOTHER: I know that's important, but I feel ashamed about it. I don't want my parents to see me taking medicine or giving it to him.

NURSE: This is a very private matter for you.

MOTHER: It is, and it's been hard for me to get away sometimes and not be seen. How much does it hurt if we miss doses?

NURSE: As you said, it's quite important for you to take it every day and on time in order to stay well, and yes, missing doses could hurt you or your baby. I know that's been hard for you. How have you been feeling?

MOTHER: Not very well. Getting here today was hard. I just don't feel as strong as I need to be.

NURSE: You need your strength.

MOTHER: Yes, I do.

NURSE: Well, given all that you know about your family, and knowing how important this is, I wonder how you might make sure that you can both take your medicine on time. What ideas do you have?

This sounds rather like a friendly chat. What is happening in this 2-minute conversation so far? Again, consider what is *not* happening. There is no pushing or pulling, no imposing agenda on the patient. The nurse seems calm and unhurried, not immediately stepping into an expert role to collect facts or tell the mother what to do. She does not jump on the first topic that is mentioned—the husband’s use of condoms—to suggest solutions. Instead she is *in* the interview, attuned to the mother and listening well to ensure and communicate her understanding. In this way, a few minutes can be enough to engage and clarify what is needed.

So what *is* the nurse doing in these 2 minutes? Particular things are already happening that we will clarify in subsequent chapters. After the greeting, the next three statements the nurse offered are skillful reflective listening to reengage with the mother and communicate that she is listening well (more on this in Chapter 4). Then she asks what the mother is most concerned about, leaving the door open to come back later to other concerns. Medication becomes the focus and there is more good listening. They agree that taking the medication faithfully is important, and again the nurse asks first for the mother’s own ideas on how to do it. All of that has the feeling of a normal chat with the gentle flow of an unfolding conversation. It is both sparse and elegant, and the nurse keeps a keen eye on the horizon, mindful of direction, focused on where the conversation is heading. The nurse shows simplicity built on considerable skillfulness.

When MI is going well,
there is a sense of flow.

When MI is going well, there is a sense of flow, as if nothing else matters outside this conversation.²

As noted earlier, this brief example touches on all four of the MI tasks. There is empathic listening from the very beginning to *engage* with the mother. Together mother and nurse consider what the *focus* of this visit might be, and we learn that the mother’s first concern is with their medication. There is *evoking* of the mother’s own concerns and interests, and together they begin to consider *planning* how to move forward beginning with a key question: “What ideas do you have?” More time could be devoted to any of these tasks as the conversation unfolds. This example illustrates how the MI tasks can emerge and interweave even within the first minutes of a consultation.

Seasoned MI practitioners sometimes experience being “in the flow,” where doing MI just seems to come easily and naturally. They describe being in the present moment as a privileged witness, with calm curiosity about what the change journey might be like for this person, and a desire to help them tap into their own motivations and wisdom. There is a blend of respectful reverence with a heightened consciousness of what you are saying and how it is received. You are *in* the interview person-to-person.

Bringing Yourself into the Flow

What does it take to be genuinely present during MI, creating a safe space for someone to wonder aloud how things might be different? How can you do this, as the nurse did above, despite distractions such as pressure of time, unfinished tasks, awareness of suffering, and intrusive thoughts about what you think is best for the person?

MI will flow more naturally when you are being yourself. Some helpers think they are expected to maintain a distant and detached objectivity, putting on a kind of mask or role. Appropriate professional ethical boundaries do need to be observed, but in many helping relationships it is not only possible but beneficial to be yourself. In psychotherapy research, the therapist's *genuineness* or authenticity as a person predicts better treatment outcomes.³

The nature of being genuine may be most evident when it is missing and a helper is being disingenuous. Less experienced counselors, for example, may experience a desire to conceal themselves behind a veil of expertise and objectivity. While some degree of objectivity is needed, it is difficult to develop a trusting collaboration with someone who seems detached, hidden, or phony. As a helper you may privately feel genuine, but to make a difference your authenticity must also be experienced by your clients.⁴

An authentic person is *honest* and tells the truth. Such honesty should always be expressed within the benevolent spirit of compassion (Chapter 1). When you offer an affirmation (see Chapter 4), it should be sincere—something that you actually see and appreciate in the person. When you listen, it should be with genuine curiosity. Honesty also involves being aware of and truthful about your own personal reactions. Human beings have evolved hard-earned sensors for phoniness. It's likely to be apparent if you claim that you're not feeling or thinking something when in fact you are.

A genuine person is also *open and responsive*. Rather than a fixed mask, your face moves in response to what the person says, reflecting what you hear and feel. When you are genuinely present and engaged, your own facial expression naturally mirrors what the other person is experiencing. Seeing only your face, an observer might be able to tell whether the person you're listening to is expressing joy, fear, or sadness. A special case is when clients express anger, particularly toward you. If in return you express anger in both your own words and your facial expression in the conversation, the person's own anger can be exacerbated. A more helpful response is to remain a calm center, keeping your own emotional arousal level low, especially when the anger seems to be directed at you. Intentional nonviolent communication is a disciplined skill and can be strengthened by practice and training so that your internal state and behavioral responses are congruent.⁵

A third aspect of genuineness is appropriate *humility*. Don't assume

that you already understand or have solutions. Not knowing is honesty, and good listening is an act of humility. Keeping and expressing a sense of humor about yourself also bespeaks modesty.

Good listening is an act of humility.

What about sharing something of yourself and your own experience within a helping relationship? In counseling, appropriate *self-disclosure* helps to establish a better working relationship with clients as well as more positive outcomes.⁶ Self-disclosure might include telling about personal experiences you have had in your own life, but just as important is being aware of and relating what you are experiencing in the moment. We certainly don't advocate saying everything that comes into your mind as a helper during a consultation. MI primarily focuses on the client's own experience and welfare. Neither do we support the opposite extreme of trying to remain aloof and reveal nothing of yourself. Between these two extremes is a balance of being willing to share something of yourself when it seems likely to be helpful. How then do you decide what to share from your own experience, from either the past or the present? Here are some tests.

Is It True?

To be genuine, what you convey about your own experience should be the truth (though not always the whole truth). Although it is possible to make up a story about your past or present experience, we don't recommend doing so. Furthermore, denying something you are actually experiencing ("No, no, really—it doesn't make me uncomfortable. I'm not disapproving.") is likely to be apparent to clients at some level.

Could It Do Harm?

Within the "first, do no harm" precept in helping relationships, another test is whether a self-disclosure might be harmful. High on the list of potentially harmful disclosure is criticism—commenting adversely on a person's abilities, intentions, efforts, appearance, and the like. Asking "Can I be honest with you?" is not a license to be hurtful. Self-disclosure should always be offered within a spirit of empathy and compassion.

Is There a Clear Reason Why It Could Be Helpful?

In close friendships, self-disclosure may be routine and mutual. In professional helping relationships, however, we believe there should be a specific reason for self-disclosure. There is a difference between judicious self-disclosure (with an appropriate level of detail, keeping focus on the client) and excessive self-disclosure that shifts the focus onto you as the helper.⁷

Before describing your own present or past experiences, ask yourself why you believe it could be helpful. Here are some possibilities:

- To promote trust and engagement.
- To model openness and encourage honesty in return.
- To answer a client question (“Do you have children?” “Have you ever felt like this?”).
- To affirm; affirmations are a form of self-disclosure, a genuine in-the-moment appreciation of the client’s strengths or actions.

MI, then, involves both practicing particular skills and being genuine. It is being yourself as a helping professional who is collaborative, accepting, compassionate, and empowering. The skills of MI embody and communicate this way of being.

FOR THERAPISTS: **Genuineness**

Within client-centered counseling, Carl Rogers emphasized the therapist’s genuineness as a necessary condition for helping people change.⁸ He later defined genuineness as “when my experiencing of this moment is present in my awareness and when what is present in my awareness is present in my communication.”⁹ In other words, as with the elements of MI spirit described in Chapter 1, genuineness has two levels: awareness and expression. At the awareness level, Rogers advocated being attuned to your own reactions, to what is going on in your own experiencing while working with clients. At the expression level, genuineness involves communicating this to your client and, at the very least, not being dishonest about it.

Toward the end of his life, Carl Rogers was writing about genuine *presence* as a vital element in counseling and psychotherapy. Genuine presence is bringing your own humanity into your work rather than enacting a distant objective or expert role and trying to conceal yourself. An internal component of this element has been called congruence—your own awareness and acceptance of what you are actually experiencing. If you are uncomfortable with your own experience, it is difficult to be honest about it with others. Rogers believed that the ability to convey acceptance of others is directly related to self-acceptance. Within psychotherapy, congruence includes awareness of your own thoughts and feelings about clients in the present moment. You don’t have to work through your own reactions to clients within the session itself.

What if a client asks you for personal information? In addiction treatment, therapists are often asked “Are you in recovery yourself?” or “Have you used drugs?” and in family therapy, they are asked “Do you have children?” This questioning often masks doubt about your credibility. One helpful response is to say, “I will answer your question” (assuming you are willing to do so) “but first I want to understand something: What will it mean to you if my answer is ‘Yes,’ and what will it mean to you if my answer is ‘No’?” This allows you to have a conversation about your client’s concerns regarding this information.

In any event, genuineness matters. Research across the decades indicates that genuineness and appropriate self-disclosure can strengthen therapeutic alliance and improve client outcomes.¹⁰

MI and Cultural Differences

A helping relationship always occurs within a particular cultural setting. MI was originally developed primarily in Europe and North America, but it does seem to cross cultures rather well. It is currently practiced, studied, and taught in many different nations and languages across Africa, Asia, Australasia, Europe, North America, and South America. In the United States, MI outcomes for people from racial-ethnic minority groups have been at least as good and sometimes better than those for White majority clients.¹¹ MI appears to be well suited to working with culturally diverse populations,¹² in part because it requires empathic listening and accep-

Assume clients are the experts on themselves.

tance, and clients are regarded with cultural humility to be the experts on themselves.¹³

Being so focused on speech about change, MI necessarily undergoes some adaptation when translated into new languages. Norms for conversations about change vary across cultures. To some extent, MI is inherently adapted to language and social norms when it is delivered by and for people who grew up in a particular culture, and there are countless examples.¹⁴ Culturally appropriate services can begin with something as simple as helping clients to feel welcome.¹⁵ Specific cultural adaptations of MI have been developed and tested for Asian, Black, Indigenous, and Latinx populations, including services delivered within multicultural contexts. A list of research and resources on these cultural adaptations of MI is provided at the end of this chapter.

A question arises as to whether it is still MI when so adapted, although a better question is whether, when, and for whom the adapted intervention is beneficial. Nevertheless, MI fidelity measures have been adapted across cultures to provide information about the comparability of services being

provided.¹⁶ A comparison of work samples following separate targeted MI training workshops for African American, Native American, and Spanish-speaking providers showed similar gains in MI skills that were at least comparable to those observed for White non-Hispanic trainees.¹⁷

PERSONAL PERSPECTIVE: Can You Use MI at Home?

Whether to use MI at home has been a personal puzzle for decades, and a single experience helped me resolve it. With four kids who are still endlessly teasing, “Stop doing MI on me, Dad!,” I found it hard to answer this question about using MI at home. In our home, there was no shortage of behavior change scenarios worthy of attention: a tidier room, getting home at the agreed time after a night of fun, and so on. Sure, listening as a skill is useful—no question about it—but the curious and calm evoking of behavior change? The problem was that I was too invested in the outcome, the change usually being more my aspiration rather than theirs, and I was often quite emotionally worked up about the issue at hand. Then it’s tempting to resort to the fixing reflex like quicksilver: “No more junk food today, OK,” and so it went around and around.

One day, one of the children came home from school in tears saying that they had been eating lunch in the lavatory because a group of kids were making antisemitic jibes and were swapping cartoons about Hitler and Jews to “wind me up.” This was precisely the period during which, in the MI field, we were expanding the focus of MI from behavior change to growth more widely. Could we use MI to address this challenge? It was my child’s well-being and growth that mattered here.

So here’s what *didn’t* happen. I resisted the fixing reflex and stopped myself from going up to the school and letting rip with the school head. I dissuaded my eldest son, a local police officer, from going up there, too. My partner and I sat down with our child and had some quiet and curious conversation about feeling bullied, and then a key question about growth emerged: “What will help you feel less of a victim and more someone who stands up for your rights?” Answers in the form of change talk emerged slowly, and we held back from falling into all the traps we know so well from our work in MI. We listened in response to the change talk, and a plan emerged that evolved over a period of weeks. Our child moved forward and even developed a passionate interest in human rights issues more widely. So I have reached a more settled view about MI at home, captured thus: If it’s about *their* growth and their challenges, MI can be very useful.

—STEVE

When done well, MI flows like a normal conversation. It doesn't feel like something being done *to* clients. Rather it is an engaging and respectful exploration of the person's own concerns and motivations. It is to the skillful practice of MI that we now turn in Part II.

Some Cultural Adaptations of MI

The past few decades have seen a burgeoning of scholarly work on the role of culture in mental health, human services, education, and related fields. If you're interested, here are some resources that adapt MI with specific populations.

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KEY CONCEPTS

- Genuineness
- Permission
- Self-disclosure

KEY POINTS

- With practice, MI can flow like a natural conversation, although the interviewer is using specific skills to influence its course.
- The motivational interviewer is present in the conversation as a genuine and responsive person.
- MI is well suited to working with culturally diverse

populations; it requires empathic listening and acceptance, and clients are regarded with cultural humility to be the experts on themselves.

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PART II

PRACTICING MOTIVATIONAL INTERVIEWING

Part I introduced you to the spirit, method, and flow of MI. Now in the chapters of Part II we describe four fundamental tasks of MI. We explain the basics of engaging (Chapter 4), focusing (Chapter 5), evoking (Chapter 6), and planning (Chapter 7). As discussed in Chapter 2, we link each of these four tasks to an underlying metaphoric question:

Engaging: “Can we walk together?”

Focusing: “Where are we going?”

Evoking: “Why would you go there?”

Planning: “How will you get there?”

The practice of MI involves compassionate attention to the person in front of you while also keeping a keen eye on the horizon for change and growth. Part II gives you what you need to get started, recognizing that skillfulness in MI develops through practice. In such a journey of learning there are wrong turns, stumbles, and times of losing your way. They are a necessary part of developing the mindset

and skill set that allow you to do your best work with MI. You are not alone on this journey but rather are accompanied by those whom you serve and from whom you can learn. As an African saying advises, “Go alone go faster; go together, go farther.” From these beginnings in Part II we will then move on in Part III to explore these component tasks in greater depth.

CHAPTER 4

Engaging

"Can We Walk Together?"

It is astonishing how elements that seem insoluble become soluble when someone listens, how confusions that seem irremediable turn into relatively clear flowing streams when one is heard. I have deeply appreciated the times that I have experienced this sensitive, empathic, concentrated listening.

—CARL R. ROGERS, *Experiences in Communication*

An appreciative listener is always stimulating.

—AGATHA CHRISTIE

Sometimes you can sense it as soon as you walk into a school, a clinic, a business, a congregation, or even a family home. Is this a place where you feel welcome and emotionally safe, where they care about you as a person? That feeling may be influenced in part by the physical space, the furniture and what is on the walls, but primarily it's about the people you encounter there and how they treat you. Perhaps they seem to be aloof or to regard you as just another thing to be handled. In other places the people you meet right away seem warm, friendly, and interested in you. Their manner feels like something more than just being nice. It is an experience of empathy, of someone consciously engaging with you as a sentient person who has feelings, needs, and strengths.

In growing up, human beings normally develop some degree of *empathy*, an ability to understand and *feel with* what others are experiencing.¹ We seem to be hard-wired for it. This natural ability may vary along something like a normal curve.² Far on the high end of the curve are a small minority of people who might be called *empaths*, exquisitely sensitive to

others. Such people naturally sense what others are experiencing, and indeed may have difficulty turning it off.³ Their uncanny sensitivity can seem like intuition or telepathy and can make others uncomfortable. At the opposite extreme are those who seem to have little or no empathy for others and may be narcissistic or sociopathic. Most people (including us, the authors) fall somewhere in between.

How *accurate* is your empathy? Your sense of what someone else is thinking and feeling can vary from right on to dead wrong. By virtue of nature and nurture, some people misread what others mean or intend. Alcohol, for example, impairs the accurate recognition of emotions, and intoxicated people may overperceive threat and hostility.⁴ Developmental experience can prepare a person to be hypervigilant for certain emotions or to project their own feelings onto others. These and other factors can interfere with one's accuracy in understanding what others are experiencing.

As a first task in MI, engaging is about developing a mutually respectful and trusting relationship that allows you to move forward together. The underlying question in engaging is, "Can we take a walk together?" There is solid scientific evidence that developing a good working relationship does open the door for positive change.⁵ Indeed, it can be difficult to make much headway without establishing such rapport. Helping people to change and grow is a collaborative process in which you need their wisdom as well as your own. A disengaged, disempowered, passive person is not a partner in change or growth.⁶

Actually, engaging is something you are doing all the time when working with a client. Every time you listen well it strengthens engagement. When something seems to disrupt your connection, you may need to reengage. You will continue to use your engaging skills throughout the focusing, evoking, and planning tasks of MI.

Every time you listen well
it strengthens engagement.

FOR THERAPISTS: **Working Alliance**

The engaging task in MI is familiar to therapists as a working alliance, which is one of the most consistent predictors of treatment outcome.⁷ The concept of a working alliance arose within psychoanalysis and soon found widespread use in psychotherapy research more generally as a way to define and measure positive therapeutic relationship.^{8,9} It is not specific to a school of psychotherapy, but, as we noted earlier, it is associated with better client outcomes across a range of theoretical orientations. Debates have arisen as to whether the specific techniques being used or the nonspecific clinical skills of the therapeutic

relationship are what is important in psychotherapy.¹⁰ For us this is not an either/or but a both/and issue. It matters *what* you do in therapy, and it also matters *how* you do it. In developing and testing MI, we have particularly been exploring the *how* dimensions of counseling, although certainly some specific techniques are involved.

Like the therapeutic relationship more generally, engaging is dynamic throughout treatment and is not something you just do at the beginning of consultation. The engaging skills described in this chapter are important throughout counseling. It is possible to track working alliance on an ongoing basis using brief questions asked after each session.¹¹ Monitoring responses with such measures on a session-by-session basis provides you with immediate feedback to adjust your approach, prevent dropout, and ultimately improve client outcomes.¹²

So often in human services, far too little time and attention are devoted to engaging. The urge to get right down to business may be powerful due to time pressures and caseloads, but sacrificing engagement is unwise if what you hope to do is facilitate positive change and growth.

So what makes a welcoming conversation? What can you do to foster engagement rather than disengagement? Sometimes, engaging skills are all that you need in order to help someone. Just the empathic attitude and skill that we describe in this chapter can in itself facilitate positive change.¹³ An early and enduring finding in our own research has been the surprising impact of relatively brief empathic conversations in triggering behavior change.¹⁴ If you learn nothing else about MI, it is worth your while to develop your ability to engage, and that involves skillful listening.

Listening Well

Engaging is something you *do*. High-quality listening is an essential foundation for engaging, and it has both inner and outer components. The outer behavioral component is the mirroring skill of reflective listening, to which we will devote detailed attention in this chapter. The inner or experiential component of good listening is an attitude of curiosity, leading you to wonder what this particular person is thinking and feeling. It is an active interest in understanding what people are experiencing *from their own point of view*. You are not limited in life to your own experience, but you can enter the inner world of others through reading and listening. Getting to know a wide variety of people at a personal level is a privilege of helpers. In our own work, we have enjoyed this curiosity and appreciation for human capabilities.

In order to engage well, it helps to have an uncluttered mind. Your

complete and undistracted attention is devoted to understanding the person to whom you are listening. What is this person experiencing? What is present reality like from their point of view?

Fortunately, you don't have to just imagine what someone is thinking and feeling. The mirroring method we describe in the next section is a way of developing a clearer idea about what a person means. It is the outer, expressive aspect of empathy. If you just privately experience empathy for someone, it doesn't necessarily do them much good. *Accurate empathy* is a skill that you can learn, practice, and continue to develop. More than just asking questions, it is a method for voicing and testing your guesses about what the person you are talking to is trying to convey. You become a mirror reflecting back, to the best of your understanding, what the person is experiencing.

Engaging well needs
an uncluttered mind.

First, good listening requires that you give your full attention. There are some nonverbal basics of good listening that you may already take for granted but are nevertheless important. These essentially show that you are paying close attention. In many though not all cultures, maintaining fairly constant eye contact with the person to whom you are listening is a signal of respectful attentiveness. Your facial expression can change naturally in response to what is being said. A spontaneous smile, head nod, or gesture says that you are following and engaged. And of course you refrain from doing anything else (like reading a chart or your phone) but giving the person your full attention. What about taking notes? We prefer to give clients our undivided attention during an interview and then record our notes afterward. If you feel a need to make occasional notes, do so in a way that is not distracting and explain the purpose.

Second, *mirroring* involves letting go of some other ways of responding to people. You temporarily suspend your own opinions, knowledge, and perspectives, and you focus entirely on understanding this person's meaning. For the time being, at least, you forego things that you might otherwise do when trying to be helpful: agreeing or disagreeing, telling, distracting, suggesting, warning, interpreting, persuading, or reassuring. Such responses are not wrong, they're just different from high-quality listening. They have been described as *roadblocks* to listening because they literally can get in the way of understanding.¹⁵ You devote your full attention to listening, and you refrain from saying things that can distract from your empathic awareness.

The Skill of Mirroring

So then, do you just remain silent? Not necessarily. Quiet listening without interrupting can be a gift, but there are particular things you can say when listening in this way that will actually deepen your engagement.¹⁶ You

become a kind of mirror, reflecting back your in-the-moment understanding of what the person is telling you. In a way, you're helping people to slow down and listen to what they've just said.¹⁷ It's not mere parroting. *Mirroring* is much more skillful than that.

Help people slow down
and listen to what
they have just said.

Before people speak, they are already thinking and feeling, which will be expressed to some extent in what they say. In Figure 4.1, this is represented by the lower left-hand square 1: what the person is experiencing. The speaker communicates that meaning not only through words, but also in tone of voice, facial expression, gestures, and posture. That is square 2 in the diagram: what the speaker says and conveys. Next the communication is received; square 3 is what the listener takes in through the senses of hearing and seeing. Finally, the listener interprets what the speaker means to communicate (square 4). An easy mistake that listeners often make is assuming that square 4 (what you think the words you believe you heard mean) is the same as square 1 (what the speaker actually meant).

Figure 4.1 shows three places where any communication can go awry. First, people don't always say exactly what they mean. For various reasons, square 1 (what the person is experiencing) is not identical to square 2 (what the person says and conveys via tone and facial expression). Second, listeners are imperfect receivers. Square 3 is not necessarily the same as square 2, much less the same as square 1. For example, you may not hear the words correctly, you may be distracted, or you may not be paying close attention. Finally, you must pass what you think you heard (square 3) through your

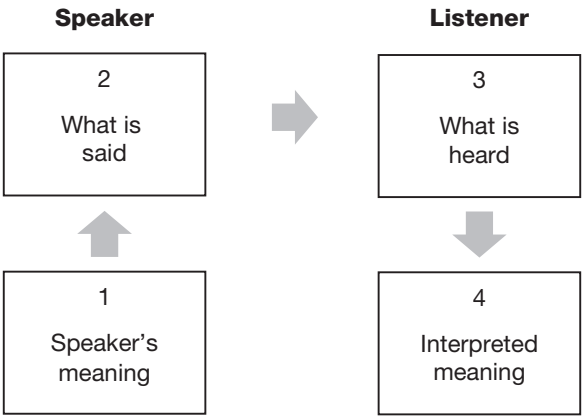


FIGURE 4.1. The process of communication. Based on Thomas Gordon (1970), *Parent Effectiveness Training*.

own decoding system and interpret what you believe the speaker means (square 4). It's like looking up the words in your own internal dictionary and selecting the definitions that seem to fit best. All of this happens instantaneously and often without much conscious awareness.

Once you realize that you are constantly guessing—that square 4 can be very different from square 1—you have a new challenge: how to get your own understanding closer to what the person is actually experiencing. That is the purpose of mirroring. Instead of just quietly imagining what the person means, you can find out. An awkward way to do this would be to keep on asking for clarification or confirmation every time the client says something. That would quickly become annoying. Nevertheless, without directly asking, that is essentially what you are doing with the skill of mirroring—guessing and checking—but it flows more naturally as a conversation. Consider this example:

SPEAKER: I really don't want to get vaccinated.

LISTENER: You're not concerned about getting sick.

SPEAKER: Actually I *am* worried about getting sick, from the vaccine!

LISTENER: You've heard some stories about people who got it.

SPEAKER: I've just heard that it's dangerous.

LISTENER: Like the vaccine might be worse than the virus itself.

SPEAKER: Well, I haven't actually heard of anyone dying from the vaccine, but I suppose it could happen.

LISTENER: That's what concerns you, that getting vaccinated might kill you.

SPEAKER: I just don't know how safe it is. They develop these things in a lab, and I think they're guessing really.

LISTENER: You do understand something about how vaccines are developed.

SPEAKER: A little. I just don't like having things injected into my body.

LISTENER: It feels to you like being out of control, like it's a lot to trust, a leap of faith.

SPEAKER: Well, I've had vaccinations before. I just don't know about this one.

LISTENER: Something seems different to you about this particular vaccine. It worries you.

Notice first what the listener is *not* doing. There's not a single question (although questions, too, can be helpful, as we shall soon discuss). The listener might be a friend or a health care professional, but there's no disagreement or advice. It's unclear from this what the listener's own

opinion might be. The listener's interest is in understanding the speaker's perspective, which becomes clearer as the dialogue continues. It's not a back-and-forth exchange of views; rather, the listener is *interviewing* the speaker in order to understand better, and in the process the speaker may also be getting clearer about their own thoughts and feelings on the matter.

So what *is* this listener doing? It's the skill of forming an empathic *reflection*. Notice that each of the listener's responses is a *statement*. A *simple reflection* stays fairly close to what the person said, though it doesn't have to be parroting. It might focus on a part of what was said. You might find a synonym for a word that was spoken. The point is that with a *simple reflection* you're not adding much to what the person said.

SPEAKER: I'm feeling kind of down today.

LISTENER: You're feeling low. [A simple reflection; a synonym]

SPEAKER: I'm not sure what it is, but I feel like I'm dragging, like it takes a lot of effort just to walk around.

LISTENER: Slowed down. [Simple reflection]

SPEAKER: It's like I'm dragging a lot of weight behind me.

LISTENER: Like carrying a burden. [Simple reflection; it adds a little to the image of dragging weight, but doesn't really go beyond it]

SPEAKER: Just feeling down, I guess.

If you're limited to simple reflections, there can be a feeling that you're not getting anywhere, at least not very quickly. It's still a gift to give someone your full attention and try to understand, but with only simple reflections it can seem like you're going around in circles. A *complex reflection*, in contrast, makes a bit of a guess about what the person means. Usually, it's not a big leap but rather a possible extension of what the person said.

SPEAKER: I'm feeling kind of down today.

LISTENER: Like you don't have much energy. [A complex reflection; a guess]

SPEAKER: Yes! Like the life has been drained out of me.

LISTENER: And you're not sure what's going on. [Complex reflection; a reasonable guess]

SPEAKER: I'm thinking about something Emma said to me last night.

LISTENER: It's bothering you. [Complex reflection; again, a reasonable guess]

SPEAKER: I just keep going over and over it in my head, and I don't know what she meant by it.

LISTENER: Trying to figure it out, and whether it's important. [Complex reflection]

SPEAKER: Oh, I think it's important. I just don't know what to do about it.

With four complex reflections, the conversation is moving farther and more quickly. It's common to start off with a simpler reflection, but try moving to more complex reflections as you listen to understand.

Reflecting can feel a bit odd while you're learning this mirroring skill, particularly when you know that what you're doing is guessing. Wouldn't it be better just to ask? In making it as a statement, aren't you "putting words in the speaker's mouth?"

You could actually turn any of these listener responses into a question just by inflecting your voice upward at the end: "You're not worried about getting sick?" rather than "You're not worried about getting sick." Turning it into a question by inflecting your voice tone upward at the end might not seem to make much difference, but often it does. Try speaking these pairs aloud and see whether you can feel the difference in how they might be received:

"You're angry with your mother?" (inflected up at the end)

"You're angry with your mother." (inflected down at the end)

There's something a bit different about voicing it as a question, as though you're doubting whether the person *should* feel that way, even if that's not your intention. In response to a question, people may feel defensive or back away from what they said. Imagine saying to a teenager:

"You don't see anything wrong with what you did?"

versus

"You don't see anything wrong with what you did."

In many languages, hearing reflection statements just feels different from being asked questions. There is something subtly pressuring about a question; it demands an answer. A mirror normally doesn't ask you questions.

So if you want to understand and encourage people to keep on expressing their experience, try out this skill of offering reflection statements. It's more difficult than it looks at first, but to change a question into a reflection is technically easy. First, remove any words that mark it as question, such as "are you," "do you," or "have you?" Then change it into a statement with your voice tone; in English this usually involves inflecting your voice *down* at the end.

“Are you feeling anxious?”

becomes

“You’re feeling anxious.”

Reflections essentially reach across the communication gap by continuing to test your understanding, which becomes more accurate as the process continues (see Figure 4.2).

Crucial to the practice of mirroring is a beginner’s mind of curiosity and knowing that you don’t already know.¹⁸ There are more subtleties to the skill of reflection, some of which we will explore further in Chapter 8. For now, our point is that skillful listening is fundamental to the engaging task in a helping relationship. It can also be beneficial in your relationships more generally. One good guideline is that usually your reflection should not be longer than what the person said.

An encouraging aspect of mirroring is that you can get better at it with practice. Whenever you offer a reflection, you are making a guess and then you get immediate feedback. A usual response is some form of, “Yes, and . . .” whereby the person indicates that you got it (mostly) right, and then says more. Another possible response is some variant of, “No, it’s not that . . .” and then the person tells you more. Either way, you find out whether your guess was right and you learn more. In other words, there’s no penalty for missing! Over time, you can get better at anticipating what people mean, though of course it’s better to check than to assume.

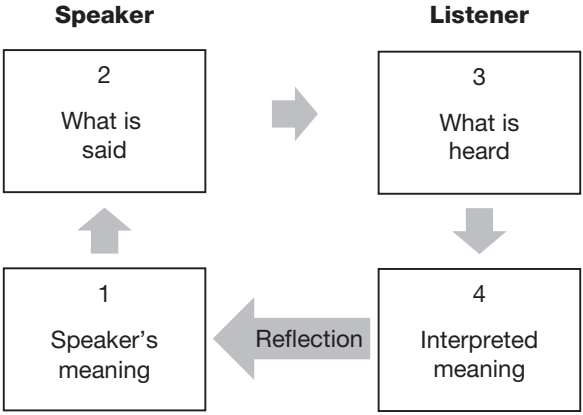


FIGURE 4.2. The role of reflection in communication. Based on Thomas Gordon (1970), *Parent Effectiveness Training*.

Getting Moving with **OARS**

Reflecting is one of four useful communication skills for engaging that we abbreviate with the acronym **OARS**:

Open questions
Affirming
Reflecting
Summarizing

These four engaging skills combine well and tend to be intermixed, but before showing how to blend them skillfully, we will explain a bit about each of the three that we have not yet discussed: open questions, affirming, and summarizing.

Open Questions

Open questions invite people to talk to you. Unlike closed questions, they give the person room to decide what to say. ***Closed questions*** ask for a specific piece of information and limit the person's range of responses, for example:

"What is your address?"
 "How long have you been feeling this way?"
 "When you do have alcohol, how much do you drink per day?"

Sometimes the expected response to a closed question is just "yes" or "no."

"Do you have a headache?"
 "Are you married?"
 "Have you had anything to eat this morning?"

An intake interview in a health or social service system often includes a long series of closed questions to gather facts presumed to be important before help can be offered. This has the effect of putting the person in a passive position: "I ask the questions and you give the (short) answers." It also implies that once you have asked all your short-answer questions, you will have the solution.

Open questions invite people to talk to you.

When the topic of conversation involves a person changing or growing, it's best to have an actively engaged partner. A helpful approach is to ask open questions such as:

- "What's on your mind today?"
- "How are you hoping I/we might be able to help?"
- "How would you like for things to be different in your relationship?"
- "In what ways is this important to you?"

When you ask questions like these, you usually don't know what the answer is going to be. You're learning. Open questions also create forward momentum in conversation. After asking a question, reflecting is one good way to respond to whatever the person tells you. A guideline we suggest is to offer two reflections for each question you ask. Following that guideline helps to break the common habit of relying primarily on questions. Often you will learn more with good empathic listening than you would by just asking questions.

Affirming

Beyond a beginner's mind of curiosity, it's also wise to tune your ears to hear what is strong and good in those you work with. This practice involves both noticing and commenting appreciatively on something real that you can affirm. A *simple affirmation* comments on something specific that the person has done or said:

- "You said that well."
- "You somehow knew what to do and you went ahead and did it."
- "You saw the warning signs and took action."
- "What a kind thing to do!"

Such simple affirmations are relatively easy, though if overused they can sound disingenuous. Comment on things you genuinely *do* appreciate! In contrast, a *complex affirmation* comments on an enduring strength or admirable attribute. Complex affirmations are about the *person*, going beyond simple actions to appreciating some abiding positive characteristic.

- "What you did took real courage."
- "Once you make up your mind about something, you persist until you succeed."
- "You're someone people can rely on."

Note that often an affirmation is also a reflection and therefore a guess. The person may confirm or clarify what you reflected. A further tip here is to leave out the word "I" when affirming. Remember that an affirmation is about the person, not about you.

Such affirming of positive characteristics can be powerful. It says to

your client, “I see you as a person who has strengths and good qualities.” Be conscious of whatever you’re affirming because you’re likely to get more of it, whether it’s an action or an attribute. People who receive affirmation for a statement are more likely to make more such statements, even if the content is maladaptive and leads to worse outcomes.¹⁹

Affirmation can also diminish defensiveness and increase openness to potentially threatening information.²⁰ There is less need to defend yourself when your good qualities are being appreciated. In counseling and psychotherapy, positive regard expressed by therapists is associated with better outcomes.²¹

Professional training may orient you to look for problems or deficits, which is sometimes appropriate. An affirming mindset is like a lens that you can flip down over your eyes so that you also see what is positive and admirable. When what you see first is a person with strengths, then affirmations come naturally.²²

When you see a person with strengths, affirmation comes naturally.

Summarizing

As mentioned above, when you are mirroring, you are, in part, encouraging people to pause and listen to what they just said, to reflect on it. Reflective statements are one way to do this. Summaries can take it one step further. When talking to you in a helping context, people first hear what they themselves say. When you offer a reflection, they hear it again, perhaps in a slightly different light. It matters what you reflect, just as it matters what you affirm. When you are reflecting, you are focusing attention on a particular aspect of what the person said, and subsequently you are likely to hear more about it.

Summaries are essentially collected reflections, recounting several things you have heard. You are pulling together particular pieces of the person’s experience. In this way they hear what they said yet again, a third time and in the context of other things they said. This can be affirming in itself, communicating that what the person has said is so important that you remember it and are putting it together. A common preface for an end-of-session summary is, “Here’s what I’ve heard from you so far, and let me know if I’ve missed something important.” However, summaries don’t have to wait for the end of a conversation. You can offer mini-summaries along the way. These let the person know you are listening carefully and are paying attention. For example, after hearing two current concerns you might say something like:

“So far you’ve mentioned that you wonder how well your son is learning in class, and you’re also worried about a recent fight in which he was involved. What else?”

As with reflections and affirmations, it matters what you put into summaries. Pulling several things together that a person has said can be particularly impactful. A summary of accomplishments is likely to be uplifting, whereas a summary of all negative experiences can be demoralizing. Whether you are engaging, focusing, evoking, or planning, we encourage you to be conscious and intentional about what you choose to ask, affirm, reflect, and summarize.

An Example of Engaging

Putting the pieces together, here we offer an example that shows engaging skills. The setting is a community center that offers a variety of free or low-cost services for senior citizens. A newcomer walks in, asks a few questions of the receptionist, and then is introduced to a staff member. They greet each other, sit down in an office, close the door, and begin engaging.

STAFF: Tell me how you decided to come here today. [Open question]

VISITOR: I've been walking past here for a few months and I've wondered what you do.

STAFF: You're often out walking. [Reflection]

VISITOR: At least when the weather is good. I enjoy being outside, and I need to stay active now that I'm retired.

STAFF: You want to stay healthy. [Reflection]

VISITOR: I do. It's not good just to sit at home. I retired 7 months ago and I think you can go downhill fast.

STAFF: It sounds like retiring was a big change for you. [Reflection]

VISITOR: It was. I worked for the post office for 36 years.

STAFF: Wow, you were a faithful employee; you really stuck with them! [Complex affirmation]

VISITOR: And I was walking a lot every day. I had some good friends there, too.

STAFF: I imagine you would, after being there so long. How are you spending your time now? [Open question]

VISITOR: Well, that's the thing. My whole life was around my job. I still see a couple of my friends sometimes, but they're busy with family.

STAFF: So there's another big change for you—people you spend time with. [Reflection]

VISITOR: I do miss that.

STAFF: Retirement can be lonely sometimes. [Reflection]

VISITOR: Sometimes. I just enjoy doing things with people.

STAFF: What kinds of things have you enjoyed doing in the past? Maybe there are things you liked in the past but haven't done for a while.
[Open question]

VISITOR: I used to enjoy playing tennis. Still do sometimes. I'm not as good as I was.

STAFF: You do enjoy it, though, and still play some. [Reflection] What else?
[Open question]

VISITOR: I don't know. I used to swim. I used to play cards. That was a long time ago.

STAFF: You might still remember how. [Reflection]

VISITOR: Oh sure. I played a lot, actually.

STAFF: And that's something you can do with other people. [Reflection]

VISITOR: Yeah, solitaire isn't much fun. And I like doing things for people, you know? Helping them out.

STAFF: You would have more time for that now. [Reflection]

VISITOR: I guess so. I like feeling useful.

STAFF: [Summarizing] So retiring has been a big change for you, and you're sorting out how to do this new chapter of your life. You're staying physically active, at least by walking and sometimes playing tennis, and you enjoy being outside. You like doing things with other people and being helpful to them if you can. That's important to you. Staying healthy is also a priority for you, and you're already doing some things to take care of yourself. What else?

VISITOR: That's about it. So what do you do here?

STAFF: OK, I'll be glad to tell you what we have available here. There are lots of options to choose from. We also serve breakfast and lunch every day, and you're welcome to join in that.

VISITOR: It smelled good when I came in.

STAFF: They will be serving for another 45 minutes if you want to stay. But here's a list and a schedule of what we have. It's a little different every day. . . .

This conversation so far is about engaging. Rather than jumping right into providing information, the staffer uses OARS skills to learn what might interest the visitor most. Chatting in this skillful manner is also a way of welcoming newcomers and communicating a personal interest in them. This doesn't have to take a long time; it's a matter of starting off well. The above conversation fills about 3 minutes. There are a few open questions intermixed with good listening.

Notice the skillful listening. The staffer’s reflections are rarely just repeating what the visitor said. Often they keep the conversation going, guessing what the person might mean or anticipating what might be the *next* sentence—a listening skill that we call *continuing the paragraph* (see Chapter 8). Now the stage is set for the visitor to focus on which community center services to use.

Engaging is a first and vital task in MI and one that is too often overlooked in helping relationships. It is a way of developing a partnership: “Can we walk together?” In Chapter 5, where we discuss focusing, we turn to the question “Where are we going?”

PERSONAL PERSPECTIVE: Rapid Engaging

One day while working with a group of practitioners in training, we had this idea: What if you did *nothing but* engage? What if you held back completely from anything that cut across the person’s unfolding story. No investigative questions, no problem searching, no diversion, interruptions, or clever questions. You start with an appropriate open question such as “How are you?” or “How can I help?,” clear your mind, adopt a curious and compassionate attitude, and only engage. How long would this take? What would the effect be?

So we tried it out and two striking themes emerged. First, it did not take long for patients to tell their story, an observation that has been noted in the medical literature for decades. Second, it required enormous restraint, especially if the person was telling something dramatic, upsetting, or disturbing. The temptation to interrupt and focus on something of interest was strong; yet such interruption more often than not blocked the flow of the conversation. If we succeeded, the remainder of the consultation was much easier to navigate and took less time than we imagined it might.

I have since done this with scores of colleagues and in clinical practice itself. We call this practice *rapid engaging*—doing nothing but engaging—and have even suggested that if you do it for the first 20% of your time with someone, it reaps considerable rewards, making much faster progress as a result.

—STEVE

KEY CONCEPTS

- Accurate empathy
- Closed question

- Complex affirmation
- Complex reflection
- Empathy
- Mirroring
- OARS
- Open question
- Rapid engaging
- Reflection
- Simple affirmation
- Simple reflection
- Summary

KEY POINTS

- Empathy is a natural ability to understand and *feel with* what others are experiencing. Accurate empathy is a learnable communication skill for reflecting back to people your understanding of what they are experiencing.
- The inner aspect of empathic listening is an attitude of curiosity to understand the person's experience; the outer behavioral aspect is the mirroring skill of reflective listening.
- Simple affirmations comment positively on something that someone did or said, whereas complex affirmations highlight an enduring positive characteristic of the person.
- A reflection closes the gap between what you believe a person means and what they are actually experiencing.
- Reflections are best offered in the form of a statement rather than a question.
- Summaries are essentially collections of reflections

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CHAPTER 5

Focusing

“Where Are We Going?”

If you don't know where you're going you might wind up somewhere else.

—YOGI BERRA

The engaging skills we described in Chapter 4 can be helpful on their own. Sometimes a good listening-to is all that a person needs. The gift of being deeply heard is so rare and rewarding that people happily continue talking with a good listener.¹ The art of empathic listening is a solid foundation of MI.

Yet people may need more from you than good listening. They may be looking for information or advice, guidance in considering a baffling array of options, or ideas for getting unstuck from persistent patterns. At the beginning of a helping exchange, it may be unclear what the topic of conversation will be. In this chapter, we proceed to a second task in helping people to change and grow: focusing. The underlying question here is, “Where are we going?”

A first step in focusing is determining the topic of conversation. This could even precede the engaging task and can happen in many ways. An initial electronic or phone contact may indicate what the person would like to discuss. A customer service worker asks, “How can I help?” A counselor might begin with, “What would you like to talk about today?” In health care we often asked, “What brings you in today?” (One client responded quite concretely: “A bus.”) Seeing distress on your friend's face, you might ask, “What's wrong?” Listen well to understand the person's concerns and hopes, which give you a sense of where the conversation is headed.

Sometimes the topic of conversation is predetermined by the context. If you specialize in helping people to prepare a will or to stop smoking, there's a good chance you already know the general topic of conversation when someone comes through the door. The range of possible topics is broader in a law firm, primary care clinic, or counseling practice. In such settings, usually a narrowing-down process happens early in a visit.

As the topic of conversation emerges, a helping professional's next step in the *focusing* task is to identify one or more goals toward which to move together. It is well established that having clear goals is a fundamental component of human motivation.² One characteristic of more effective counselors and therapists is that they have well-defined goals in mind and a coherent plan for reaching them.³ Finding agreed-upon goals is a key element of the *working alliance* that consistently predicts better therapeutic outcomes.⁴ A common practice in behavioral health care is to develop a clear treatment plan and then keep track of progress toward accomplishing it.

Once you clarify shared goals, you face the further challenge of staying focused on them. This can be particularly important in time-pressured contexts where you have a limited length or number of visits. Finding that you are a good listener, people can wander off topic into chatting about seemingly unrelated matters. Particularly when distressed, clients may be distracted by ongoing events and will lose sight of the horizon toward which you have agreed to move. Of course you listen to arising concerns, but if you just follow wherever their attention is resting at the moment, that is the wandering trap described in Chapter 2. You need to maintain a balance here between engaging and focusing. Listen well while also keeping your eyes on the horizon toward which to move. A certain amount of chat can maintain friendly rapport, but wandering off topic in a service setting can compromise progress toward goals.⁵ When your work together strays from shared goals, you can gently bring the conversation back into focus.

Listen well while also keeping
your eyes on the horizon.

Of course, the focus of your helping relationship can also shift over time. At least within ongoing helping relationships, focusing is not a one-time event. Priorities may shift. Accomplishing a goal makes room for new ones. A focus, like a treatment plan, *should* unfold over time, adjusting to changing needs and conditions. That's normal.

Three Focusing Scenarios

As you listen and engage, possible directions for future change or growth can emerge from the client's early statements; for example:

- "I don't know what to do about this relationship I'm in."
- "I need more education or training so I can get a better job."
- "We want to start saving for our children's education and also for retirement."
- "I know I have a short temper, but I don't want people to think I'm weak."

Remember that MI is a particular way of having conversations about change. Within MI, then, focusing means clarifying what change(s) the person might make. Sometimes this is a simple step, as when someone asks you for a particular kind of help to reach a clear goal. In other situations,

Focusing means clarifying what changes the person might make.

focusing is a more complex task—such as making a choice from among several good options or even clarifying with the client what a desired outcome would be.

Straightforward Goal(s)

One possibility is that the goal(s) to be pursued together seems clear at the outset. As in deciding on a broader topic of discussion, the focus may be straightforward:

- "I'd like to get a driver's license."
- "I want to apply for a loan."
- "I need to lose weight."

In this case, little further focusing may be required, although some clarification is likely to be helpful. Has the person had a driver's license before? What type of loan, how large, and for what purpose? What, if anything, has the person already tried for weight loss and with what results? With a clear goal in focus, you can begin to evoke the *why* and *how* of change (Chapters 6 and 7) and consider what additional help you might offer. When behavior change is the subject, sometimes it is sufficient just to clarify the goal and evoke the person's own motivations for change.⁶

Choosing a Path

In a second type of focusing, there is a clear longer-term objective with various possible ways to help accomplish it:

- "I want to keep healthy and fit as I get older."
- "This time I want to stay out of prison."
- "How can I improve my chances for being accepted?"

The overall goal is apparent, but it's less clear how best to pursue it. You can develop a list of possible paths toward the change goal and then choose among or prioritize them. We have sometimes used a ***bubble sheet*** to lay out the possibilities visually. You could draw and fill in topic bubbles together or use a prepared sheet with common options. For example, Figure 5.1 is an illustration we have used when talking with people newly diagnosed with diabetes.⁷ A nurse educator might introduce this bubble sheet to a patient in this way:

“Probably this is all new to you, having just been diagnosed. One good thing about diabetes is that there are so many things you can do to manage it and stay healthy. Here’s a sheet that shows some of them. We have already talked about checking your blood sugar levels, and

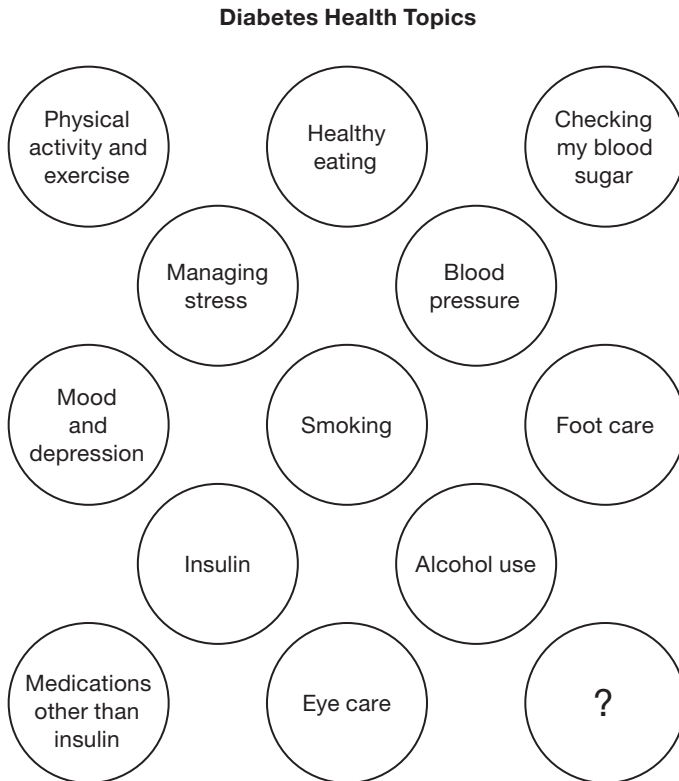


FIGURE 5.1. A sample bubble sheet. From Marc P. Steinberg and William R. Miller (2015, p. 17), *Motivational Interviewing in Diabetes Care*. Copyright © 2015 The Guilford Press. Reprinted by permission.

from your chart I see that your blood pressure has been fine. What are two or three topics here that you might like to discuss today? Or perhaps there is something else not mentioned here that you want to talk about, and that's what this bubble with a question mark is for."

Or a busy practitioner could use the bubble sheet this way during a routine visit:

"So those are your lab results, which generally look good. We still have a few minutes left and I wonder if there is something on this sheet that we could discuss in the time remaining. Do you see something here that you might work on next to help manage your diabetes in the long run?"

In freely choosing among topics, people are more actively involved in their own care and are considering what *they* can do to improve their health.

Clarifying

In a third type of focusing scenario, there is no well-defined change goal to begin with or even a set of change options to choose from. You ask what's wrong, and the person says, "Everything." Whatever hopes the person may have for change are vague:

- "My life is a mess."
- "I don't think there's any hope."
- "Actually, I think our relationship is fine, but for some reason she's not happy with it."

This feels a bit like trying to see your way through a fog or a cloudy windshield. It's hard to see where you're going.

Clarifying often begins with a general concern or distress. A longer engaging period of good listening may be needed. Part of the task may be alleviating crisis, stress, and confusion.⁸ After engaging and listening to the broader interest or concern, this kind of focusing involves identifying possible changes and exploring the person's priorities among them. Focusing here tends to move from generalities to more specific goals. We offer an example of this third kind of focusing task at the end of this chapter.

Whose Goals?

Where do goals originate in a helping relationship? By far the most common source is the person seeking your assistance. What does the client, student, customer, or patient want? This may not be completely clear at the

outset, but the prime directive is the person's best interest and well-being. This consideration can broaden beyond the individual to the well-being of a family, group, or community. A first consideration, then, is what you are being asked for, what kind of help is requested. A related question is, "Who is my client?"⁹ Who actually wants this change to happen?

What are you actually being asked for?

Sometimes the range of goals is affected by limits of the context and your own expertise. An attorney doesn't ordinarily offer mental health guidance, nor is a psychotherapist likely to give dental advice. A factor in focusing, then, is the range of goals available within an agency's mission or a helper's competence. Some addiction treatment services may work only within a goal of lifelong abstinence from all psychoactive drugs, whereas others embrace a range of harm-reduction goals.¹⁰ Specific pregnancy counseling services may include or proscribe certain contraception and abortion options. Thus, the context can constrain what helping goals are feasible.

Yet another source of potential goals is your own expertise. A physician may discern that a patient's persistent gastrointestinal complaints are exacerbated by dietary choices and may therefore recommend a change in eating habits. An unusually short temper may be related to underlying depression or drug use. A financial advisor may be able to suggest investment options not previously considered. A psychologist may recognize that the client's presenting concerns are consistent with a known condition such as narcolepsy or posttraumatic stress. Such possibilities for focus were not within the person's original request for help, but they can arise as you become better acquainted with their situation.

Here, for example, is a conversation between a pastor and a young parishioner named Paul whom she knows well, who appeared at her office door and asked if she had some time to talk.¹¹ She had recently married Paul and Chelsea, another member of the congregation, and now a crisis has arisen. In the midst of a heated argument in their kitchen he grabbed her arm, pushed her, and she fell backward. She then fled the apartment. He does not know where she went, although she left a message on his phone to say that she is OK. The pastor has been listening well for 15 minutes or so, and Paul is calming down.

PASTOR: There's a lot going on for you right now. You've told me about some conflicts at work and that you haven't been sleeping well. Now this has happened. What are you hoping for at this point?

PAUL: I'm just so embarrassed. I can't believe I shoved her, and I'm worried about her and I don't ever want to hurt her again. It's my fault and I feel terrible.

PASTOR: I agree with you that what you did was wrong, and we don't want it to happen again. I've known you and your family for a long time, so I also know many good things about you and how you love Chelsea. [Affirming] How do you understand what happened? [Open question]

PAUL: I don't know. I'm stupid. Like you said, there's a lot going on right now. I just hope she will forgive me. (*Tears come and the pastor waits a bit.*)

PASTOR: You know, Paul, I'm wondering about something here.

PAUL: What's that?

PASTOR: [Summarizing] It's never been like you to hurt someone. You've told me you can't think straight, and you wake up in the middle of the night and can't get back to sleep, so you're exhausted and don't have any energy.

PAUL: Right. I'm really screwed up.

PASTOR: You're feeling bad about yourself, and you've had some arguments at work lately. [Reflecting] All of that seems different from your normal self.

PAUL: It is.

PASTOR: I'm no psychologist or doctor, but all of that sounds a lot like what I know about depression. As I try to make sense of all this, I wonder whether that could be what's going on here because sometimes depression can make people edgy and irritable. I know that depression is very treatable, and it can make a big difference. Is that something you'd be willing to learn more about?

PAUL: I guess so. Would I have to take medicine?

PASTOR: I know that's one possibility, but there are other things that help, too. Would you be willing to talk to a professional who knows a lot about this? There is also a member of our congregation who's recovered from depression and would probably be willing to talk to you about his own good experience.

Paul hadn't come in to talk about depression. It just seemed to him like his world was falling apart, but using her experience, the pastor helped him to focus on what could be an important piece of the puzzle. In the process of clarifying and in the midst of crisis, these "I wonder whether" moments can open the door to considering possibilities and taking a next step. She also honored the limits of her own professional expertise and arranged an appropriate referral.

FOR THERAPISTS: MI and Trauma

Providers and services are increasingly asked to deliver “trauma-informed” services that recognize and address signs of the lingering effects of traumatic experience. People entering treatment for substance use disorders, for example, are far more likely than the general population to have a history of significant trauma.¹² This is not problematic in itself; not everyone who is exposed to adverse childhood experiences is psychologically injured by them, and those who are can recover and often show posttraumatic growth.¹³ It is the persistence of trauma-related suffering that deserves attention and that can compromise the treatment of other conditions. As General Peter Chiarelli has suggested, we should embrace the term *posttraumatic stress injury* (PTSI) rather than posttraumatic stress disorder (PTSD). A disorder is something that’s wrong with you, whereas an injury is something that happened to you.

The gentle guiding style of MI may be particularly well suited in engaging and treating people with enduring PTSI.¹⁴ Core MI practices such as affirming strengths, respecting choice, evoking hope, and listening with accurate empathy may help clients to enter into, collaborate with, and persist in treatment that can be quite stressful in itself.¹⁵ MI has been used effectively to enhance readiness for and participation in cognitive-behavioral treatment of posttraumatic stress.¹⁶ MI has also been found to facilitate adjustment and functioning after post-traumatic brain injury.¹⁷

An Example of the Focusing Task in MI

Remember that clarifying usually begins with a broad general goal or concern and moves toward more specificity. Here is such a focusing conversation between a schoolteacher and a fitness coach who is trained in MI. The teacher is considering enrolling in a local gym where the coach works. There was a prior period of welcome and engaging before getting down here to the business of focusing.

COACH: So, tell me what you’d like to do for yourself.

Open question

TEACHER: I teach school and I spend most of my life sitting, especially this year when I’ve been teaching online in front of a computer screen.

COACH: You haven't been very physically active lately.

Reflection

TEACHER: For quite a while, actually. I just feel so out of shape, like I'm losing muscle.

COACH: There was a time when you were in better shape.

Reflection (a guess)

TEACHER: Yes. When I was younger, I was much more active.

COACH: What kinds of activity have you enjoyed?

Open question

TEACHER: Traveling, going places. I played golf and did some running. I liked dancing.

COACH: You enjoyed a good mix of things! You were active and energetic.

Affirmation

TEACHER: Back then, yes.

COACH: Well, let me ask you this. There are different reasons why people would like to be in better shape. I don't know what yours are yet, but for some people it's about longevity—living longer. For others it's quality of life or physical health, looking good, pain relief, or ability to do things they want to do. What do you need fitness for?

Here the coach could draw circles on a page (a bubble sheet) and write in these circles possible goals; or the coach could wait to see what the client says.

TEACHER: Good question! I have two boys, 11 and 14. I need to be able to keep up with them physically, and I want to be there for them as they become adults and have kids of their own.

COACH: Being able to keep up with your boys, and also longevity—being around for a while. What else?

Reflection

TEACHER: Heart disease runs in my family.

COACH: Uh huh. To keep your heart healthy.

Reflection

TEACHER: And like you said, quality of life. I want to be able to enjoy life when I get older. I already have some back pain that bothers me.

COACH: OK—you have lots of good reasons.

Keeping up with two young boys and staying healthy to be there for them, especially since there's a history of heart disease in your family. You want to be able to enjoy your life and not be slowed down by pain. So let's talk about what you might choose to do. OK?

Summary: The coach summarizes the reasons given, already getting into the why of change (Chapter 6).

TEACHER: Sure. That's why I'm here.

COACH: OK, good! I think it's a question of where you want to start and how much time you want to commit to getting fit. You don't have to do everything all at once. There's cardiovascular fitness, keeping your heart in shape and building up your endurance. There's core strength, particularly the abdomen, for your spine, hips, and posture. There's lower body strength in your legs, and upper body strength in your arms, chest and shoulders. There's also balance to prevent falls and injuries, and flexibility to stay limber. Which of those sound more important to you as a place you might want to start?

And then begins to narrow the focus

Offering a menu of options to choose from

TEACHER: I probably need some work on all of them, but I guess cardio could be a good place to start.

COACH: Given your family history.

Reflection

TEACHER: Right. And you said core strength; might that help with my back?

COACH: Definitely. People often don't connect it, but these abdominal muscles here keep your spine aligned and help prevent lower back pain. So where you'd like to start, then, is with improving your cardiovascular fitness and building some core strength. Is that right?

Giving information

Summary of beginning change goals

TEACHER: Yes. That sounds good to me.

Notice that the coach here is not being prescriptive—telling the teacher what to do—but rather is offering a menu of options to find out what is important and starts from there. It's a good example of how the focusing

and evoking tasks can intertwine. The coach’s opening question is not “What can I do for you?” but “What would you like to do for yourself?” From the dialogue above, this discussion would move on to more specific consideration of *how* to improve core strength and cardio fitness. We will continue this conversation in Chapter 9. For now, notice the basic pattern of clarifying within MI. It began with a somewhat vague general concern about being out of shape. The coach next explored possible purposes of fitness—the *why*—to understand the client’s priorities and consider where best to begin. The focusing task centered on two starting fitness priorities and will next (in Chapter 9) become more specific with particular activities.

In practice, focusing and evoking can intertwine.

You see the gradual clarifying process from general to specific, always keeping the client’s own interests at the center.

As mentioned earlier, shared goals in a helping relationship can evolve over time. In the dialogue above, the coach and client established a beginning focus on specific types of fitness, but the focus may shift over time. An injury or a change in health might alter priorities. The client’s available time may wax and wane, and other life priorities take their place next to physical fitness.

In summary, the focusing task clarifies shared goals toward which to move, and your skill lies in the moment-to-moment ability to keep these goals in mind and gently refocus on them if you veer off. Such drifting is common in helping relationships. There are many ways to refocus, bringing attention back to your shared goals while maintaining good engagement. Your guide is always the person across from you who will tell you whether you’re on the right track if you pay attention and listen well. This close attention to language is key as we turn to the evoking task in Chapter 6.

PERSONAL PERSPECTIVE: Is MI Manipulative?

Sometimes people ask, “Isn’t MI manipulative?” One meaning of *manipulate* is to work with astute skill, much as a physician adroitly manipulates robotic surgical implements. A second definition, however, is to behave unfairly or unscrupulously. The concern behind the question seems to be whether MI is somehow like posthypnotic suggestion or subliminal advertising, trying to trick people into doing things without their conscious awareness or consent, perhaps for self-serving ends. My own experience is that unless the focus, the shared goal, is consistent with people’s values and in their own interest, MI techniques will be to no avail. MI is about mobilizing a person’s own motivations, not installing different ones.

Consider an attempt to use MI in Danish “departure centers” with refugees whose applications for asylum had been denied. Though not deported, such refugees were subjected to “mandatory monthly motivational interviews” with police employees trying to motivate them to leave the country.¹⁸ In my mind, this is a blatantly inappropriate application of MI,¹⁹ done within a power differential to promote action that may not be in the person’s best interest. Happily, it did not work. “According to police interviewers, [refugees] in general do not respond well to motivational interviews. In their experience, only a few [refugees] sign the voluntary return form and those who do rarely end up leaving.”²⁰ Both the interviewers and the refugees found the sessions to be frustrating and aversive.

I know of no scientific evidence that MI-related techniques can cause people to do what is inconsistent with their own motivations and values. It is vital to understand and practice the method of MI within the underlying autonomy-honoring spirit of partnership, acceptance, compassion, and empowerment.

—BILL

KEY CONCEPT

- Bubble sheet

KEY POINTS

- Having clear shared goals is an important component of a *working alliance* that in turn predicts whether positive change will happen.
- The focusing task is about finding shared goals for your work together: “Where are we going?”
- Sometimes a goal is straightforward, and at other times it’s a matter of choosing among alternative paths.
- It also happens sometimes that goals are initially ambiguous and a process of clarifying is needed to refine shared goals.
- Goals may be influenced by your client, the context in which you work, and your own professional expertise.

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CHAPTER 6

Evoking

“Why Would You Go There?”

Authentic mirroring can only call forth what is already there.

—RICHARD ROHR

Energy follows attention. Wherever you place your attention, that is where the energy of the system will go.

—C. OTTO SCHARMER

Evoking literally means calling forth what is already present. Rather than trying to install motivation in people, MI invites them to give voice to their own reasons and resources for change. People are usually more convinced by what they know and care about than by what you want for them. Motivations are already there to evoke. The evoking aspect of MI is a primary vehicle for *empowerment*.

Sometimes ambivalence gets a bad name. The word can sound like indecisiveness, paralysis, or vacillation. Actually, as discussed in Chapter 2, ambivalence is one step in the direction of change. It is normal to think of both pros and cons when faced with a potentially better way of doing things, to want it and not want it simultaneously.¹ Ambivalence thus includes some motivation for change and thereby represents progress beyond seeing absolutely no reason or value in it. When someone is ambivalent, a *decisional balance* is already in motion. One side of the balance is weighted by arguments favoring the status quo; the other side contains weights favoring change. The current balance of these pros and cons is one indication of a person's readiness for change,² and it predicts whether change is likely to happen.³ This pro/con balance also clearly responds to MI skills.⁴ It is something that you can influence.

Evoking the *Why*

Once you have a *what*—a change topic or *focus* (Chapter 5)—two major questions seem to arise: *why* and *how*, both of which influence whether someone will decide to proceed. This chapter considers the *why*, or the perceived importance of taking action. Remember that in focusing, the metaphoric question is “Where are we going?” In the evoking task, the underlying question is, “Why would you go there?” This “why” can take many forms:

- “Why do you want to do this?”
- “How much does it matter to you?”
- “What reasons are there for you to do it?”
- “How important or necessary is it?”

Usually, people don’t begin considering *how* to do something unless they want, need, or see good reasons to do it. As the decisional balance tips toward the pros, the importance of change, then thoughts turn to how it might happen—which will be the subject of Chapter 7 on the planning task in MI.

Although people usually do consider the why before the how of change, there are exceptions. Sometimes they need to see that there *is* a how, a way, before they are even willing to consider the why. It’s no gift to dwell on an urgent need for change if there seems to be no hope to accomplish it. When people are unsure of possibility, they may raise *how* questions early in conversations about change, well before answering the *why*.

The Language of Change

A first step in developing evoking skills is to learn what change sounds like as it is emerging. You already know a fair amount about this just by virtue of living around other people. When you ask someone to do something, you watch and listen carefully to what they say in response. You do that because the words in responding to your request contain important information about whether the person is going to do what you have asked. Suppose you plan to move to a new place to live and you ask friends or family to help you pack up and move your furniture and belongings. What might each of these responses tell you about whether you’ll get their help? For each response, does it sound more or less likely that the speaker will help you?⁵

- “I’d *enjoy* helping you.”
- “I *could* help you.”
- “I *can* help you.”

- "You really *need* my help."
- "I *wish* I could help."
- "I'm *willing* to consider it."
- "I've already helped you move twice before."
- "Don't count on me."
- "I'll be there Friday morning."

Each statement says something different about the person's motivation and intention. Consciously or not, you pay close attention to these nuances of language.

In 40 years of MI research, we have learned much about the language of change.⁶ When speaking, people can literally talk themselves into (or out of) doing things. You can see the beginnings of this process happening in the examples above. As mentioned in Chapter 2, *change talk* is anything people say that tends to move them toward taking a particular action. To help attune your ear to change talk, here are some examples of seven different kinds.

Preparatory Change Talk

The first four types we call *preparatory change talk* because you hear them when people are considering whether to do something. The four types reflect a person's desire, ability, reasons, or need for the change. To help remember them, we use the acronym **DARN**.

Desire

Desire is a universal human experience.⁷ Every language on earth has *desire language*—a way of saying, "I want." Babies quickly learn how to signal their desires even before they develop speech. Some examples of desire words about change are *want*, *wish*, *like*, and *love*, and you hear them in conversations about change.

- "I would *love* to lose some weight."
- "I *wish* I could quit smoking."
- "I *want* to be a kinder person."
- "I would *enjoy* traveling more."

Desire language signals some inclination toward action.

Ability

Unlike desire, *ability language* provides information about how confident people are that they would be able to take the action in question. Some

ability words that you might hear in a conversation about change are *can*, *could*, *able*, and *possible*.

- “I *can* meet you there at 10:00.”
- “I think I *could* be a good teacher.”
- “I am *able* to do that for you.”
- “Could I find a better job? *Possibly*.”

Consider that the statement, “I’ll try,” implies a desire to do something, along with some doubt about the ability to do it.

Reasons

A third kind of preparatory change talk states specific reasons for doing something. *Reason language* has an if-then quality. The reason might be a possible advantage of change or a disadvantage of not changing.

- “If I don’t start saving some money, I’ll never be able to afford a place of my own.”
- “I think I’d sleep better at night if I cut down on caffeine.”
- “My family is counting on me to put food on the table.”
- “Getting more exercise would help me stay healthy.”

Need

Need language has an imperative quality emphasizing some urgency of change. Need statements imply that a change is important without specifying *why* (otherwise it would be a reason). Some common forms are:

- “I *have* to . . .”
- “I *need* to . . .”
- “I really *must* . . .”
- “I’ve *got* to . . .”

A person might say, “I just can’t keep on like this,” or “Something has got to change.” That is need talk.

Mobilizing Change Talk

Three other types of change talk are things you hear as people are getting closer to actually changing. *Mobilizing change talk* tends to get people moving. For these three kinds of change talk, we use the acronym **CATs**: commitment, activation, and taking steps. As discussed below, the same

kinds of speech (CATs) can also occur as sustain talk where its effect is immobilizing—increasing commitment to the status quo.

Commitment

To say that you want to, could, have good reasons to, or need to do something is not to say that you are actually going to do it. *Commitment language* offers an assurance that it will happen. It is how we make promises to or contracts with each other. Perhaps the clearest and simplest commitment statement is "I will." More emphatic versions include "I promise," "I guarantee," "I swear," or "I give you my word."

Activation

In *activation language*, you hear people leaning toward action. They haven't quite decided or committed to doing it, but they are almost there. Here are some examples:

- "I'm *willing* to."
- "I would *consider* it."
- "I'm thinking about it."

These signal an openness but not quite a decision to do something. They are unsatisfactory answers to questions asking for a commitment, as in making wedding vows or responding to, "Will you tell the truth, the whole truth, and nothing but the truth?" When you are hearing activation language in everyday conversation, a natural next step is to ask for more specifics: When will you do it? What exactly are you prepared to do?

Taking Steps

As we were studying counseling sessions, we noticed another kind of change talk that didn't fit into any of the preceding categories and yet signaled movement toward change. *Taking-steps language* is a form of speech indicating that the person has already taken some action in the direction of change.

- "I bought a pair of running shoes so I can exercise."
- "I filled that prescription yesterday."
- "I called three places about possible jobs today."

Pay attention to any and all change talk that you hear. You might think that unless you hear commitment language a person will not change.

Yet while stated intention to change is good,⁸ most research shows that all kinds of change talk favor subsequent change.⁹

Sustain Talk

Ambivalence is an inner debate between the arguments for and against change. Just as there is language supporting change there is also opposite speech that favors the status quo. As discussed in Chapter 2, we call the latter *sustain talk*, sometimes also termed *counterchange* talk.¹⁰ All seven types of change talk have a corresponding form of sustain talk expressing reasons not to change. Rather than repeating the DARN CATs for sustain talk, we will just offer you examples of each type. Like change talk, sustain talk is always in reference to a particular change. Suppose the topic is quitting tobacco.

	Change talk	Sustain talk
Desire	“I <i>want to</i> quit smoking.”	“I really <i>enjoy</i> smoking.”
Ability	“I think it’s <i>possible</i> for me to quit.”	“I don’t think I <i>could</i> stand the withdrawal.”
Reasons	“My children are begging me to quit.”	“It’s the only way I have to relax.”
Need	“I’ve <i>got to</i> quit smoking.”	“I <i>need to</i> be able to smoke.”
Activation	“I’m <i>willing to</i> give it another try.”	“I <i>plan to</i> keep on smoking.”
Commitment	“I’m <i>going to</i> quit.”	“I have <i>decided to</i> keep on smoking.”
Taking steps	“I bought some nicotine gum today.”	“I bought two cartons of cigarettes today.”

Read only the above change talk statements together (the left-hand column) to get a sense of strong motivation to quit. Then read all the sustain talk statements together (right-side column) and you get a sense of strong motivation to continue smoking. Ambivalence involves a mixture of pros and cons—simultaneous conflicting motives. When someone is ambivalent, change and sustain talk often come tangled together in the same sentence, a classic example of mixed motives:

- "I *wish* I could quit smoking, but I don't think I *can*."
- "I'd *like to* go out with you, although I really *need to* stay home and study for a test."
- "My parents would like me to become a lawyer, but I *want to* be an artist."

The balance between change talk and sustain talk in what people say is a pretty good predictor of whether change is going to happen. Perfect ambivalence is an equal counterbalancing ratio of 50% change talk and 50% sustain talk. The more sustain talk you hear, the less likely it is that change will happen. The more change talk (and less sustain talk) you hear, the more likely it is to occur.

For an ambivalent person, change and sustain talk come tangled together.

We suspect you already knew that, although you probably hadn't thought about seven different kinds of change talk. Conscious of it or not, you probably listen for this decisional balance between change talk and sustain talk when you want to predict whether a person is going to do something. In fact, the ratio of change talk to sustain talk does predict how likely change is to happen.¹¹ It's common sense: people who sound more motivated for change are more likely to do it and succeed.

Furthermore, MI research revealed another important piece of the puzzle: that it is possible to influence that balance of change talk and sustain talk. Using the evoking skills of MI, interviewers can significantly increase the ratio of change talk to sustain talk,¹² which in turn enhances the likelihood that change will occur.¹³ How does that happen?

The Evoking Task

The evoking of change talk involves three key skills: attending, inviting, and strengthening. First, you pay particular attention to the language of change so that when you hear change talk you recognize it as something important. Second, instead of simply waiting for change talk to happen spontaneously, you invite the person to offer more of it. Third, when you do hear change talk, you respond to it in particular ways in order to strengthen it. You are essentially helping people talk themselves into change.

Attending to Change Talk

Change talk reveals a person's own meaningful motivations for change. You don't need to plant or install it; rather you discover it. It's already

there. When ambivalent people speak, they naturally express both change talk and sustain talk. Even without doing anything else, if you engage and listen well (Chapter 4) with a person who is ambivalent, you will hear some change talk. The key is to pay attention so that when you do hear it, you don't miss it. Each bit of change talk is like a flower that you collect and hold. *Remember* the change talk you hear because you will need it later.

Sometimes there is change talk just beneath the surface of what you hear. We liken such comments to glowing embers or coals. If you breathe on them a bit, they may start to flame. We'll come back to this issue when we discuss how to strengthen change talk.

Remember the change talk you hear because you will need it later.

When we hear the practice sessions of those who are learning MI skills, we are often struck by missed opportunities. There were change talk flowers right there to be picked or glowing coals just waiting to burst into flame, yet the interviewer passed right by them as though not even noticing them. Perhaps the interviewer was on a mission to gather information or was pursuing a certain idea about what was causing the person's concerns. As in musical training, there is a certain ear training in MI so that you can notice what is happening. And bear in mind that what counts as change talk is specific to a particular goal or focus (Chapter 5). If you are focusing on alcohol use, these are examples of possible change talk.

- "I *have* to do something about my drinking." (Need)
- "It would be nice to wake up clear-headed in the morning." (Reason)
- "I think I *could* actually quit completely." (Ability)
- "I *want* to try cutting down on my drinking." (Desire)

If a person who was referred to you to talk about drinking says, "I think my real problem is smoking," that would count as change talk about smoking but not about drinking. Listen carefully.

Inviting Change Talk

You don't need to wait for change talk to happen. There are particular things you can do that invite people to express it.

Directional Questions

In essence, your task in MI is to evoke and strengthen the person's own change motivations that are already present. Perhaps the simplest way to do this is to ask *directional questions*—open questions the natural answer to

which is change talk—and then listen well. When you ask such open questions, you’re not the only one listening to the answers. In order to respond, people pause and listen to themselves as well.

You can use the DARN categories to generate such questions. For example, suppose you want to hear desire language about a possible change you are focusing on. You might ask questions such as, “How would you *like* for things to be different?” or “Why would you *want* to make this change?” To invite ability statements, you could ask something like, “If you did decide to do this, how might you go about it in order to succeed?” or “What strengths or abilities do you have that could help you make this change?” Reasons can be elicited with a straightforward question: “What would you say are the best reasons for you to do this?” *Need language* is about importance; to get it, ask things such as: “Why do you need to do this?” or “How important is this for you?”

Sometimes we ask evocative questions such as the following by using an *importance ruler* or scale (see Figure 6.1). “On a scale from 0 to 10, where 0 is ‘not at all important’ and 10 is ‘the most important thing in your life right now,’ how important would you say it is for you to make this change? What number would you say?” Once you hear a number—suppose the person says “4”—you then ask, “And why a 4 rather than 0?” The answer to this follow-up question is likely to be change talk. Notice that you *don’t* ask, “Why do you say 4 and not 8 or 10?” The answer to that question would be sustain talk. You could use the same method as a *confidence ruler* to ask about ability: “On a scale from 0 to 10, how



FIGURE 6.1. Importance and confidence rulers.

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confident are you that you could do this if you decide to?” The follow-up question would then evoke *confidence* or *ability language*. These scaling questions are just one example of a structured way to invite change talk. Don’t use them always or automatically. There are countless ways to evoke change talk well.

While you are evoking the *why* of change, avoid asking questions the answer to which would be sustain talk. Don’t invite the person to add more weight to the status quo side while the balance of ambivalence is still in motion. A few examples of inopportune questions are:

- “Why haven’t you changed?”
- “What keeps you from doing this?”
- “What do you like about the way things are now?”
- “Why can’t you just do it?”

If someone answers these questions literally, the expected result will be sustain talk. Later on, when considering the *how* of change (Chapter 7), it might be useful to explore potential obstacles, but it’s too early to dwell on these while the person is still weighing *whether* to make a change. If you want to remain neutral and give equal attention to pros and cons, a decisional balance intervention can be useful (see Box 6.1).

BOX 6.1. Is a Decisional Balance Intervention a Good Idea?

The balance of perceived pros and cons is a good marker of where someone is in readiness for change. Unfortunately, it became popular to have people do a decisional balance *intervention* by voicing or writing down all of their pros and cons to help them change. There never was a theoretical or scientific reason to think that using this approach would help someone decide to change. In fact, constructing a decisional balance when someone is ambivalent actually *decreases* their commitment to change.¹⁴ This makes sense because the expected outcome of equally voicing pros and cons would be *ambivalence* and no change.¹⁵ In Chapter 9 we will discuss an appropriate use of decisional balance when your goal is to remain neutral and *not* encourage change in a particular direction. If you want to promote change, however, then doing a full decisional balance would be counterproductive from an MI perspective. Movement toward change is promoted by strengthening the pros and softening the cons of change.¹⁶

MI Consistency

Some aspects of MI's spirit and method in themselves seem to evoke change talk. One of these aspects is emphasizing the person's freedom of choice.¹⁷ Change talk tends to occur following counselor statements supporting client autonomy.¹⁸ Affirmations can both increase change talk and diminish sustain talk.¹⁹ Understand that the specific techniques we describe here for evoking change talk are not meant to be used in isolation, but within the overall context of MI.

Exploring Extremes

Another strategy for inviting change talk is to explore possible extreme outcomes. If the person did make this change, what are the *best* possible benefits they can imagine? As you ask this question, respond with reflective listening and ask further open questions to help the person envision potential positive outcomes. (Note that this would be change talk—probably Reasons.)

COUNSELOR: What good do you think might come of it if you did decide to come back to school and earn a degree? What might be best about doing that?

JANET: I'd feel good about it. [Change talk]

COUNSELOR: In what ways? [Asking for elaboration]

JANET: It would show that I can accomplish something when I want to. [More change talk]

COUNSELOR: Something to feel proud of. [Reflection] What else?

JANET: Well, it would open up some possibilities for me. [More change talk]

COUNSELOR: Probably so. Like what? [Asking for elaboration]

JANET: I could get a better job, and not be stuck in what I'm doing now; I could be doing something I enjoy more. [More change talk]

Exploring extremes can also be directed to the status quo. Suppose the person does not make the change. What are the *worst* things that could happen? Again, listen well and ask for some elaboration with open questions.

COUNSELOR: So that's something you could actually do, feel good about, and let you earn a better living. Now let me ask about the other side. What if you don't go back to school? What's the real downside of that?

JANET: Like I said, I'm stuck in dead-end jobs. And I'd feel like I let myself down.

COUNSELOR: Disappointed yourself.

JANET: And some other people, too, but especially myself—not doing it when I know that I could.

COUNSELOR: You're confident you can do it, and it would be disappointing to yourself to pass it up. You mentioned that some other people care about this too.

JANET: My brother really wants me to do it. He finished his degree and now is working in a doctor's office.

COUNSELOR: He knows you can do it, too.

Looking Back or Forward

Ask the person to look back to the time before current troubles emerged and tell you what life was like then. When working with distressed couples, we often ask them to explain how they met and what attracted them to each other in the first place. What was the joy or magic in their relationship back then? Talking about an earlier and better time may recover some of its positivity and hope. Sometimes, of course, there is no better time to be recalled, in which case this “better days” strategy is unhelpful.

Alternatively, you can ask people to look forward and imagine a future time after they have successfully made the changes they seek. Such a question from solution-focused therapy asks, “Imagine that a miracle occurs and when you wake up tomorrow your life is just as you would like it to be. What would be different? How would you know that the miracle has happened?”²⁰ This is envisioning of a possible positive future.

Exploring Goals or Values

Sometimes there is buried treasure in exploring what matters most to the person and what they hold most dear. No one is unmotivated. What is most important to *this* person, and how is that related to the possible change being considered? With problem drinkers, for example, we might evoke a list of the person's top five to ten values and then for each one ask (with curiosity, not as a challenge) whether their alcohol use helps them to achieve it, has no effect, or interferes with living that value. In Chapter 9, we explore in more depth how a person's values can be a compelling consideration in motivation for change.

No one is
unmotivated.

FOR THERAPISTS: Why Does MI Work?

MI originated not from a psychological theory but from close observation of and puzzling about clinical practice. Across the decades, however, various theories have been proposed to explain why MI works.²¹ The usefulness of a theory is not just in making sense of what we already know but also in suggesting new ideas that, when tested, turn out to be true and help us extend our understanding.

One example that makes sense is self-regulation theory.²² Everyone has a notion of what is normal and acceptable versus what requires action. Based on how I am feeling, do I need to run, sleep, get something to eat or drink, or see a doctor? It's a bit like a thermostat: when behavior gets outside the normal or expected range, self-regulation efforts kick in. Self-regulation is also influenced by the environment and comparison of oneself with others. How much alcohol use is "normal"? Standards vary substantially across individuals and cultures, and as long as one's drinking seems to be within acceptable limits, change is unlikely. Unsurprisingly, heavier drinkers perceive higher alcohol use to be normal and tend to associate with people who have similar drinking patterns. One way to think about how MI works, then, is that it triggers self-regulation by enhancing awareness of current behavior and judgment about its acceptability relative to important personal values.²³ Motivational enhancement therapy (see Chapter 13)²⁴ adds to MI some personal assessment feedback with normative comparison data, an example of the more general method of norm correction.²⁵

Over the years, various other theories have been offered to account for why MI is effective. Explanations have been proposed from behavior analysis,²⁶ constructivism,²⁷ evolutionary psychology,²⁸ a psychodynamic perspective,²⁹ and self-determination theory.³⁰ The original description of MI linked it to Carl Rogers's humanistic perspective,^{31,32} cognitive dissonance,³³ and self-perception theory.³⁴ MI has also been related to gestalt resolution of ambivalence,³⁵ attachment theory,³⁶ and the decisional balance of change talk versus sustain talk.³⁷ These provide theoretical lenses through which to understand MI, and no one of them seems adequate to encompass the findings.

Strengthening Change Talk

To recap, first you learn to listen for (attend to), recognize, and remember change talk, knowing that you have just heard something important. Then you develop methods for inviting change talk rather than just waiting for

it. A third key skill is that when hearing change talk, you respond in a way that strengthens it and invites more.

Responding with OARS

If you have had some training in a person-centered style like the engaging skills described in Chapter 4, you were probably told to ask open questions, use reflective listening statements, offer affirmations, and provide summaries of what you have heard. Often, however, little guidance is given about *what* to ask, reflect, affirm, or include in summaries. Of course, it does matter what you ask, as exemplified above by the questions that evoke either change talk or sustain talk. One guide to follow is that you are likely to get more of what you ask for. What you choose to reflect also makes a difference; you'll probably hear more of whatever you attend to with reflective listening. Psychotherapy research also shows that what you affirm matters; you're inviting more of it even if what you are affirming is unhealthy.³⁸ Finally, summaries are neither neutral nor objective; what you choose to include in them has consequences. Invite change talk by asking directional questions; then reflect and affirm what you hear. Remember to listen for change talk and offer periodic summaries that pull the themes together, even if there are only two or three. For example, "Going back for your degree is something you would feel good about, and your brother would too. It could help you get a better job and one you enjoy more."

In Chapter 4 we described the OARS skills that help you to engage in a collaborative working relationship. When you hear change talk, become interested and curious and use the same four skills to strengthen it. Ask open questions seeking elaboration or examples of the change talk. For instance, you might ask for elaboration: "*In what way* do you think your family would be happier?" You could ask for a specific example: "One downside of drinking for you has been the hangovers. When was the last time you woke up after drinking too much? Tell me what it was like." Notice that the change talk in the latter case is about the disadvantages of the status quo (and implicitly an advantage of changing: no hangovers).

In addition to asking open questions (O) and reflecting (R) change talk, you can also affirm (A) what you hear and the person's strengths that it implies. "You're someone who deeply cares about your family." "You have really thought this through." "It sounds like once you put your mind to something you stick with it." Pull the change talk together in summaries (S). You are using OARS to create more momentum.

Directional Reflections

A particular MI skill is being intentional and directional about what you choose to reflect. When you reflect something that a person has said, you

are giving special attention to it and you're likely to hear more about it. Thus, what you reflect matters. A *directional reflection* differentially mirrors particular content—in the case of evoking, change talk. If you reflect change talk when you hear it, the next thing the person says is likely to be more change talk. Remember that when people are ambivalent, change talk often becomes entangled with sustain talk. Suppose a friend says to you, "I really don't want to stop smoking. I know that I should, but I've tried before and it's really hard." Here are three perfectly good reflective listening statements that you could offer upon hearing your friend's statement. Each of them picks up and mirrors something that was said:

1. "You really don't want to quit."
2. "It's pretty clear to you that you ought to quit."
3. "You don't think you can quit."

Which of these reflections would be best from an MI perspective? Consider what your friend is likely to say *next* after each of these reflections. With reflection 1 the person is likely to say more about not wanting to quit (sustain talk). With #3 your friend will probably elaborate on the difficulty of quitting, perhaps relating unpleasant prior experiences (sustain talk). If you offer reflection 2, however, you will probably hear more about why your friend thinks it would be best to quit (change talk). By what you choose to reflect, you can literally evoke more change talk or more sustain talk,³⁹ and it matters which you do. If you evoke more sustain talk, change is less likely to happen.⁴⁰

Or consider this example from a person who had been arrested for driving under the influence of alcohol: "See, the thing is, all my friends drink. It's just what we do together. Some of them probably drink way too much, too, but if I quit drinking, then I don't have any friends! I just stay home." Do you see the change talk in this example? Some possible reflections would be:

1. "That would be pretty lonely."
2. "Quitting would cause a whole new problem for you."
3. "And at the same time you recognize that you and probably some of your friends are drinking way too much."

All three of these responses focus on something the person has said, and in that sense they are legitimate reflections, but two of them are likely to be followed by more sustain talk. Only response 3 invites more change talk. And as we have stated, the more change talk you hear relative to the amount of sustain talk, the more likely it is that change will happen.⁴¹ By choosing what to reflect, you influence this balance of expressed change talk and sustain talk.

Within the reflective method of *continuing the paragraph* (see Chapter 8), you can tentatively reflect change talk that clients have not yet spoken but that follows from what they have been saying. We call this technique *lending change talk*. You are in essence trying out change language that the client might be thinking. Be careful not to jump too far ahead of where your client seems to be. For example, when a person has been describing vexing difficulties in a relationship, you can try out a reflection such as, “You’re really ready for some change in this relationship.” The person’s response then tells you whether you are on the right track.

Directional Summaries

Helping professionals often offer periodic summaries of what has been said. This can be done to review progress so far, making sure you have a common understanding, or to draw things together as you transition from one topic to another or at the end of a visit. In MI, summaries have a further important function of revisiting change talk. If you invite change talk, for example, with evocative questions, people first hear themselves say it. When you then reflect their change talk, they hear it again and usually say more. Using the analogy that evoking change talk is like collecting flowers, we can liken summaries to bouquets.⁴² When you have heard two or three change talk statements, you can put them together in a small bouquet (florists call it a posy). As an interview progresses, you can assemble larger bouquets in which people hear their own change talk yet again. Be careful, though, not to be thinking like a prosecutor as if you were assembling evidence to use against them. Interview with a mind of curiosity and acceptance, allowing people to reach their own conclusions.

In change talk, people hear themselves argue for change.

Here are four possible summaries that could be offered from the very same interview. It is a published motivational interview with a man regarding his smoking,⁴³ but you don’t need the transcript to understand the differing impact these summaries would have. Just consider what he would probably be thinking and feeling depending on which of these hypothetical summaries he heard.

Summary 1

“You’ve shared a lot with me regarding how you feel about smoking. Sometimes you think it’s crazy how much trouble you go through just to get cigarettes. You’ve heard horror stories about how bad nicotine withdrawal can be, and you feel antsy just thinking about it even right now. It annoys you when people are rude and critical of you for

smoking, and you're clear that nobody can make you quit. You dislike the idea of taking medication to help, and when you think about what your life would be without cigarettes it's just a blank—you can't even imagine it."

This summary emphasizes some emotionally laden content that the man expressed during the interview. Perhaps this summary was guided by the idea that feelings are particularly important. However, most of the emotional content the man expressed was fairly negative, and that feeling tone would likely linger after this type of summary. Most of what was included in the summary was sustain talk, and it certainly doesn't inspire change. If anything, he might feel like having a cigarette.

Summary 2

"It sounds like smoking doesn't do much for you anymore. There's all the social stigma, the cost and hassles, and maybe even damage to your health. You're smoking more and enjoying it less. On the other hand, smoking is a normal part of your whole life, your character, so much so that you can't even imagine yourself as a nonsmoker and you've never tried to quit. You don't want to take medication and you're worried about how bad, how crazy, the withdrawal would be. In fact, living without smoking would feel pretty crazy."

Summary 2 tries to be fair and balanced by reviewing the pros and cons of smoking that the man described. In that sense, it's a summary of his ambivalence, rather like doing a decisional balance. It's also significant that the pros of smoking are summarized *after* the cons. People are more likely to remember and respond to what you say last. The expected effect of this summary, then, would be ambivalence, with lingering reflection on the advantages of smoking.

Summary 3

"Clearly you are seeing plenty of downsides of your smoking. You don't really enjoy it anymore; it has just become an expensive bad habit, and then there's the social stigma. It's more difficult to smoke now, and even the flavor, the taste is gone. You know it's starting to affect your health, so you're asking yourself what the return is for all these costs. You're even beginning to look at the benefits of quitting: the money and hassles you'd save, and maybe that food would taste better. You're getting ready and have said that you're already halfway there, that it's time and you know you're going to quit."

Summary 3 is a classic MI summary of the same interview. It pulls together all of the change talk the man had expressed throughout the interview, where it had been intermixed with sustain talk. This summary separates the flowers from the weeds. In this bouquet, his change talk is bundled together. Can you feel the impact of offering a summary of this kind that pulls together all of his own self-expressed motivations for change? It would be a model MI summary for this interview.

Summary 4

“Well, it’s obvious to me that you’re addicted to nicotine. Even though you know that smoking is harming you, you still continue. You run out in the middle of the night driving around on icy roads to spend money on cigarettes that burn holes in your clothes and damage your health. Even thinking about quitting makes you feel so antsy that you want to light up right then. You say you’re worried about withdrawal but you’re not willing to take the medication that would help you get through it. So you keep putting it off.”

This is the prosecutor’s closing summary. These are all things that the smoker did admit during the interview, and here they are pulled together and used against him in hopes of shaming him into quitting. Needless to say, most people don’t respond well to such a confrontation.

All of these summaries are technically legitimate, though none was actually part of the original live interview. They are all about the same length and pull together things the client really said, but what a difference in their likely impact! It matters what you put into a summary.

Responding to Change Talk

When you hear change talk, don’t just sit there. Use your OARS. MI involves recognizing and inviting change talk, and it is also about how you respond when you hear it. As noted earlier, what you say next after change talk (and sustain talk) influences whether you will hear more or less of it.⁴⁴ How you respond to change talk is an important part of evoking it. Ask open questions (O) that invite elaboration or examples. Affirm change talk (A). Offer reflective listening statements (R), and pull the change talk together in summaries (S). The effect of all this is to strengthen change talk and invite more.

What about Insincere Change Talk?

Perhaps you have been thinking, “Can I really believe people’s change talk? Are they just telling me what they think I want to hear without really

meaning it?" Dubious or tenuous change talk certainly happens, particularly when someone is on the short end of a power relationship.

It will not surprise you that we discourage confrontational responses like these:

"I don't believe you!"

"You're lying. You don't mean it."

"You're being unrealistic. Get real!"

Such responses are likely to damage rapport and create discord. So what could you do instead?

One possibility is straightforward: to express your concern and discuss it with the person. You can introduce your doubts in an empathic way:

"I'm wondering how you really feel about doing this? I get the sense that you do mean what you're saying, and also that part of you really doesn't want to do it."

or

"This has been a part of your life for so long that I worry when I hear you say you're just going to stop, as if that would be simple."

Follow this response, of course, with reflective listening.

Dubious or tenuous change talk often focuses on generalities more than specifics. You could also take people at their word and become interested in the specifics. Vague and superficial change talk does not (yet) have the necessary depth to evoke motivation. Asking for elaboration, for more detail about *why* and *how*, can elicit more specific change talk and transform vague generalities into specific intentions. Do this exploring with a mindset of supportive curiosity, not of cynicism or trying to "catch" the person in deceit or self-deception.

CLIENT: No, I really am going to quit drinking. I want to.

INTERVIEWER: Why would you choose to do that? [Evocative question: Reasons]

CLIENT: I just am going to do it, that's all.

INTERVIEWER: Great. What I'm curious about is why you would want to do this when drinking has been so important to you. [Evocative question: Desire]

CLIENT: Well, my family wants me to quit. It gets to me when my little girl says, "Please Daddy, don't drink tonight!" Really tears me up.

INTERVIEWER: It's pretty hard to drink when she is begging you not to.
[Reflection] You care about your kids. [Affirmation] What else? Why
else would you choose to quit? [Evocative question]

CLIENT: Well, my doctor said that I should.

INTERVIEWER: What do *you* think?

CLIENT: I know she's worried about me, those blood tests and all. She said
my liver is crying out for a break.

INTERVIEWER: How important is that? [Evocative question: Need]

CLIENT: Well, I don't know too much about it, but I think if you kill off
your liver it's not coming back, and really bad things happen.

INTERVIEWER: You'd like to stay healthy. [Reflection]

CLIENT: Sure. That's why I'm going to quit.

INTERVIEWER: What would a first step be?

The key here is to be curious and to help people be more specific about their desire, ability, reasons, need, and plans. A person's voicing *specific* intentions makes change more likely to happen.⁴⁵ Taking someone's change talk at face value rather than challenging it can make change more plausible to them as well. Someone who starts out with vague assurances can end up committing to particular steps toward change. Specifics also increase accountability. General motivations and intentions don't make change happen as readily as specific intentions do.⁴⁶

Ethical Considerations

One approach when working with ambivalent people is to maintain neutrality and avoid even inadvertently encouraging the person in one direction or another. Some helpers believe that they should *always* maintain neutrality so that clients make their own decisions about what changes they will make. In an existential sense, it *is* always the person's own choice. Viktor Frankl, a survivor of the severe privations of Nazi concentration camps, observed, "Everything can be taken from a man but one thing: the last of the human freedoms—to choose one's attitude in any given set of circumstances, to choose one's own way."⁴⁷ Even such extreme coercion ultimately cannot make others' choices for them.

A fear sometimes expressed about MI is that it could be used to bypass an individual's autonomy and values, much like common conceptions of posthypnotic suggestion or subliminal advertising. We believe MI cannot override a person's own values, although this assertion cannot be proven but only disproven by a single example.

Psychological research clearly shows that it is possible to *influence* a

person's voluntary choice or change. Verbal efforts to encourage people to make particular choices are a mainstay, for example, in diabetes education, health promotion, politics, and probation, and there are many different ways to do so.⁴⁸ Advertising, sales, and marketing aim to influence what people *want*. A method unique to MI is the evoking task described in this chapter, selectively inviting and strengthening the person's own change talk. By definition, this is not *external* motivation for change; it relies on and evokes the client's own values and priorities. We do know from MI research that what you ask, reflect, affirm, and summarize matter. Consciously directional use of these OARS skills can increase clients' change talk, which in turn is associated with actual choice and change.

When, then, is it appropriate to use MI's evoking skills to encourage choice or change in a particular direction? This decision begins during the focusing task in identifying the intended goals for change because you cannot know what change talk to evoke until you know the intended direction of change. A first and the most common reason for encouraging a particular change is that it's what the client has asked you to do. In this case, the person's goals are in accord with your own, which is a precondition of a positive working alliance.⁴⁹

A second potential reason to favor a specific choice or change is that it is the announced purpose of the service in which you work, and which the client has entered voluntarily. Those walking through the doors of a weight-loss clinic assume that the focus is on weight reduction. Similarly, clients entering a smoking cessation clinic or an addiction treatment program will not be surprised that the topic of conversation is substance use. However, if the program only accepts particular goals (such as total life-long abstinence rather than harm reduction), this requirement should be made clear to clients from the outset. Similarly, pregnancy counseling settings should inform potential clients if certain outcomes (such as abortion) are not accepted there.

A third potential reason to encourage movement in a particular direction is the client's imminent well-being. This involves clinical and ethical judgments about what constitutes wellness and what is in the person's best interests. Workers on a suicide prevention hotline, for example, typically have a clear hope of encouraging callers away from impulsively taking their own lives. Health care practitioners hope to help their patients to regain and retain health.

Finally, there are situations in which remaining neutral and *not* trying to influence the direction of change could be considered unethical or malpractice. An obvious example is when a person's behavior harms or endangers others as in domestic violence, alcohol-impaired driving, and sexual victimization. Those working in a smoking cessation or addiction treatment program are not doing their job if they aren't working to diminish harmful substance use. Probation officers are seldom neutral about whether

to favor departure from criminal behavior. The question is *how* best to encourage change if it is not the person's initial intention. That is the actual context in which MI was first developed. The evoking task searches within clients to determine how change could be consistent with their own desires, hopes, and values.

Should you perhaps first construct a decisional balance to determine whether the person's pro-change motivations outweigh their counterchange motivations and only if so, then proceed to evoking? A complexity here is that conducting a decisional balance procedure with ambivalent people is not an inert intervention. It tends to reinforce ambivalence and *decrease* motivation for change. The act of observing or measuring can itself influence what you are examining. Equally evoking pro-change and counterchange motivations when someone is ambivalent appears to tip the balance against change even if that is not your intention.⁵⁰

Decisions in the focusing task about the appropriate direction for choice and change are sometimes neither simple nor straightforward. Here are some recent ethically contentious examples on which people may differ passionately. Would you use MI to favor a particular choice or change in each of these situations? Why or why not?

- *Vaccination.* During the COVID-19 pandemic, it was clear that vaccination had potential life-or-death consequences, not only for individuals but for their family and those with whom they come into contact. MI was used to encourage COVID-19 vaccination and can be used to address vaccine hesitancy more generally.⁵¹

- *Organ donation.* Organ donation is an autonomous choice for the donor but a matter of life and death for the recipient of transplantation. If potential untoward effects for the donor are known, should MI be used to encourage organ donation to save a life?

- *Euthanasia.* Should a terminally ill patient be encouraged to endure suffering and await natural causes of death, or should they be assisted in a chosen ending of life?

- *Harm reduction.* Should a heroin user be helped to exchange used needles for clean syringes and engage in other safe-injection procedures?

- *Pregnancy counseling.* Should a pregnant woman be persuaded to carry her child to term rather than choosing an abortion?

- *Contraception.* Should a sexually active teenager be encouraged to use condoms?

- *Interrogation.* If an incarcerated detainee has vital knowledge that could save the lives of others, what should be done to obtain such high-value information?⁵²

MI does not provide answers to these questions. Given your own practice and work setting, you may decide that you always want to remain neutral, that is, never use the evoking skills of MI to encourage movement in a particular direction. If you do recognize conditions in which the evoking task of MI is appropriate, here are some suggested guidelines.

Guidelines for the Ethical Use of MI

Beneficence

Start with an overriding concern for the person's well-being and best interests. When visiting a Mayo Clinic, we found this 1910 quotation from Dr. William Mayo painted in large letters on the wall: "The best interest of the patient is the only interest to be considered."

Autonomy

Recognize and honor clients' autonomy—that ultimately it is they who will decide whether to change. Acknowledge their freedom of choice. Issues of autonomy and influence are not unique to MI. In some contexts, highly coercive means are used to convince people to make particular choices and changes. When is it ethically/morally proper to use various methods to encourage change? We acknowledge that there are issues here on which people passionately differ. To protect life is a prime directive for first responders and emergency physicians, and even this value can come into conflict with honoring autonomous choice.

Honesty

If you have a strong emotional, clinical, or ideological investment in a particular outcome, disclose it whether or not you intend to remain neutral, for it is easy to nudge people in a particular direction even without being aware of it. As we will discuss in Chapter 9, MI research can also inform you about how best to remain neutral when that is what you choose to do. Share your own concerns and perspective while affirming the person's autonomy of choice. Express your concern as your own view that the person may or may not share.

Conflict of Interest

A particular ethical consideration arises when you or the program in which you work has a specific investment in the outcome of a person's choice. Directional evoking is inappropriate when the change you favor is in your own interest or that of the system in which you work, but may or may

not be in your client's best interest. The greater your investment in the outcome, the more you should avoid directional evoking; be transparent, listen with empathy to their views, offer information and advice, affirm autonomy, and explore ambivalence *in a neutral stance* (see Chapter 9). The less this personal investment, the more comfortable you can be about directional evoking while acknowledging the person's autonomy of choice.

This chapter has focused on evoking the *why* of change. When people are ambivalent, this stance can be helpful. They may not be ready to talk about the *how* of change until they have decided it's important enough to do so. At some point there is a transition from why to how, and that is the subject we turn to in Chapter 7 on planning.

PERSONAL PERSPECTIVE: MI and Environmental Health

People are easily immobilized by ambivalence regarding their personal contribution to global health issues. "What difference could I *possibly* make in global warming as one individual?" The contributing causes involve individual and collective choices of billions of people.

How might MI play a role in adopting changes such as reducing consumption of fossil fuel, plastics, and meat, or increasing recycling and bicycling? MI-related community-level interventions have already been tested to encourage adoption of safe water systems,⁵³ health promotion activities,⁵⁴ reduced alcohol use,⁵⁵ and environmental activism.⁵⁶

MI is, after all, a way of having conversations about change. MI methods can be used in individual and group discussions, after factual presentations on environmental issues, or in talk with decision makers. Open questions about importance and confidence can selectively evoke change talk:

- "What concerns you most about . . . ?"
- "What do you hope for?"
- "How might it happen?"
- "What could you do?"

Acknowledging personal autonomy is likely to be helpful:

- "Of course it's up to you."
- "Of the actions discussed, which seem most possible for you?"

When reluctance is expressed in such conversations, what we know from MI research offers useful guidelines. Don't argue and

disagree, which is likely to evoke sustain talk. Try complex, double-sided, or amplified reflection to communicate that you understand concerns. Listen for any change talk and reflect it.

What we have learned from MI research can also guide the development of interactive media, which could be designed to evoke change talk.⁵⁷ MI informs what directional questions one would (and wouldn't) ask in text and electronic formats. As early as the 1960s, computer programs were already being designed to respond with reflective listening statements,⁵⁸ which could now pose directional reflections. Linguistic programs could assemble bouquet summaries of user change talk. MI-simulating software and robots are on the horizon.

—BILL

KEY CONCEPTS

- Ability language
- Activation language
- CATs
- Commitment language
- Confidence language
- Confidence ruler
- DARN
- Decisional balance
- Desire language
- Directional questions
- Directional reflections
- Importance ruler
- Lending change talk
- Mobilizing change (or sustain) talk
- Need language
- Preparatory change (or sustain) talk
- Reason language
- Taking-steps language

KEY POINTS

- Ambivalence is a normal human response when considering change and is reflected in a mixture of change talk and sustain talk.
- The evoking task is to differentially invite and strengthen change talk, the person's own *why* of change.

- *Preparatory* change talk includes desire, ability, reasons, and need language.
- *Mobilizing* change talk includes commitment, activation, and taking-steps language.
- *Directional* questions, reflections, and summaries are those to which the natural reply would be change talk.
- Respond to seemingly disingenuous change talk with curiosity about specifics.

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CHAPTER 7

Planning

“How Will You Get There?”

A goal without a plan is just a wish.

—ANTOINE DE SAINT-EXUPÉRY

All people have an innate ability to be creative.

—NATALIE ROGERS

One characteristic of more effective counselors is that they develop clear goals and have an organized plan for reaching them.¹ The same can be said of effective teachers, coaches, and health care professionals.² We discussed the *what* of change goals in Chapter 5 on focusing and the *why* of change in Chapter 6 on evoking. Now we turn to the *how* of change, the planning task in MI. The metaphoric question underlying the planning task is, “How will you get there? Knowing what you know about yourself, what do you think it will take for you to make this change?”

There are also some questions for you to consider about the planning task. How do you know when it’s time to shift from evoking to planning? Where does your own expertise fit in? What if the person seems short on confidence? We address these and other questions in this chapter.

Attending to the *how* of change actually incorporates all three of the previously discussed MI tasks. You still need your engaging skills, and you keep your eyes on the horizon of shared goals identified by focusing. Evoking the *why* of change strengthens the person’s own motivation for change, and sometimes that’s all you need to do. With sufficient motivation in place, your client’s response may be, “OK, I can take it from here now, thank you.”

Often, though, evoking the *how* of change is part of your job. It’s not a plan until the person is on board with it, and that is best accomplished by having them actively involved in crafting it so that it is *their* plan, not

yours. After all, they will decide whether to implement it. In planning, you are essentially evoking the *how* of change.

As is true of focusing, planning can involve moving from general to specific. For example, the idea of being “motivated for treatment” is far too broad a concept.³ Whether people will accept and be ready to accept treatment depends on exactly what is being proposed. It is possible to be quite motivated for one kind of treatment (or sport, education, or meal) and not another. What in particular is this person ready, willing, and able to do? In the beginning, planning may just come up with one specific step toward the desired change.

Your own expertise can play an important role in discerning how a change can happen. Helping professionals are consulted in part because of what we know, and clients are often seeking some expert knowledge or counsel. In Chapter 11, we will suggest particular ways to offer information or advice that can make it easier to receive. However, as we have stressed before, when the topic of conversation is a change in behavior or lifestyle, you need clients’ own expertise as well. Nobody knows more about them than they do. Any change, even a seemingly straightforward one like taking a new medication, has to fit into the person’s daily patterns and routines. As just as one example, beyond understanding why a medication is important, there are considerations such as where, when, and how will they take it—and how to remember to do so.

The Transition from *Why* to *How*

Although they are intertwined, evoking the *why* of change often precedes planning the *how*. As discussed in Chapter 6, people usually don’t begin looking for how they could do something before they see a reason to do it. It can be wasted effort to discuss *how* to change before someone perceives a persuasive *why*. On the other hand, when a person appears engaged and ready for action, there may be little need for evoking. It might even deter progress.⁴ In this context, a practitioner can both query readiness and initiate a planning process with ***brief action planning*** (BAP), a method currently being taught in medical settings.⁵ It is a five-step MI-consistent process designed to be completed within a few minutes. BAP begins by asking, “Is there anything you’d like to do for your health in the next week or two?” If a person responds positively to this question, the BAP roadmap (https://bit.ly/BAP_FlowChart) offers four further steps within the spirit of MI:

1. “Would you like to develop a concrete plan?” If so, invite the person to shape the idea into a SMART plan (specific, measurable, achievable, realistic, and time-specific).
2. Ask the person to restate the plan in their own words.

3. Assess their level of confidence in the plan they have developed, asking for a number on the *confidence ruler* described in Chapter 6. If the person's rating is less than 7, ask what would help to increase their confidence.
4. "Would you like to build in some accountability to your plan by including a friend, family member, calendar entries, or follow-up with our care team?"

For those who seem less ready or prepared for change, MI can be used in combination with BAP.⁶ Taking action usually emerges from a confluence of what, why, and how.⁷

Signs of Readiness

When is there enough *why* to talk about *how*? What alerts you that it may be time to start considering how a change might happen? The best way to know is to listen. Some people do sound ready for action right away. "Just tell me what to do and I'll do it." We had this experience in a program for family members who were concerned about a loved one caught up in addiction.⁸ They were desperate and some of the most motivated clients we've ever seen. Once they learned that there was something effective they could do to help, they didn't hesitate or need persuading. They tried what we suggested and with good results.⁹

In our experience, though, such immediate readiness is the exception rather than the rule. More often when considering a possible change, people are reluctant and ambivalent about it. By listening for change talk, you can attune your ear to hear movement. Consider this telephone conversation with a dietitian:

PATIENT: I'm wondering about a diet that I heard about. They said it can reverse diabetes.

"Wondering about" is very tentative change talk.

DIETITIAN: There are a number of dietary ways to decrease blood glucose and prevent complications of diabetes. Are you taking insulin?

PATIENT: No, and I hope I don't have to. I have type 2 diabetes. The diet I'm reading about would be a huge change for me.

A possible reason to consider the change, and also some reluctance

DIETITIAN: So you're wondering whether this diet is worth it for you.

Complex reflection

PATIENT: Yes. It would be a lot of trouble to do if it doesn't work.	<i>Sustain talk</i>
DIETITIAN: And if it does?	
PATIENT: Well, it would be great if I could become a <i>former</i> diabetic.	<i>Envisioning possible benefit</i>
DIETITIAN: If that were possible, you might be willing to make a big change in how you eat.	<i>Lending change talk</i>
PATIENT: Yes, I think so. It could be worth it. Do you think it's possible?	<i>Change talk, a bit tentative</i>
DIETITIAN: Yes, some people do get their glucose down into the normal, nondiabetic range and keep it there.	
PATIENT: And then I could back off the diet?	
DIETITIAN: Probably not. If your eating went back to how it was before, so would your blood sugar.	
PATIENT: Oh. So this isn't a temporary diet.	
DIETITIAN: Right. It's not a cure; it's a way of life. You sound less enthusiastic about that.	<i>Informing and reflecting</i>
PATIENT: No. I was hoping it would be temporary, but to really be a former diabetic could be worth it.	<i>Change talk</i>
DIETITIAN: For that, you'd be willing to make some major changes.	<i>Lending change talk</i>
PATIENT: Yes, I think I would.	<i>Change talk, still a bit tentative</i>

You can hear the patient "trying on" aloud this new way of eating. It's common to hear people envisioning what a change would be like, imagining both the pros and the cons. This person hasn't made a decision yet, but you can hear some movement toward change.

How can you tell when someone is ready for change? It's a matter of knowing what to listen for. Here are a few clues that a person may be ready to move from considering *why* to talking about *how* to change.

1. You start hearing more *change talk*—desire, ability, reasons, and need.
2. *Sustain talk* decreases.

3. There can be a feeling of *resolve*, peacefulness, or quiet.
4. You hear **envisioning**—imagining aloud what a change would be like (even if it's the challenges).
5. The person asks *questions* about change.
6. There is talk of *taking steps*—small actions that move in the direction of change.

These are just some hints of readiness we have noticed. Perhaps the most common of these signs is that the person mentions the topic of *how*. It might be in a direct question such as “What do you think I should do?” or “How do people do it?” Sometimes envisioning can sound like sustain talk because the person is envisioning potential challenges: “But if I did go vegan, then how would I get enough protein?” Nevertheless, this tells you that the person is imagining what the change would be like. Getting ready for change is a process that happens over time and in many different ways, and the methods for evoking the why of change that we discussed in Chapter 6 can be a catalyst.

Getting ready for change happens over time.

Testing the Water

If you're not sure whether it's time to move from *why* to *how*, you can check. One classic MI way to do this is to summarize the change talk themes you've heard as a bouquet. Here's an example:

“We’ve been talking about whether you would get some more education or training. You told me you’re bored and seem to be at a dead end in your job. You feel stuck. Even if you got a promotion, it’s not the kind of work you would like to be doing for the rest of your life. You’re fairly confident that if you did go back you could do well, and you’ve even been looking into some specific programs. I notice that your face kind of lights up when you talk about learning more and trying something new. You said that getting a degree or certificate could help you better support yourself and your family, and you think you would feel better about yourself, too.”

Having pulled together the person's own expressed motivations for change, you then ask a particular kind of open question that we have called a **key question**. The essence of this question is “What’s next?” Here are a few examples:

- "So what do you think you'll do?"
- "What are you considering at this point?"
- "What might be a next step?"
- "How would you like to proceed?"

Can you sense the momentum of pulling together all of the person's own change talk and then asking an open question like this? Some other ways to check on readiness are:

- Asking directly: "Would it be useful to talk a bit about how you might do this?"
- Inviting the person's own ideas: "With all that you know about yourself, how could you do it in order to succeed?"

By the way, we rarely ask about readiness directly. As described in Chapter 6, we may ask people to say, on a 0–10 scale, how *important* a change is or how *confident* they are that they could do it, but we tend not to ask how *ready* they are. "Are you ready?" can feel too pushy, like asking for a commitment. We are inclined to have people reflect on importance and confidence and then reach their own conclusions.

Resisting the Fixing Reflex

Evoking the *why* of change can feel like an uphill trek with two steps forward and one back. Exploring the *how* of change often feels freer, more like a downhill run together, but there are still some hazards. Perhaps the easiest mistake to make is becoming too directive. When you begin talking about the how of change, the fixing reflex can have a powerful pull. ("I know the answer!") The person seems ready to go, so why not just explain how to do it? The danger is that you can quickly lose all the self-motivational momentum you had developed.¹⁰ The fixing reflex is usually done with good intentions, but it's often misplaced compassionate energy.

As stated earlier, in the planning task you are essentially *evoking* the how of change. The wisdom for what will succeed resides in your client, and you rely on the strength of your engaged relationship to discover what will work best. Your own ideas and expertise may be quite useful, but if you fall into directing or championing how to change, you may find the person pulling back. Ambivalence can recur not only when evoking the why but also when planning the how of change. Like New Year's resolutions, the best of intentions can be lost to distractions or competing goals.¹¹ It's not a plan until the person owns it.

Negotiating a Change Plan

Discussing the how of change naturally migrates toward a plan for doing so. Developing a specific change plan generally increases the likelihood that change will happen,¹² though there are also individual differences in approach. Some people do well with a concrete step-by-step plan; others are restless with that much structure. It is unwise to press for a change plan before a person seems willing to develop one.

Narrowing down from general to specific often starts with clarifying one or more goals, and then identifying and choosing among possible options or steps toward the desired change. Generate together a list of possible alternatives for moving toward the desired change(s). We often begin by asking what the person has considered or tried so far. This approach emphasizes the person's important role in developing a change plan while also allowing you to avoid suggesting things that have already been tried. When you are brainstorming possibilities, there's no need to evaluate the options as they arise; just generate a good list of possibilities. From your own expertise you can add more ideas (with permission) to the list of options. Then you can begin narrowing down the list based on the person's own preferences and experience. "Which of these sound like a good place to start? What's your hunch?"

When the magnitude of change seems daunting, a change plan might be as simple as settling on a first step to take. Remember that this is a negotiation and not a prescription process. What is the person willing to try? Move toward specifics if the person comes along with you. What will the person do and when? What preparation (if any) is needed? How can you support the person's efforts, if desired? Feeling support from you can be key.

It may also be helpful to view the change plan as an experiment, as something to *try* as a choice among options. This can help to inoculate the person against later thinking of an attempt as a failure and giving up. It's just one possibility to try so that if it doesn't yield the hoped-for result you can consider other things. A message we have offered at times is, "I will work with you until we find what works for you."

It may be helpful to view the change plan as an experiment, as something to *try*.

Commitment Language

As you move toward a change plan, you may start hearing examples of what in Chapter 6 we called mobilizing change talk, with the client using tentative activation words such as *willing*, *consider*, *possibly*, *might*, or *try*. Here the person is verbally entertaining potential steps toward change before

actually deciding to take action. Even prior to reaching a clear decision people may begin taking steps that prepare the way. Commitment language such as "I will" moves still closer to action.¹³ Stating a specific intention to act makes it more likely to happen.¹⁴

It is not necessary, however, to press people for commitment language. Expressing more change talk than sustain talk predicts action, and change often occurs even without the person having stated a specific intention.¹⁵ Pressuring people to say "I will" can even backfire, undoing prior motivational progress. ("So are you going to do it or not?") Your MI-consistent presence matters, supporting the person to develop and carry out a change plan.¹⁶

Developing an initial change plan is just a beginning. As the person takes action toward change, adjustments are likely to be needed along the way. As a helper, keep in touch or check in periodically if you can. Ambivalence can reemerge and intentions often wane. Imperfection is still common even after making a decision and stating a commitment. You can help people not abandon their intention and change plan just because of setbacks. The planning task can include accompanying the person through the process of change (see Chapter 12).

Evoking Hope and Confidence

MI is sometimes misunderstood just as a method for evoking the importance, the *why* of change as discussed in Chapter 6. However, there are also situations in which the person clearly recognizes the importance of change but lacks confidence that it is possible. You may hear this combination of high importance and low confidence in the same sentence with a "but" in the middle:

- "I could get a better job if I got a college degree, but it's been a long time since I was in school and I don't think I could keep up."
- "I know that smoking is bad for me, but I've tried to quit several times and I just can't seem to do it."
- "We definitely need to communicate better, but I don't think my family is really committed to trying."
- "I would like to be healthier, but it hurts too much to exercise."

These statements begin with an expression of desire, reason, or need, and then comes the problem: "But I don't believe I can do it." Evoking hope and confidence can be an important part of the planning task.

Hope is the belief that change is possible. Confidence goes one step further: "Not only is change possible, but I can contribute to making it happen."¹⁷ The very same evoking methods used to bring out reasons to change

can be used to strengthen a person's confidence. Successful MI supports *both* importance and confidence—the *why* and the *how*. This applies not only to resolving a problem (such as studying for a test, losing weight, taking medication) but also to instances where the contemplated change is a positive opportunity that could further improve the person's life (such as completing high school, learning a new skill, moving to a new city). Confidence in one's ability to do something is a good predictor of it happening.¹⁸

Confidence in one's ability to do something is a good predictor of it happening.

Confidence Talk

FOR THERAPISTS: Self-Efficacy

As you consider using MI to build clients' confidence, you may be familiar with the clinical concept of self-efficacy as originally described by Albert Bandura.¹⁹ In essence, self-efficacy is about a person's belief that a change is possible. General efficacy is the perception that this particular task or change *can* be accomplished, that at least some people can achieve it. Self-efficacy is whether *I* can do it with or without assistance. That heavy piece of furniture is moveable (general efficacy). Would I be able to move it myself or with help (self-efficacy)?

Within the widely respected theory of reasoned action, self-efficacy is one important motivational element in how people decide whether to take action.²⁰ Beyond the *why* of change (perceived benefit, reasons, norms) are issues of perceived control: Do I have the ability, resources, time, and opportunity to do this? These considerations influence the *intention* to change as well as actual efforts to do so. It is possible to increase client self-efficacy through psychological interventions,²¹ and in treatment outcome research, clients' self-efficacy is often a significant predictor of who benefits.²²

Recall that one kind of preparatory change talk (DARN) discussed in Chapter 6 has to do with ability. Evoking such language—ability or confidence talk—is one approach for strengthening hopefulness. Like evoking more generally, it is not installing hope but rather calling forth resources that are already there. The person is the first source of ideas about how change could be accomplished. Ask open questions the answer to which is confidence talk, and then follow with reflective listening.

“How might you go about making this change?”
 “What would be a good first step?”

"Based on your own experience, how could you make this change successfully?"

"What obstacles do you foresee, and how could you deal with them?"

"What gives you some confidence that you can do this?"

Here is a clinical example of a conversation with a smoker. What is happening is planning, but notice that the interviewer does it primarily with engaging and evoking skills.

SMOKER: How do you think I should quit smoking? I've tried before and it didn't last.

The smoker gives permission for advice.

INTERVIEWER: I do have some ideas that have worked for other people, but what really matters is what will work for you. Nobody knows *you* better than you do, so I wonder, given what you know about yourself, what you think it would take for you to succeed? How could you do it?

The interviewer declines to jump right in with suggestions, instead evoking the smoker's own ideas.

Open question for ability

SMOKER: I don't know. When I've tried before, I got really grouchy and hard to live with. I'm not nice to be around.

INTERVIEWER: You really get irritable when you're withdrawing from nicotine.

Reflection

SMOKER: Yeah. I know there's a nicotine patch and all that eases you down, but I think what I need to do is just quit cold turkey all at once and get it over with.

One idea

Change talk

Another idea

INTERVIEWER: That's what fits you best. How could you do that?

Reflection, open question to evoke ability

SMOKER: I think I'd need to be away from people for a couple of weeks. (*Laughs.*) Maybe off by myself in the wilderness somewhere.

Another idea

INTERVIEWER: For other people's protection.

Continuing the paragraph reflection

SMOKER: For *my* protection if I still want to be married and have some friends left when it's over!

INTERVIEWER: You've been that hard to live with when you quit cigarettes.

Reflection

SMOKER: Well, I've only gone two or three days, but yeah, it's been pretty bad.

INTERVIEWER: So one thing you're not sure about is how long it would take you to get through the really rough withdrawal part and how you'd spend your time during those days.

Reflection

SMOKER: I know I'd have to keep busy and be doing something with my hands. I like building cabinets and furniture. I could probably get a whole house-full done before I was through it!

Another idea

INTERVIEWER: That's something you know about yourself—that it would really help to stay busy through the hardest days. And you don't want a nicotine patch or gum to ease you down.

Reflection

SMOKER: No, I just want to get it over with. No messing around.

INTERVIEWER: Once you decide to do something, you just want to get it done.

Reflection

SMOKER: With something unpleasant like this, yeah. Now, if I'm working on a nice piece of furniture, I don't mind taking my time. I enjoy it.

INTERVIEWER: That could really occupy you and pass the time.

Reflection

SMOKER: In fact, it could be nice just to take some time off from work and build furniture.

Envisioning

INTERVIEWER: You can imagine actually doing that as a way to quit smoking and also enjoying it.

Reflection

SMOKER: Yeah. I'd have to send my wife away to her mother's for a couple of weeks and not answer the telephone, but I think that could work.

Envisioning

Continuing the paragraph reflection

INTERVIEWER: At least until you get through the really grouchy days. How confident are you that this would work for you?

Could also use a confidence ruler here

- SMOKER: I think it would. I just need to stick with it and not be around other people, especially other smokers, for a week or two. *Change talk—ability*
- INTERVIEWER: Is there anything I can do to help you get through this—to check in or be your emergency telephone crisis line? *Offering support*
- SMOKER: (*Laughs.*) No, I just need to set a date and get it over with. *Change talk—need*

What you are listening for and working to strengthen are ability language, confidence talk—*could, can, able to, possible*—as well as the person's own ideas for how best to do it. Open questions using this language are a good way to explore the client's ideas. "How could you go about it in order to succeed?" Notice that the interviewer mostly uses reflections, and offers but does not assume that the smoker needs someone to check in on progress.

Confidence Ruler

The ruler we introduced in Chapter 6 can be used not only to evoke importance (why) but also confidence (how). "How confident are you that you could do this if you decided to? On a scale from 0 to 10, where 0 is not at all confident and 10 is extremely confident, where would you say you are?" Follow-up questions are then used to elicit the client's perspectives of confidence:

- "Why are you at a _____ and not 0 [or a lower number]?"
 "What would it take for you to go from _____ to [a higher number]?"
 "How might I help you go from a _____ to [a higher number]?"

The answers to these questions will probably be confidence talk. As before, remember not to reverse the follow-up questions by asking, "Why are you at _____ and not 10?" The answer to that question would be sustain talk.

Identifying and Affirming Strengths

Another way of helping someone build confidence is to identify the person's more general strengths and resources that could be helpful in the change process. Affirmation of strengths can in itself boost self-esteem and confidence. It is a way of bolstering

Affirming strengths
boosts confidence.

hope and confidence when that person is short on it. You can ask people directly about their own positive traits, exploring these with reflective listening.

Because many people are self-conscious about self-affirmation, we have also used a more structured procedure called “characteristics of successful changers.” It is a list of 100 positive adjectives, shown in Box 7.1. Everyone can find adjectives on this list that describe them, and that is what we typically ask people to do: “Here is a list of strengths that people sometimes have. Look them over and circle a few that describe you.” Try to have people identify at least five. Then you interview the person about these strengths with open questions and reflective listening, as in this example:

INTERVIEWER: Now I’d like to talk to you about how these strengths you have identified might help you in your cardiovascular rehabilitation program so that you don’t have another heart attack. I see that one

BOX 7.1. Some Characteristics of Successful Changers

Accepting	Committed	Flexible	Persevering	Stubborn
Active	Competent	Focused	Persistent	Thankful
Adaptable	Concerned	Forgiving	Positive	Thorough
Adventuresome	Confident	Forward-looking	Powerful	Thoughtful
Affectionate	Considerate	Free	Prayerful	Tough
Affirmative	Courageous	Happy	Quick	Trusting
Alert	Creative	Healthy	Reasonable	Trustworthy
Alive	Decisive	Hopeful	Receptive	Truthful
Ambitious	Dedicated	Imaginative	Relaxed	Understanding
Anchored	Determined	Ingenious	Reliable	Unique
Assertive	Die-hard	Intelligent	Resourceful	Unstoppable
Assured	Diligent	Knowledgeable	Responsible	Vigorous
Attentive	Doer	Loving	Sensible	Visionary
Bold	Eager	Mature	Skillful	Whole
Brave	Earnest	Open	Solid	Willing
Bright	Effective	Optimistic	Spiritual	Winning
Capable	Energetic	Orderly	Stable	Wise
Careful	Experienced	Organized	Steady	Worthy
Cheerful	Faithful	Patient	Straight	Zealous
Clever	Fearless	Perceptive	Strong	Zestful

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thing you have circled is "Forward-looking." Tell me a little about that.

PERSON: Well, I like to look on the positive side of things, I guess. I've always been good at seeing the possibilities rather than just how things are now.

INTERVIEWER: I see. You're optimistic in a way.

PERSON: In a way. It's more that I don't dwell on the past with "would have, should have, could have," but just look ahead. I can't do anything about the past, but the future hasn't happened yet. I can do something about it.

INTERVIEWER: That's a real strength for you. You don't get stuck in thinking how bad things are, and instead you wonder what you can do to make things better.

PERSON: Yes, that's right.

INTERVIEWER: So in getting strong and healthy again, it would be important for you to focus on what you want to live for, what lies ahead for you. Is that right?

PERSON: Exactly. I'm not done living yet. There is a lot I want to do.

INTERVIEWER: For example . . . ?

Notice that what the person says here contains change talk ("I can do something about it"; "There's a lot I want to do") in addition to affirming a particular strength for change. When someone identifies a strength, you ask for elaboration. In what ways is this strength characteristic of the person? Ask for examples and follow with reflections.

It can also be useful to explore here what sources of social support the person has for pursuing change. Are there others on whom they could call for support? In what ways? Who else could help with change?

Reviewing Past Successes

Another source of hopefulness is to explore changes that people have accomplished successfully in the past. "What changes have you made in your life that were difficult for you? Or what things have you managed to do that you weren't really sure at first you would be able to do?" When hearing about one or more of these changes, you explore, "How did you do that?" and again you listen empathically, reflecting in particular the skills and strengths implied by the story. Explore past positive changes in some depth. What did the client do that worked? Was there specific preparation for change? You are looking for personal skills or strengths that might be generalized and applied in the current situation. Instead of only asking, "Tell me how you did it," it can be useful to have the person go through

in some detail what change occurred and how it came about. How did the person decide to make this change? What did they do to initiate and maintain change? What obstacles were there, and how did they surmount them? To what do they attribute their success? What may this mean about their resources, skills, and strengths? Remember that you want the person rather than yourself to be voicing the reasons for confidence. Inquire with curiosity, and pay attention to how the client is responding so that you don't persist to the point of annoyance.

Reframing

Sometimes people bog down in attributions of failure, and when that happens, the *reframing* process can suggest a different perspective. One common theme echoed in lack of confidence is, "I've tried several times and each time I failed." In response, a reframing strategy is to reinterpret "failure" in a way that encourages rather than blocks further change attempts. You might, for example, reframe it as persistence, strong intention, or commitment.

The concept of a "try" can be helpful here. It is a short step to reframe "failures" as "tries." You need not resort to platitudes ("If at first you don't succeed, try, try again") to discuss what the person has done in the past as successive tries toward a goal. For example, dependent smokers normally make three or four serious attempts to quit before permanently escaping the grip of tobacco, and that's an average, so it could take your client six or seven rounds. With each try the person is one step closer to success. Whereas a "failure" sounds like a shameful thing, a "try" is laudable. When people attribute "failure" to personal inability ("I can't do it"), it can be useful to reflect on ways, such as effort or luck, that credit external and unstable causes:

"The time wasn't right."

"You haven't done it yet."

"You weren't quite ready."

"You were unlucky that time."²³

Responding to Confidence Talk

A common purpose that runs through all these methods is for the person to speak about ways change *can* occur—why and how they *could* succeed. Consistent with an overall MI perspective, it is useful for the person to be voicing these positive arguments. When such confidence talk occurs, respond in a manner that supports and strengthens it. The same four complementary responses (OARS) we mentioned in Chapter 6 apply here, for this is just a special case of responding to change talk.

- Open question asking for elaboration or examples
- Affirming the person's strengths and ability
- Reflecting the person's self-confidence statements
- Summarizing the person's own reasons for optimism about change

Reflection remains a central skill here. Listen for themes, experiences, ideas, and perceptions that imply confidence and that bespeak the person's ability to make the desired change. Reflect these preferentially, both immediately as they occur and in subsequent reflective summaries.

As confidence talk emerges, it can also be useful for you to raise some possible problems and challenges that could be encountered, asking the person for solutions:

"What might you do if . . . ?"

"How could you respond if . . . ?"

"What do you think would happen if . . . ?"

Why would you do that? Because this kind of question in turn can elicit further change talk. In fact, it is exactly the opposite of your offering solutions and having the person point out their limitations. Your role here is to stimulate further thought and specificity.

Finding Hope

Human beings are amazingly resourceful. The mindset behind MI is one that profoundly trusts and respects the person's own solutions. The fixing reflex would have you offer solutions and try to *install* hope and confidence. The intention is good and there is a role for offering your own expertise,

Finding hope involves calling forth what is already there.

but it is always wise to look first within the client for sources of strength and solutions. You don't have to come up with all the answers alone, nor is that likely to work well when the challenge is personal change. Finding hope is not a matter of creating it from scratch but rather of calling forth what is already there. Hoping is a truly collaborative interpersonal process and one in which it is a profound privilege to participate.

Strengthening Confidence: An Example

The following extended dialogue illustrates the use of MI in evoking confidence in a person whose status as a drug-dependent mother and a sex worker threatens a dangerous outcome. This segment begins after a period

of discussion about the importance of change that the client summarizes so concisely that there is no need for the interviewer to do so. The challenge now, before a change plan can be addressed, is for the interviewer to strengthen the woman's very low confidence.

WOMAN: I just can't do this work much longer. It's too dangerous, and I'm going to end up dead. I have my daughter to think of, too. I don't want her to have the same kind of life I've had. I'm a wreck as a mother—shooting up in the bathroom so she doesn't see me, out half the night. Now the social worker is threatening to take her away from me again, and I don't blame him. I can't go on like this.

On the importance ruler, she rates herself at a 9.

Change talk: Reasons

INTERVIEWER: It's a desperate situation you're in and you really want out.

Change talk: Need Reflection

WOMAN: I came close to getting out the other night, but not the way I want to—in a box.

INTERVIEWER: You said you were nearly killed.

WOMAN: I've come close before but that one really scared me—the guy I told you about.

INTERVIEWER: So what's the next step? How could you get out?

Key question after change talk

WOMAN: That's just it. What can I do . . . ?

A plea to provide solutions . . .

INTERVIEWER: You feel stuck, with no way out . . .

. . . which the interviewer simply reflects

WOMAN: No shit! I have no money. I'm on probation. CC watches me like a hawk, and beats me up and cuts off my drugs if he even thinks I'm holding out on him. We live in a cheap motel room. What am I supposed to do?

You can imagine here the likely result of making suggestions or prescribing solutions ("Well, how about . . . ?").

INTERVIEWER: That's exactly the question you're faced with. You want out but how in the world can you overcome so many incredible obstacles?

Again the interviewer reflects instead of jumping in with answers.

WOMAN: I just don't see a way. Otherwise I'd be out of here.

*Confidence ruler
probably 1 or 2*

INTERVIEWER: I certainly don't have the answers for you, but I have a lot of confidence that *you* do and that working together we can find a way out.

Lending hope

WOMAN: What do you mean?

INTERVIEWER: Well, for one thing, you're amazingly resourceful. I can't believe how strong you are, to have gone through all you've been through and even be alive, let alone sitting here and talking to me about how you want your life to be in the future. I don't think I could have survived what you've been through.

Reframing

*Utterly genuine
affirmation and reframe*

WOMAN: You do what you have to.

INTERVIEWER: How have you come this far and still have the amount of love and compassion that I see in you—not only for your daughter, but for the women you work with and for other people as well? How do you do it?

*Affirmation and open
question*

WOMAN: Just one day at a time, like they say. I don't know. I just go way inside like when I'm doing some john. I don't let myself get hurt. I take care of myself.

INTERVIEWER: Like you take care of your daughter.

Linking reflection

WOMAN: I hope I take better care of her than I do of myself. But yeah, I take care of myself. Nobody else does.

INTERVIEWER: So you have this amazing inner strength, a solid core inside you where you can't be hurt.

*Reflection and
affirmation*

WOMAN: Or don't let myself be hurt.

INTERVIEWER: Oh, right! It's not that you can't feel anything, because you *do*. You have a way of preserving that loving woman inside you, keeping her safe. So one thing you are is strong. How else might you describe yourself? What other qualities do you have that make you a survivor?

*Reframing
Affirmation
Evocative question
Asking for personal
strengths*

WOMAN: I think I'm pretty smart. I mean, you wouldn't know it to look at me, but I can see what's going on around me, and I don't miss much.

Confidence talk begins.

INTERVIEWER: You're a strong and loving woman, and pretty smart. What else?

A collecting summary

WOMAN: I don't know.

INTERVIEWER: What might somebody else say about you, someone who knows you well? What good qualities might they see in you, that could help you make the changes you want?

WOMAN: Stubborn. I'm downright bullheaded when I want something.

Confidence talk

INTERVIEWER: Nothing stops you when you make up your mind, like a bull.

Reflection and affirmation

WOMAN: I do keep going when I want something.

INTERVIEWER: Strong and loving, smart, persistent. Sounds like you have a lot of what it takes to handle tough changes. How about this? Give me an example of a time when you really wanted something and you went after it.

Collecting summary

Reviewing past successes

WOMAN: You won't like it.

INTERVIEWER: Try me.

WOMAN: I was out of shit last week, and I really wanted it something bad. CC thought I was cheating him, keeping money and not telling him, and so he cut me off. I asked around and nobody had any to give me. It was the afternoon and nothing was happening on the street. So I took my daughter and went over to the freeway entrance. I had to wait until CC went for dinner. I made up this sign that said, "Hungry. Will work for food." In an hour I had enough to get what I needed, and some food for us, too. CC never found out about it.

INTERVIEWER: It's all the things you said. You had to time all of it carefully, but you're so aware of what's happening around you that you could do it. You think quickly, and came up with a solution. You stuck with it and made it happen. How did you make the sign?

*Collecting summary
of strengths*

WOMAN: Cardboard I found in a dumpster, and I borrowed a marker at the motel desk.

INTERVIEWER: They seem like little things, but I'm impressed at how quickly you solved this one. I'm sad, of course, that all this creativity was spent on getting drugs, but it's just one example of how you can make things happen when you put your mind to it.

Affirmation

WOMAN: Now that's another thing. What do I do about being hooked? The withdrawals are bad.

INTERVIEWER: You've been through them before, then.

Reflection

WOMAN: Sure. In jail, on the street, even in a detox once, but I don't want to go through it again.

INTERVIEWER: Tell me about the detox. When was that?

WOMAN: Last year. I got real sick and they took me to the emergency room, and from there they took me to detox. I stayed about five days, but I got high right afterward.

INTERVIEWER: What was the detox like for you?

WOMAN: It was OK. They were nice to me, and they gave me drugs so that I didn't feel uncomfortable. As soon as I hit the street, though, I wanted a fix.

INTERVIEWER: So it was possible, at least, for you to get through the withdrawal process

comfortably. The problem came when you went back out. Now let me ask you this. Imagine that you're off the street—like magic. You're through withdrawals and away from the street, out of CC's reach, somewhere else completely. Don't worry for the moment about how you got there—we'll come back to that—but you're free, just you and your daughter. What would you do? What kind of life would you choose?

Invites envisioning

WOMAN: I'd need to find a real job. Maybe I'd go back to school and then get a good job. I'd like to get out of the city—live in a little place out in the country somewhere.

Looking forward

*Change talk—
envisioning*

INTERVIEWER: A complete change of scenery.

WOMAN: That's what it would take.

INTERVIEWER: And you can imagine it, a new life somewhere with your daughter.

WOMAN: I can imagine it, yes. But how could I get there?

*An invitation to give
solutions*

INTERVIEWER: It's such a big change with so many obstacles that you don't think you could do it.

Amplified reflection

WOMAN: I don't know. I might be able to. I just haven't thought about it for a long time.

Change talk—ability

INTERVIEWER: Maybe, just maybe, with all your strength and smarts and creativity and stubborn persistence, you could find a way to pull it off. It's what you want, is it?

Inviting change talk

WOMAN: Yeah, it would be great, getting off the street.

INTERVIEWER: Is this just a pipe dream here, or do you think you might actually be able to do it?

WOMAN: It seems kind of unrealistic, for me at least.

INTERVIEWER: For you. But it might be possible for . . .

WOMAN: I guess I was thinking of my daughter. Or maybe some other women I know, but then I think I'd have as good a chance as they would.

Change talk—ability

INTERVIEWER: You can imagine yourself doing it, just like others might. Let me just ask you to do one more thing, then, before we get any more specific. Let's think about what it would take for you to get from the street to that place you imagined. And let's be creative. Let's think of any way at all that it might happen, as many different ways as possible. They can be completely unrealistic or unlikely, no matter. What we want is a lot of ideas. OK?

Introducing the idea of brainstorming

WOMAN: Sure, why not.

INTERVIEWER: So how might it happen?

WOMAN: I could meet a sugar daddy, like that girl in the *Pretty Woman* movie.

INTERVIEWER: OK, good. That's one. What else?

WOMAN: There could be a miracle. (*Laughs.*)

INTERVIEWER: Right. One miracle coming up. What else?

WOMAN: I could talk my Mom into bailing me out again. If she thought I was really serious this time, she might do it.

INTERVIEWER: So your mom could help get you out of here with money.

WOMAN: She's worried about her granddaughter, I know. We might even be able to live with her for a while, but I don't know if she'll ever trust me again.

Confidence talk is gradually emerging over the course of this 10-minute conversation, and we see the beginnings of a possible change plan. Rather than jumping straight to a how-to-do-it discussion with this high-importance/low-confidence woman, the interviewer spends some time in eliciting confidence in her broader adaptive abilities. The interviewer also resists the fixing reflex to step in and provide solutions. This paves the way for later development of and commitment to a specific change plan.

By the way, the statement “I don’t know” often emerges when you first ask a client for possible strengths, ideas, or solutions. Don’t take it at face value. It can be a placeholder statement while the person starts to think. Assume that the person you’re talking to is experienced and resourceful and actually *does* know at some level. This doesn’t mean that you should be coy and continually dodge offering advice or suggestions. It is our experience, though, that clients often come up with better ideas than might have occurred to us. After all, they know themselves well!

PERSONAL PERSPECTIVE: Selling Jet Aircraft

On a cross-country flight, I found myself sitting next to a gregarious fellow who turned out to be a salesman. More specifically, his job was to select and train salespeople to sell private jet aircraft to executives. I became curious and proceeded to interview him all across the Midwestern states. How do you sell airplanes to people who don’t think they need them? What separates successful sellers from those who won’t make it in the business? What do you look for when hiring sales representatives?

What he told me sounded oddly familiar. “You find out what the executive cares about and what problems or frustrations they face in their daily life.” The gradual process is to link how a personal jet would help the customer to better achieve their goals. No high-pressure selling here: “You would lose the customer immediately.” He also said that one thing a successful salesperson needs is “a good sense of timing. You have to be able to see when the customer has privately decided to buy the plane. If you keep on selling after that point, you’re likely to lose the sale, but if you push to close the deal before you get to that point, you also lose the sale.” I kept thinking about what I tell people who are learning MI: Don’t let your eagerness for change get ahead of your client’s. Some of the tips he gave me about how to know when someone has “decided to buy” clicked with my own clinical intuition and are reflected in this chapter. In any event, it reminded me that interpersonal influence processes are not at all the exclusive province of therapists.

Sales and marketing might seem distant from helping professions but not necessarily. There are some parallels. Often, a successful salesperson’s objective is not to make a specific sale, but to develop a satisfied *customer* who will come back. To do that, you’d better make sure that what you offer really is meeting the person’s needs and desires.

—BILL

Having introduced you to the basics of each of the four MI tasks in Chapters 4–7, we offer in Part III a deeper level of skillfulness in the practice of MI. We begin in Chapter 8 with some skills for deeper listening.

KEY CONCEPTS

- Envisioning
- Key question
- Reframing

KEY POINTS

- The planning task incorporates skills from the other three tasks: engaging, focusing, and evoking.
- In MI you evoke and negotiate a change plan.
- There are specific signs to watch for that can signal readiness for planning, such as envisioning what change would be like.
- You can “test the water” by offering a bouquet summary of change talk and a key question.
- Using MI skills, you may also be able to evoke hope and confidence in a change plan.

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PART III

A DEEPER DIVE INTO MOTIVATIONAL INTERVIEWING

You can't make someone change, but how you respond when talking to people about change *does* matter. What you say and how you say it make a difference.

In this section, we take a closer look at the fundamental tasks we described in Part II. We begin in Chapter 8 with additional skills in the art of empathic understanding that is foundational not only in the engaging task but throughout MI. Chapter 9 considers some complex issues in focusing: handling different goals, exploring underlying values, and remaining neutral when that's what you choose to do. Chapter 10 explains how to cultivate change talk in the evoking task and even when planning.

Then we take up four issues that can emerge as you practice MI. In Chapter 11 we describe an MI-consistent way of offering information and advice. The usefulness of MI does not end once you have evoked a plan, and Chapter 12 traces how to use MI to help people implement a change plan and persist in carrying it out. Chapter 13 considers what to do when you can't find any change talk, when the person seems to lack ambivalence. Then, in Chapter 14, we

consider how to respond to what is sometimes called “resistance,” that is, when people argue against change (sustain talk) or express discomfort with your helping relationship (discord). Finally, in Chapter 15 we reflect on how to practice MI well, integrating the practical material in the preceding chapters from the perspectives of you as the helper, the person whom you are serving, and your helping relationship.

CHAPTER 8

Deeper Listening

It takes two to speak truth—One to speak, and another to hear.

—HENRY DAVID THOREAU, *A Week on the Concord and Merrimack Rivers*

There is no greater agony than bearing an untold story inside you.

—MAYA ANGELOU, *I Know Why the Caged Bird Sings*

High-quality listening is central in motivational interviewing. We described some of the basics of listening in Chapter 4 on the engaging task. Now we consider both a bigger picture of empathic understanding and some fine-tuning details of skillful reflection.

Deep listening is far more than a technique. In fact, reflection as a technique alone has very little impact.¹ It is deep empathic listening that matters, and it begins with a genuine desire to understand the person's experience. With deep listening you seek a client's unique perspective. It is a beginner's mind of curiosity, understanding that you don't already know what you are going to discover.² It is not necessary to actually feel what the person is experiencing (although that may happen). Your entire attention is

Empathy does not require that you feel what the person is experiencing.

centered on empathic understanding. In that way, deep listening is different from what you do in ordinary conversation, with the usual back-and-forth exchange in which you offer your own perspectives and experience. Listening in an MI conversation calls for you to give priority to a deeper understanding of another person's world. Furthermore, as discussed in Chapter 4, you are not merely seeking a private understanding that you keep to yourself. You

are actively mirroring, expressing your own emerging grasp of the other's inner world. This is a valuable skill in itself. Extensive research shows that positive changes are consistently related to helpers' skillful expression of empathic understanding, which is what we mean by deep listening.³

Continuing the Paragraph

A simplistic misconception of reflective listening is that you are merely repeating whatever the person just said, perhaps restating it in slightly different words. Skillful listening includes hearing not only what the other person says, but also what has not yet been said and *might* be true. It's like reading between the lines of what you heard. You are still guessing, of course, and you offer what you intuit in the form of a reflective statement, as we described in Chapter 4. Rather than just rephrasing the person's words, you can offer what might be the *next* sentence in the paragraph—something the person might say next but hasn't said yet. We call this mirroring skill *continuing the paragraph*.

Here is the opening part of an interview demonstrating this skill.⁴ Bill had not met the client, John, before and knew only his request that he needed to talk to someone. In the beginning, John was fairly nonverbal, staring at the floor, and there were long silences, but with these 7 minutes of empathic listening, the reason for his coming emerged.

BILL: You called up and indicated that
you'd like to talk to someone here,
and so I'd like to know how I
might be helpful to you.

JOHN: Uh, had to come because of
problems.

BILL: Some problems you've been
having, and someone has made
you come here.

JOHN: Yeah.

BILL: And you're not too happy about
that.

JOHN: I just like to take care of my
own problems, you know.

BILL: Talking to somebody else about
them is hard. It's not something
you're used to doing.

*This is a simple reflection
restating what he said.*

*Here I reflect what I saw,
continuing the paragraph with
what the client had not yet said.*

*Reflection—continuing the
paragraph by adding a bit that
he has not said directly*

JOHN: No.

BILL: And yet, someone else has said you need to be here. Tell me a little bit about that.

Open question

JOHN: My wife, she wants to, um, you know, she works and I work and take care of the kids together. She says she wants to go back to school and study to be a nurse or something, and I don't think she needs to.

BILL: It seems silly to you.

Continuing the paragraph

JOHN: We're just doing OK.

BILL: You like things the way they are now, and that feels like a real big change.

Continuing the paragraph

JOHN: Yeah.

BILL: There are some things about it in particular that you don't like.

I could have asked this as a question, but as a reflective statement it may feel less interrogating.

JOHN: It's just everything's OK.

BILL: So why change?

Continuing the paragraph

JOHN: Yeah.

BILL: Why mess it up? Things are going along OK, and now she wants to get some more school, get some more education, and that's disturbing. It changes things.

Continuing the paragraph; the pace of conversation is slow, with lots of silence.

JOHN: She's got the kids, you know. She's got her job.

BILL: She already has enough to keep her busy.

Continuing the paragraph; this might sound like agreeing with him . . .

JOHN: I think so, but she doesn't, so we argue.

. . . but he doesn't take it that way.

BILL: You're happy with the way things are. She's not quite satisfied with how things are, and she wants something else. She wants to get

Summary reflection of what he has said so far

some education, and that's not OK with you.

JOHN: She says things will be better, and I can see that, I guess, but she's got plenty to do, you know. Everything is OK. She just keeps on and on about it. I just . . .

He acknowledges her perspective.

BILL: It's really important to her.

JOHN: I guess. Sometimes I just wish she would shut up, you know.

BILL: And you're worried maybe that things will be worse if she goes back to school—that somehow it won't be as good as it is now.

Still continuing the paragraph

JOHN: Yeah. I mean she might go back to school and you know, flunk out, or she might go back to school and decide she don't want nothing no more—she don't want no family.

BILL: So one thing that might happen that would hurt a lot, if she went back to school she might decide she didn't want to be with you any longer. That's a worry.

This is the only moment in the interview where John made eye contact with me.

JOHN: (*Nods "yes" silently.*)

BILL: And she's really important to you.

Continuing the paragraph

JOHN: Yeah.

BILL: So in a way it's not her getting education that troubles you. It's how that may affect your relationship.

Reframing

JOHN: Yep, so she's smart enough, no?

BILL: Doesn't need any more education.

Simple reflection

JOHN: Sometimes she's too smart.

BILL: Already.

Continuing the paragraph

JOHN: She just goes on and on about it, you know. I try to eat and she talks about it. I try to sleep and she talks about it. I come home from work and she talks about it. I'm just—oh man.

BILL: And you get real angry about that.

Continuing the paragraph; now I see where this is going.

JOHN: Yeah. (*silence*) She just don't know when to stop. I tell her enough.

BILL: But still she keeps talking about it. (*John is silent for a while. I simply wait.*)

JOHN: I told her, you know, to stop. I told her, you know. She wouldn't. I was tired, you know? I was tired. I come home from work and I was tired.

BILL: You kind of got pushed to the limit.

JOHN: Yeah, so I kind of slapped her, you know.

This mirroring method of continuing the paragraph instead of repeating what is already said tends to accelerate movement, even with some silences. Like the rests in music, short silences sometimes help to move things forward. Mirroring has a patient, unhurried feeling, even though underneath, things may be moving faster. Almost all of Bill's responses above are reflective listening statements. Some are simple reflection, but most move ahead to something that John might say next. When you guess wrongly, the person simply lets you know and continues talking. The person might preface such clarifications with words like "no, it's not that" or "not exactly" followed by a more information.

There's no penalty for missing—whether your reflection is accurate or not; either way you learn more.

Continuing the person's paragraph can accelerate movement.

With reflections in general and with continuing the paragraph in particular, it's important not to jump too far ahead of where the person is. It's just a small step forward from what has already been said. If you jump too far, you may see

the person balk or push back in some way. Take small gentle steps forward. Sometimes just a word or two will do, like Bill's reflection "Already" in the above dialogue.

Overstating and Understating

A subtlety of empathic understanding is conveyed in the language you choose when you are offering a reflection. When people speak to you, they use words that can vary in intensity. This is particularly evident with words that express emotion. Consider, for example, these words to convey angry feelings:

- Low intensity: *annoyed, bothered, displeased, irritated*
- Medium intensity: *angry, cross, mad, upset*
- High intensity: *enraged, furious, incensed, livid*

Similarly, many words describe the emotion of fear:

- Low intensity: *apprehensive, nervous, worried*
- Medium intensity: *anxious, fearful, scared*
- High intensity: *panicked, petrified, terrified*

Strength of belief can also be conveyed at various levels. "I think" sounds less convincing than "I'm confident" or "I'm certain." There are modifier words such as "somewhat," "really," or "definitely" that diminish or increase intensity. In addition to the particular words a person chooses, there are other cues to the intensity of belief or feeling, such as facial expression and the volume or tone of voice.

To what extent should your reflections accurately mirror the intensity of expression? Some communication experts have suggested matching the person's intensity as closely as you can.⁵ There can be reasons, however, to *overstate* or *understate* a person's intensity when you are reflecting. If you somewhat understate intensity, you may be giving the person permission to say more:

- Someone tells you: "I'm *upset* about what she said yesterday."
- Reflection: "You're a little *annoyed* with her." [Understating]
- Response: "Annoyed? No, I'm *really angry* at her! I can't believe she said that."

On the other hand, overstating intensity may cause the person to back down from it a bit:

- Someone tells you: “I’m *upset* about what she said yesterday.”
- Reflection: “You’re *furious* with her.” [Overstating]
- Response: “Well, not that much, but it *bothered* me.”

There is no absolute rule here. Just realize that the level of intensity you convey in your reflections does matter, and pay attention to how the person responds, so you can moderate that level in what you say next. Strategic overstating or understating will be discussed later in cultivating change talk (Chapter 10) or in softening resistance (Chapter 13).

It matters what level of intensity you convey in your reflections.

Double-Sided Reflections

People often experience and express ambivalence; they think or feel two different ways at the same time.⁶ Both sides of the dilemma can appear within the same sentence:

“I want to go, but . . .”

“I love him and I hate him.”

“On the one hand, I think I should do it and at the same time . . .”

A useful response to ambivalence is a *double-sided reflection* that includes both sides of the dilemma. If you reflect only one side, the person is likely to respond with the opposite. Suppose an elderly person tells you:

“I’m much more careful now when I drive. I don’t drive at night because I can’t see well in the dark, and I avoid busy streets so I don’t cause an accident. Drivers honk at me sometimes because I go slow. I don’t want to give up my license because it gives me some independence, but I’d feel terrible if I hit or injured someone. I just like to be able to get in the car and go instead of depending on other people to take me.”

The ambivalence is clear: “I want to . . . and I don’t want to. . . .”

How might you mirror what you hear? Here are some possibilities:

- “Driving gives you more independence.”
- “You don’t like having to rely on other people to help you.”
- “You’re worried that you might injure or kill someone while driving.”
- “You’ve been taking some extra precautions.”
- “Sometimes other drivers are annoyed with you.”
- “It’s convenient to be able to drive yourself around.”

All of these are reasonable reflective responses. Each of them picks up on one part of what was said, inviting the person to say more about that particular aspect. Some of them would probably evoke a “Yes, but . . .” response, which is common when people are ambivalent and you reflect one side of it.

A double-sided reflection includes both horns of the dilemma. It helps the person experience the ambivalence itself. You can separate the conflicting themes with a “but” or “however.”

- “You enjoy being able to drive yourself around, but you don’t want to injure anyone.”
- “You don’t want to injure anyone, but you enjoy being able to drive yourself around.”

Notice in these two reflections that the order of pro and con reasons matters. The word “but” is a bit like an eraser, discounting what precedes it and placing greater emphasis on what follows it. An alternative is to put some form of “and” in the middle, honoring both aspects:

- “You enjoy being able to drive yourself around, and also you don’t want to injure anyone.”
- “You don’t want to injure anyone, and at the same time you enjoy being able to drive yourself around.”

Remember that when you offer a reflection, you are highlighting some aspect of what the person said. In a double-sided reflection with “and” in the middle, you are highlighting the ambivalence itself. Notice also that the order in which you present pros and cons can matter. With double-sided reflections, people are more likely to respond to what you said last, and thereby amplify that side of their ambivalence.

A double-sided reflection highlights the ambivalence itself.

Analogies

Another way to reflect what you are hearing is to offer an *analogy*, something that seems to be *like* what the person is saying. It helps here to use examples that would be familiar within the person’s own culture and lifestyle. An adolescent who lives with family on a farm tells you:

“Sometimes it’s confusing. When I’m at home, I’m one kind of person. I know how my parents would like me to be, and I can do that. Then

when I'm with my friends, I feel like a different person, saying or doing things my family wouldn't approve of."

You could offer various reflections of what was said:

- "Who you are seems to change according to the people you're with."
- "You're wondering who you really are."

A different approach is to ask yourself, "What is this *like*? What is there in this person's world that might be a metaphor or an analogy to capture the feeling being expressed? Here you might think of a barn-top weathervane that turns whichever way the wind is blowing. Not everyone responds to such analogies, but sometimes they work well and the person lights up: "Yes! Exactly!"

Bill met with a cellist from the local symphony orchestra. The musician had been talking about a feeling of deep loneliness and emptiness, isolated from the people around him. Bill reflected, "It's like the sound of a flute in an empty concert hall," and the client broke into tears. Steve had a similar experience with a woman hospitalized with alcohol-related illness, who had been working as a traveling salesperson. He reflected, "You're good at driving down the fast lane and what you really want is to move over, slow down, and take a break." Again, tears followed as she said that alcohol had become her only route to relaxing. A well-chosen analogy or metaphor can particularly deepen understanding when it's accurate.

Getting Better at Empathic Understanding

Just reading about these various forms of listening is not likely to change what you do unless you practice them. Try substituting different kinds of reflective statements instead of asking a question. String reflections together like beads on a necklace, perhaps interspersed with an open question and affirmation here and there. To what extent can you rely primarily on reflections, particularly by continuing the paragraph? What happens when you do?

Good listening is something you can practice almost anywhere. There are books to help you refine listening skills,⁷ and intentional practice is the way you learn. An important advantage in learning empathic listening and MI skills more generally is that you receive immediate feedback every time you practice. Your best teachers are the people with whom you are speaking. Pay attention to how they respond. Every time you offer a reflective listening statement you get some information about the accuracy of your guess. Over time you get better at guessing what people mean. Did that

Empathic listening gives you immediate feedback.

analogy seem to work or not? What happens if you reflect only one side of a dilemma versus offering a double-sided reflection? Much of what we have learned about MI came from paying close attention to how people respond to different kinds of communication.

PERSONAL PERSPECTIVE: Life-Changing Listening

Of all I have learned in my lifetime, clearly empathic listening has been one of the most valuable and life-changing skills. My first exposure to it was in a 1970 book by Thomas Gordon, who was one of Carl Rogers's doctoral students.⁸ Gordon had a genius for explaining his mentor's work in everyday language, a "simplicity beyond complexity." My own PhD training was in a behaviorally oriented clinical psychology program at the University of Oregon. Before we began practicing behavior therapy, however, we were required to complete a year-long course in how to talk with clients. None of the behaviorists chose to teach it, so we had the good fortune of learning from an academic grandchild of Carl Rogers who taught us a person-centered approach to counseling, with particular emphasis on accurate empathy.⁹ Then when I began learning and practicing cognitive-behavioral therapies, it seemed perfectly natural to provide them in this person-centered manner.

I began teaching listening skills first to lay helpers,¹⁰ then to my own predoctoral students, and eventually to lay and professional audiences. An early research surprise was that clients' short- and long-term outcomes from behavior therapy were strongly predicted by their counselors' skillfulness in accurate empathy.¹¹ Therapists who listened well to their clients in this way were simply more effective than their peers who were trained in and using the same manual-guided therapy, a finding that contributed to the original development of motivational interviewing.¹²

Beyond its impact on my career, empathic listening deeply enriched my personal life and relationships. I certainly didn't start out as a good listener, but eventually it became second nature and part of who I am as a person.

—BILL

In Chapter 9 we move on to some refinements in skills for focusing, the second component task of MI. Deep listening continues to be important as you and your client together consider the focus question, "Where are we going?"

KEY CONCEPTS

- Analogy (in reflection)
- Continuing the paragraph
- Double-sided reflection
- Overstating (in reflection)
- Understating (in reflection)

KEY POINTS

- Rather than simply restating what a person has said, *continuing the paragraph* is a form of reflection that anticipates what is unsaid but might follow.
- In responding to expressed feeling or belief, a reflection might strategically *overstate* or *understate* its intensity.
- Both sides of ambivalence can be contained in a double-sided reflection.
- If accurate, reflections in the form of analogy or metaphor can be particularly impactful.

Notes and References

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4. Although clients in treatment will sometimes consent to be videotaped for demonstration purposes, we as psychotherapists have been reluctant to impose on their vulnerability in the midst of stress and suffering. An alternative that we have used successfully for demonstration purposes is to interview an actor who presents with a prepared role. There is no script; the actor is told only to react naturally within the role, and both know little about what the other will say. This creates a spontaneity that looks and feels very much like a first clinical interview. “John” was a professional actor whom I (Bill) had never met until we sat down together in front of the cameras. My assignment was just to demonstrate empathic listening, and 30 seconds

- into the interview I was dismayed because I had a very nonverbal client who did not even look at me. It nevertheless turned out to be a clear demonstration of engaging skills. This is a transcription of the interview. Originally recorded in 1998, the video interview is included in Miller, W. R., Rollnick, S., & Moyers, T. B. (2013). *Motivational interviewing: Helping people change (DVD series)*. The Change Companies. www.changecompanies.net/products/motivational-interviewing-videos. Copyright © 2013 William R. Miller, Theresa B. Moyers, and Stephen Rollnick. Used by permission.
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CHAPTER 9

Focusing

A Deeper Dive

I am always more interested in what I am about to do than in what I have already done.

—RACHEL CARSON

Our plans miscarry because they have no aim. When a man does not know what harbor he is making for, no wind is the right wind.

—LUCIUS ANNAEUS SENECA

In Chapter 5, we introduced the focusing task of negotiating shared change goals. Agreeing on goals can often be a fairly straightforward process. When people enter a weight-loss program, whether in person or online, they presumably hope to lose weight, and this goal will be consistent with the intentions of program staff. If a person's goals fit within the helper's competence and scope of practice, there can be relatively quick convergence on a focus for working together. In helping professions, it is typically clients themselves who determine the goals for change. In health care in particular, the process of *shared decision making* actively engages patients in choices regarding their own health.¹

Goals can also change. Priorities may shift with a new crisis, diagnosis, or life change, and even during a conversation itself. Focusing is not always a one-and-done event and can be an evolving process over time that requires refocusing. A guide's role includes keeping a keen eye on destinations.

The focusing dialogue begun in Chapter 5 was between a schoolteacher and a fitness coach at a local gym. The conversation focused on the *what* and *why* of change, and in that discussion they arrived at two initial goals:

cardiovascular fitness and core strength. Now the narrowing-down process of focusing continues as they plan the *how* of change. It might be tempting for the coach to prescribe a fitness regimen that focuses the person on particular exercises, but instead they pursue a shared decision-making process.

COACH: There are actually quite a few different ways to accomplish your two goals of better cardiovascular fitness and core strength. What I'd like to do now is help you choose what you want to do. First of all, I wonder what ideas you have already been considering.

Emphasizing choice

Asking for her own ideas first

TEACHER: Well, as I said, I used to be a lot more active. I ran, played golf, and went dancing when I was single, but I haven't been doing any of those things.

COACH: So one thing you might do is pick up some things you used to enjoy doing. Of the ones you mentioned, which might be most possible for you to do again?

Reflecting

Asking

TEACHER: I might have time for a round of golf on the weekend, but I'm not sure how much exercise that gives me. Maybe I could fit in a run here and there to get back in shape.

COACH: How good are you at doing things on your own, like going for a run or maybe doing some exercise at home?

Asking

TEACHER: Not great. I tend to put it off. I used to run with a friend, and that got me up and out in the morning.

COACH: So having some structure or people to exercise with can help.

Reflecting

TEACHER: Yes, I think so.

COACH: I'm thinking about what we can offer here that might work for you. Is it all right if I tell you about a few options?

Asking permission

TEACHER: Sure. That's why I came in.

COACH: OK, good. You can tell me what might suit you best. We have different kinds of regular classes here where you could be

Offering choices

exercising with other people. For example, I remember you said that you used to enjoy dancing, and there are two dance aerobic classes that are great for building up cardio fitness. You could also work with an individual fitness coach—there are three of us here. I can also show you the different machines we have that can be good for both cardio and core strength, and we have a pool for swimming. Which of those sound like they might fit your needs?

Asking

TEACHER: I have never been much of a swimmer, though I hear it's good exercise. I could look at the list of classes you offer and see what might fit my schedule.

COACH: I'll get you the schedule. What else?

Asking

TEACHER: I have never used a gym like this, but I guess I'd like to look at what you have available.

COACH: Certainly. We can do that now—we'll just have a walk around, and I can show you what each machine in the circuit does. They are all adjustable to your own level, and you can gradually work up as you get stronger. Shall we do that?

Offering choice

TEACHER: OK. I don't know if I'll like using machines, but we can look.

COACH: You can pick and choose the machines you want to use for cardio or core, and any machine you don't like is out. I want you to have a routine that you enjoy so you'll stick with it.

Emphasizing choice

TEACHER: That sounds good.

Beginning from the client's broad general hope, the coach (in Chapter 5) first worked with the teacher to narrow the focus to more specific objectives—increased cardiovascular fitness and core strength. Now, in this next conversation, they are narrowing further to specific exercises that the teacher is likely to sustain. In this segment, you can see a good mix of asking questions, reflecting,

The what, why, and how can all flow from focusing.

and offering some information. It also illustrates that the what, why, and how can all flow from a focusing task. Focusing is collaborative, blending the interviewer's expertise with the client's.

Navigating Differing Goals

What if the person's goals do not converge with those of the helper, program, or setting? This can occur for various reasons. One possibility is that the person has knocked on the wrong door and needs to be directed to a more appropriate source of help. Perhaps the person's request lies outside the helper's zone of comfort or competence. Sometimes the helper or service setting offers help toward a limited range of objectives that do not encompass the aims of a particular individual or family. In such situations, an appropriate professional response would be referral.

Then there are situations where people seem to have come through an appropriate door but are reluctant to be there. This was actually the norm when we worked in addiction treatment settings. Most people coming in the door were not quite ready to change their use of alcohol, tobacco, or other drugs. Many were not even clear that they *needed* to make a change. For the most part, they were ambivalent. Part of them knew that all was not well, and another part was unenthusiastic or resentful about the prospect of changing. Often they had been pressured through the door by concerned family, professionals, or courts.

Thus we frequently found ourselves in the role of advocating for change with people who were hesitant about or even averse to it. It's actually a common scenario in many helping relationships: You want this and I'm hoping for that. It happens, for example, in advising people who have been spending beyond their means and are in debt, and patients with a new diagnosis who need to make significant changes in lifestyle. Those arrested for driving under the influence of alcohol may have little interest in changing their drinking (and driving), although that is the hope of their probation officer and family. Teachers aspire for their students to study and learn, and health care providers aim to diminish illness and suffering with or without much collaboration from those they serve. Not all people experiencing homelessness want to move right into housing. A specialist treatment program seeks to address particular problems, but some of the people they serve may be pressed into treatment by the family or court and have little desire to alter established habits. It turns out that ambivalence is common, even the norm, when people are considering a significant change in their own behavior or lifestyle.²

How do you negotiate the focusing task as a helper when you have hopes or goals for change that the person does not (yet) share? A good start is to keep the person's own best interests at the center.³ MI is not about

persuading people to do what you want them to do or what would be in the best interest of the setting in which you work.⁴ Persuading—trying to get someone to do something through reasoning or argument—is virtually the opposite of MI. Within a working alliance, a goal is not a goal until it is shared. It may be your hope (or that of the context where you work) for the people you serve to change in a particular way. You can certainly be forthcoming about your own aspirations, but they cannot be imposed. Sometimes reaching agreement is easy: the person comes to you asking for help

A goal is not a goal until it is shared.

toward achieving a goal that you can support. Other times you encounter the situation of differing aspirations, which is in fact where MI was born.

MI is a particular way of exploring whether a person can embrace a change goal. If the change is not in the person's own interest, if truly no part of them wants it, then there is no current motivation there to evoke. We found, however, that by the time people came through the door of a treatment program, even when they were pushed through, it was rare for them to perceive no reasons for change. By the time you meet your clients, they usually will have some inkling of a need for a change, even if they tend to *sound* as though they are unmotivated when others try to persuade them. If attempts to convince them persist, then whatever motivation they do have can be undermined.

When the client's goals differ from yours, one question to explore is what they *are* willing to do. As we stated earlier, no one is truly unmotivated; everyone has wants and needs. A provisional plan can be to continue exploring a person's motivations for change, and many options for such an exploration are available. In the course of everyday conversation, you may unearth some motivation and try to evoke and strengthen it, or you may explore what they do value and care about. You can seek to plant some seeds (Chapter 13) or choose to remain neutral on a particular topic while you continue listening and exploring (discussed later in this chapter).

The focusing task is about developing *shared* goals toward which to move. Responding according to the fixing reflex—seeking to *persuade* a reluctant person—is often counterproductive. It is something skillful coaches and salespeople know. Sometimes change goals are related to larger considerations:

- Decreasing sugar, salt, or alcohol consumption to preserve health
- Taking practice tests to learn material or pass an exam
- Refraining from illegal behavior as a condition of probation
- Exercising to increase fitness in preparation for a physical challenge

Remember that it's not a goal until it is shared and until the person accepts it. MI is a way to evoke people's own motivations for why and how to make a change.

As illustrated in the coach example above, discussion of the *why* and *how* of change can overlap. What is the person *willing* to do? What could be a step in the desired direction? It can be a narrowing down process that begins with broader goals such as being healthy, staying out of prison, or having a strong and loving relationship. What would be some possible steps toward achieving that broader goal, and of these, what might be a first step that the person is willing to try?

Exploring Values and Goals

Everyone is motivated. At times, the motivation is as immediate as finding the next meal or getting some sleep. When basic physical needs are satisfied, people can pursue higher goals and values.⁵

A key in appreciating someone's internal frame of reference is to understand their core goals and values. When you understand what people value, you have a key to what motivates them. What are their longer-term goals? How do they hope their life will be different a year from now or in 5 years or even in 10 years? Exploring potential life goals has a way of broadening your perspective and theirs, lifting all eyes to the far horizon.

It is a common human experience for day-to-day behavior to fall short of or even contradict longer-term life values. Such *value-behavior discrepancies* can come into focus through reflecting on larger life values, and perceiving such discrepancy can exert a powerful effect on behavior.⁶ Understanding values can be useful in the tasks of focusing (What is most important?) and in evoking the why (What motivations does this person have for change?) and the how of change (What paths toward change would be most compatible with this person's values?).

In any such exploration of values, it is important to convey acceptance and respect. Doing so does not mean that you concur with or approve of the values being expressed; it only means that you accept that these are their stated values as you seek to understand what is important to them.

An Open-Ended Values Interview

One way to learn about a person's values and priorities is simply to ask about them. Here are a few examples of open questions of varying complexity:

- "Tell me what you care most about in life. What matters most to you?"
- "How do you hope your life will be different a few years from now?"
- "What would you say are the rules you live by? What do you try to live up to?"

- “Suppose I asked you to describe the goals that guide your life, the values you try to live by. What would you say are your five most important values, giving perhaps just one word for each. What would they be?”
- “If you were to write a ‘mission statement’ for your life, describing your goals or purpose in life, what would you write?”
- “If I were to ask your closest friends to tell me what you live for, what matters most to you, what do you think they would say?”

Obviously, the language used in such open questions should fit the person’s level of mental complexity. The purpose of these questions is to inquire about what larger goals or values people have internalized as guiding principles for their lives.

Having posed an open question, follow up with quality reflections. When people describe their values using an adjective (“faithful”), noun (“provider”), or verb (“to care”), what do they mean by it? Rather than just asking, make a guess in the form of a reflection.

CLIENT: Well, one thing I want to be is kind.

INTERVIEWER: To care for other people. [Reflection, continuing the paragraph]

CLIENT: I don’t mean just having warm feelings. I mean being a loving person.

INTERVIEWER: To love in a way that makes a difference. [Reflection]

CLIENT: Yes. I want to make a difference.

INTERVIEWER: For the people you care for, who are close to you. [Continuing the paragraph]

CLIENT: Not just for them, although I certainly try to be loving to my family and friends, too.

INTERVIEWER: But you mean something beyond your circle of friends. [Reflection]

CLIENT: Yes, to be kind to people I don’t even know; the check-out clerk at the market, children, a beggar in the street.

INTERVIEWER: You want to be kind to them, too, to strangers. [Reflection]

CLIENT: Yes.

You can also intersperse open questions to help the person elaborate, exploring more about a value.

- “How do you express [value] in your life?”
- “In what ways is [value] important to you?”

- “Give me some examples of how you might be [value].”
- “Why is [value] important to you? How did this come to be a value for you?”

Be conscientious about following up with reflections instead of just asking questions.

INTERVIEWER: So why is it important for you to be kind, even to people you don’t know? How did that get to be a value for you? [Open question]

CLIENT: I’ve been so fortunate myself. I mean, I’ve had people who have really reached out to me and loved me and made a difference at crucial times in my life. It’s so important to do that. Sometimes you don’t even know how important what you did was.

INTERVIEWER: It’s like passing on what others have given to you. [Reflection]

CLIENT: “Pay it forward” some people say rather than paying it back. Make a deposit—add a little kindness to the world without expecting anything back.

INTERVIEWER: That’s really important to you—something you want to do with your life. [Reflection]

CLIENT: Yes. There’s so much unkindness. That’s all you see in the news.

INTERVIEWER: Inhumanity. [Reflection]

CLIENT: Right. But there’s a lot of kindness in the world, too, and that’s what I want to add to.

INTERVIEWER: Give me some examples of times when you have done that . . . [Open question]

Exploring what people care about—identifying, then asking more about, then reflecting and exploring values—can help in the engaging task as well. It strengthens relationships, yielding a deeper understanding of people and their motivations. A further benefit is that helping people voice their own values can serve as a kind of *self-affirmation*, which can diminish defensiveness and facilitate change.⁷ To be heard deeply on what matters most can be a particularly powerful experience.

Allow the person to voice their own values.

Structured Values Exploration

There are also more structured approaches for exploring values.⁸ A common method for doing so involves a list or set of cards describing values that

could guide one's life and behavior. Box 9.1 offers one such list of 100 items that can be used in values exploration, or you can develop your own list that is appropriate in your setting. A downloadable version sized for printable business cards is available at www.guilford.com/miller2-materials. You can invite people to identify values in the list that are particularly important to them. Then you can discuss these core values to understand what they mean to that person. This can be done through a combination of open questions and reflective listening.

INTERVIEWER: I see that one of the top values you chose is to "Protect."
How is that important to you? [Open question]

PERSON: It's my job to protect my family, to provide for them.

INTERVIEWER: So it's a combination of protecting them and providing for them. [Reflection]

PERSON: Yes. I think that's what a parent should do.

INTERVIEWER: And it's one of the most important things in your life. What are some ways in which you protect your family? [Reflection and open question]

PERSON: Well, I bring home a paycheck to put food on the table.

INTERVIEWER: That's something you feel good about. [Reflection]

PERSON: Yeah. I haven't always been so reliable if you know what I mean. I'm getting my life together and want my family to be able to count on me.

INTERVIEWER: So you provide for your family by bringing home a paycheck. How else do you protect them? [Reflection and open question]

PERSON: I make sure they're safe at home. Smoke alarms, good solid doors, and things like that.

INTERVIEWER: So they can be safe even when you're not there. [Reflection]

PERSON: Right. I can't always be there, but I want them to feel safe, to know that I'm there for them.

INTERVIEWER: You have a really strong sense of family. Why is that so important for you? [Affirmation and open question]

PERSON: Well, I didn't feel very safe when I was growing up, and I was pretty lonely. I was an only child, and sometimes I had to protect my mom.

INTERVIEWER: And now that you're a parent, you want your own children to know they're protected, and to stick together as a family. [Reflection]

PERSON: If you have strong family, you have everything.

BOX 9.1. A Values Card Sort

William R. Miller, Janet C'de Baca, Daniel B. Matthews, and Paula L. Wilbourne

These values are usually printed onto individual cards that people can sort into three to five piles. We have five header cards that read: “Most Important,” “Very Important,” “Important,” “Somewhat Important,” and “Not Important.” It is wise to provide a few empty cards so people can add values of their own. These items are in the public domain and may be copied, adapted, or used without further permission. A downloadable version sized for printable business cards is available at www.guilford.com/miller2-materials.

Sample instructions for sorting the cards:

These cards each contain words describing values that are important to some people. Sort them into these five different piles depending on how important each one is to you. Some may not be important to you at all, and you would put those in the “Not Important” pile. Others that are just “Somewhat Important” go into this second pile. Those that are “Important” go here in the middle, and this fourth pile is for those that are “Very Important.” Finally, this pile is only for those values that are the “Most Important” to you. Go ahead and sort them now into these different piles based on how important each one is to you. When you’re done, if there are any other values that are important to you that are not mentioned on these cards, you can use these blank cards to add them. Any questions?

The starting order of the cards does not matter—simply shuffle them before beginning (except for blank cards). It is also possible to use fewer than five piles for sorting, such as “Not Important,” “Important,” and “Most Important.”

A possible next step is to have the person pick out the 5 or 10 values that are most important and rank-order them from 1 (most important) to 5 or 10. There may already be this many cards or more in the “Most Important” pile, or it may be necessary to add some from the “Very Important” pile. Alternatively, it is possible to skip the first (sorting) step and just have people pick out and rank-order the 10 that seem most important. This could be done just from the list below, but having the values on cards allows people to move them around visually when sorting and rank-ordering.

- | | |
|----------------|--|
| 1. ACCEPTANCE | to be accepted as I am |
| 2. ACCURACY | to be correct in my opinions and beliefs |
| 3. ACHIEVEMENT | to have important accomplishments |
| 4. ADVENTURE | to have new and exciting experiences |

BOX 9.1 (cont.)

- | | |
|-------------------|---|
| 5. ART | to appreciate or express myself in art |
| 6. ATTRACTIVENESS | to be physically attractive |
| 7. AUTHORITY | to be in charge of others |
| 8. AUTONOMY | to be self-determined and independent |
| 9. BEAUTY | to appreciate beauty around me |
| 10. BELONGING | to have a sense of belonging, being part of |
| 11. CARING | to take care of others |
| 12. CHALLENGE | to take on difficult tasks and problems |
| 13. COMFORT | to have a pleasant and comfortable life |
| 14. COMMITMENT | to make enduring, meaningful commitments |
| 15. COMPASSION | to feel and act on concern for others |
| 16. COMPLEXITY | to embrace the intricacies of life |
| 17. COMPROMISE | to be willing to give and take in reaching agreements |
| 18. CONTRIBUTION | to make a lasting contribution in the world |
| 19. COOPERATION | to work collaboratively with others |
| 20. COURAGE | to be brave and strong in the face of adversity |
| 21. COURTESY | to be considerate and polite toward others |
| 22. CREATIVITY | to create new things or ideas |
| 23. CURIOSITY | to seek out, experience, and learn new things |
| 24. DEPENDABILITY | to be reliable and trustworthy |
| 25. DILIGENCE | to be thorough and conscientious in whatever I do |
| 26. DUTY | to carry out my duties and obligations |
| 27. ECOLOGY | to live in harmony with the environment |
| 28. EXCITEMENT | to have a life full of thrills and stimulation |
| 29. FAITHFULNESS | to be loyal and true in relationships |
| 30. FAME | to be known and recognized |
| 31. FAMILY | to have a happy, loving family |
| 32. FITNESS | to be physically fit and strong |
| 33. FLEXIBILITY | to adjust to new circumstances easily |
| 34. FORGIVENESS | to be forgiving of others |
| 35. FREEDOM | to be free from undue restrictions and limitations |
| 36. FRIENDSHIP | to have close, supportive friends |
| 37. FUN | to play and have fun |

(cont.)

BOX 9.1 *(cont.)*

38. GENEROSITY	to give what I have to others
39. GENUINENESS	to act in a manner that is true to who I am
40. GOD'S WILL	to seek and obey the will of God
41. GRATITUDE	to be thankful and appreciative
42. GROWTH	to keep changing and growing
43. HEALTH	to be physically well and healthy
44. HONESTY	to be honest and truthful
45. HOPE	to maintain a positive and optimistic outlook
46. HUMILITY	to be modest and unassuming
47. HUMOR	to see the humorous side of myself and the world
48. IMAGINATION	to have dreams and see possibilities
49. INDEPENDENCE	to be free from depending on others
50. INDUSTRY	to work hard and well at my life tasks
51. INNER PEACE	to experience personal peace
52. INTEGRITY	to live my daily life in a way that is consistent with my values
53. INTELLIGENCE	to keep my mind sharp and active
54. INTIMACY	to share my innermost experiences with others
55. JUSTICE	to promote fair and equal treatment for all
56. KNOWLEDGE	to learn and contribute valuable knowledge
57. LEADERSHIP	to inspire and guide others
58. LEISURE	to take time to relax and enjoy
59. LOVED	to be loved by those close to me
60. LOVING	to give love to others
61. MASTERY	to be competent in my everyday activities
62. MINDFULNESS	to live conscious and mindful of the present moment
63. MODERATION	to avoid excesses and find a middle ground
64. MONOGAMY	to have one close, loving relationship
65. MUSIC	to enjoy or express myself in music
66. NONCONFORMITY	to question and challenge authority and norms
67. NOVELTY	to have a life full of change and variety
68. NURTURANCE	to encourage and support others
69. OPENNESS	to be open to new experiences, ideas, and options

BOX 9.1 (cont.)

70. ORDER	to have a life that is well-ordered and organized
71. PASSION	to have deep feelings about ideas, activities, or people
72. PATRIOTISM	to love, serve, and protect my country
73. PLEASURE	to feel good
74. POPULARITY	to be well liked by many people
75. POWER	to have control over others
76. PRACTICALITY	to focus on what is practical, prudent, and sensible
77. PROTECT	to protect and keep safe those I love
78. PROVIDE	to provide for and take care of my family
79. PURPOSE	to have meaning and direction in my life
80. RATIONALITY	to be guided by reason, logic, and evidence
81. REALISM	to see and act realistically and practically
82. RESPONSIBILITY	to make and carry out responsible decisions
83. RISK	to take risks and chances
84. ROMANCE	to have intense, exciting love in my life
85. SAFETY	to be safe and secure
86. SELF-ACCEPTANCE	to accept myself as I am
87. SELF-CONTROL	to be disciplined in my own actions
88. SELF-ESTEEM	to feel good about myself
89. SELF-KNOWLEDGE	to have a deep and honest understanding of myself
90. SERVICE	to be helpful and of service to others
91. SEXUALITY	to have an active and satisfying sex life
92. SIMPLICITY	to live life simply, with minimal needs
93. SOLITUDE	to have time and space where I can be apart from others
94. SPIRITUALITY	to grow and mature spiritually
95. STABILITY	to have a life that stays fairly consistent
96. TOLERANCE	to accept and respect those who differ from me
97. TRADITION	to follow respected patterns of the past
98. VIRTUE	to live a morally pure and excellent life
99. WEALTH	to have plenty of money
100. WORLD PEACE	to work to promote peace in the world

The complex reflections in this conversation also are examples of continuing the paragraph rather than just repeating or rephrasing what the person has said. (See Chapter 8.) Exploring people's most important values is a good way to develop an understanding of what matters to and motivates them, and of the standards that they want to guide their actions.

Maintaining Neutrality

Why would a helping professional ever want to be neutral? It's a good question that our editor asked us when reviewing this chapter. Our awareness of the issue really arose through developing MI and realizing ways in which a helper can nudge an ambivalent person toward a particular choice, even inadvertently. Once you are aware that it's possible to do that, the question arises "*Should I do that?*"

In many situations, a helper can appropriately choose to avoid tipping a decisional balance in one direction or the other. These are the situations in which people are properly left to make an autonomous choice on their own without nudging. The language above—terms like "should," "appropriate," and "proper"—indicate that this is a matter of ethical judgment.⁹

Here are several examples: The very first article describing MI posed the illustration of a client trying to decide whether to have children.¹⁰ This choice is obviously one that can have major lifelong implications, and to us as parents ourselves, it seems clear that we have no business urging someone to decide for or against parenthood. We were asked once whether it is appropriate to use MI to encourage people to sign an informed consent to participate in research. Our answer was an unequivocal "No." How about helping someone consider which medical treatment to choose, or whether to donate an organ for a patient in need of a transplant? Whether or not the interviewer in such cases has a vested interest in the direction of choice, the ethical course of action is to provide a full and fair description of the alternatives and then honor the person's autonomous choice.

During the focusing process of MI, you may identify issues to be resolved without your favoring one choice over another. Helpers do not always advocate for a particular change. Sometimes the appropriate stance is to remain neutral.¹¹

Your own ethical sense can alert you to situations in which you believe you should remain neutral and not influence the direction of choice or change.

Sometimes it's best to remain neutral.

It is even possible to be unconsciously steering a client in a particular direction by what you ask, reflect, affirm, and summarize. It is therefore important to be clear about your intention: do you mean to urge the person in a particular direction, or do you want to maintain neutrality? You

do *different* things depending on your intention. For example, directional evoking and strengthening of change talk is appropriate in the former case, and decisional balance is more suited to the latter. In either case, the engaging, focusing, and planning skills of MI are applicable.

Maintaining *neutrality* is an important and sometimes overlooked issue in helping relationships. When should you be supporting choice or change in a particular direction, and when would you remain neutral? Be consciously aware of this choice during the focusing task: are you favoring directional change, or are you being a supportive neutral party? The most common reason for helping people move in a particular direction is that they have asked you to do so. When that happens, as long as you feel comfortable and competent to help, you have a shared goal to work toward, and that shared focus is an important component of a working alliance that predicts positive change.¹² Some helpers, such as probation officers, diabetes educators, and fitness trainers, have specific roles that inform and delimit the particular changes they would pursue. When you have a clear focus and direction for change, the evoking strategies of MI provide some guidance in moving forward (see Chapters 6, 7, and 10).

But what about those situations where your appropriate role is neutrality? In four decades of MI research, we have learned much about how to help people move in a particular direction of change. The same research also offers guidance about how *not* to steer people in a particular direction when you choose to remain neutral. Such directional nudging can happen inadvertently in a conversation without either person being aware of it. Remember that the likelihood of change talk and change is influenced by what you ask, affirm, reflect, and include in summaries. The evoking task in MI involves conscious awareness of this influence and strategic use of these skills to keep moving toward a change goal. Neutrality, then, would also involve conscious awareness of what you are paying attention to and what you are responding to (and how), while maintaining your balance so as not to tip the scale in one direction or the other even unintentionally.

The decisional balance discussed in Chapter 6 is a useful model here. The idea of weighing all the pros and cons of a decision dates back at least to Benjamin Franklin, writing in a 1772 letter to a friend who had sought his advice about making a difficult choice.¹³ Rather than telling his friend what to do, Franklin advised taking a few days to write down all of the reasons favoring each choice. This method was later developed in greater depth by Irving Janis and Leon Mann, who described a way to help people make difficult decisions without influencing their choice.¹⁴ In simplified form, a decisional balance can contain four boxes as shown in Figure 9.1. Square 1 in this figure lists the advantages of making a contemplated change, whereas square 2 contains the advantages of the status quo without change. Square 3 lists the disadvantages of making the change,

1 Advantages of change	2 Advantages of no change
3 Disadvantages of change	4 Disadvantages of no change

FIGURE 9.1. A decisional balance.

while square 4 is an inventory of the downside of not changing. The same design could be used to weigh any choice A versus B, or even a larger number of options such as A, B, or C.

A person's present decisional balance indicates their current stage of readiness for change. The more motivations pile up in squares 1 and 4 (advantages of change and disadvantages of not changing), the more likely change is to happen. On the other hand, if motivations in squares 2 and 3 outweigh those in squares 1 and 4, change is less likely to occur. An even balance among the squares is pure ambivalence.

Directional evoking to encourage change (as described in Chapters 6 and 7) gives particular attention to items in squares 1 and 4 (which correspond to change talk): the advantages of change and the disadvantages of the status quo. A helper would preferentially ask about, affirm, and reflect motivations in those two squares and, when offering a summary, would include mostly this change talk. This is not to say that you would ignore squares 2 and 3. Ambivalent people may naturally voice material from all four squares, but in the evoking task of MI, you particularly ask for, reflect, affirm, and summarize squares 1 and 4. Doing so can make those items more salient to the person and thus tip the balance in favor of change.¹⁵

When you intend *not* to influence the choice being made, then you would give equal attention to all four squares. That is the original purpose of filling in a decisional balance, so that all possibilities are given equal consideration. Then when a choice is made, people can at least be at peace that they gave full consideration to the possibilities based on what they knew at the time. One way to do this is to literally write down all of the advantages and disadvantages as Ben Franklin recommended. You could use a four-square box for this or simply list the pros and cons of each option. Short of using a written decisional balance, you could keep in mind the four squares, taking care to ask about all four and equally reflecting what people say about each of them, being affirming and supportive of the decision process. If you offer a summary, it would equally include material from all four squares. In this way, you are able to keep your own balance and not unintentionally favor one choice over another.

In summary, focusing is a negotiation process designed to establish shared goals toward which you will move together. Clarifying a client's life values can inform the focusing task. In some situations you may decide to remain neutral, and to do so involves different skills (e.g., decisional balance) from directional evoking skills. Focusing can flow into and intertwine with the evoking task of MI, into which we take a deeper dive in Chapter 10.

Clarifying life values
informs focusing.

PERSONAL PERSPECTIVE: Mapping the Routes for Change

In the early 1990s, I was sitting in the coffee room with a group of academic family doctors, and a wide-ranging discussion opened up about people with chronic conditions who religiously attend clinic and yet never change their behavior despite deteriorating health. "Instead of blaming them, why don't we try to make a difference?" a colleague suggested. So with a background awareness of MI, we set about studying how nurses and doctors might openly talk about the situation with patients and agree about realistic goals. We devised an agenda-setting chart or bubble sheet that was used to good effect in laying out the choices for health behavior change with them. Looking back, we were addressing the issue of what the focus for change might be. The bubble sheet seemed to take the heat out of the discussion, and people seemed more open about their progress and what changes in behavior might be manageable.¹⁶

Clinical practice soon revealed a more subtle challenge with focusing: moment-to-moment shifts in focus during the conversation.

Exploration of audiotapes led to a shift in terminology from *agenda setting* to **agenda mapping**, which captured the more fluid nature of shifts in focus. At any point in the conversation, it can be helpful to step back and clarify or renegotiate what the agreed direction of travel might be.¹⁷

—STEVE

KEY CONCEPTS

- Agenda mapping
- Neutrality
- Self-affirmation
- Shared decision making
- Value–behavior discrepancies

KEY POINTS

- The focusing task of clarifying goals (*what* to change) can blend naturally into exploring the *why* (evoking) and the *how* (planning) of change.
- Client and helper may have different hopes, and the focusing task works toward developing shared goals.
- Sometimes the appropriate role for a helper is to remain neutral, not favoring choice or change in a particular direction.
- A decisional balance grid can help you keep your balance, giving equal attention to pros and cons when you want to maintain neutrality.

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CHAPTER 10

Evoking

Cultivating Change Talk

You learn what you believe in that same way that other people learn what you believe—by hearing yourself talk.

—DARYL BEM

The reason I talk to myself is because I'm the only one whose answers I accept.

—GEORGE CARLIN

A common misunderstanding about MI is that it's just about good listening, the kindly skills of the engaging task. Indeed, some professionals have believed that's all you really need to do as a helper.¹ Sometimes skillful listening *is* enough for people to change, simply by virtue of having been seen and heard respectfully. It's also true that without empathic listening you are not practicing MI.

To this foundation of engaging, MI adds the evidence-based skills of paying particular attention to the person's own language—the “change talk” described in Chapter 6. What is often missed about MI is a purposeful, directional aspect whereby you use specific evoking skills to move toward a clear focus or goal, a skill we call *cultivating change talk*. Training in MI may sometimes give insufficient attention to this strategic directional component, thereby diminishing the efficacy of MI.² Having a person voice their own motivations for change can help them to realize their goals, and you don't have to wait passively for someone to express their reasons for change. This chapter offers more depth on how to cultivate change talk.

Cultivation is an apt metaphor—preparing

In MI we use specific evoking skills to move toward a goal.

and using the soil to help seeds sprout and grow. The spirit and method of MI are the soil in which motivation grows. Typically, you don't need to provide the seeds; you just water and nourish them. Sometimes sprouts are already visible and just require some encouragement. You also avoid nurturing whatever competes with the growth of sprouts, an aspect of cultivation that we will discuss further in Chapter 14 on softening sustain talk and discord.

Recognizing, Inviting, and Strengthening Change Talk

In Chapter 6, we described three important aspects of the evoking task. First, you need to be able to *recognize* change talk when you hear it. It is tuning your ear to notice change talk and know that you've just heard something important. When learning MI, students often miss important bits of change talk embedded within what they hear. This can happen for various reasons, including not paying attention, being distracted by gathering intake information, passively allowing the person to carry on a monologue, or not knowing how to respond in order to elicit more from the person. When you do hear change talk, notice and remember it. Change talk often comes intermixed with sustain talk. Here is an example illustrating vaccine hesitancy, with some embedded change talk (indicated by **boldface** font):

“I don't like needles, and I'm not planning to get this flu vaccine. How do I know what's really in it? They're kind of guessing about the viruses anyhow, aren't they? I mean **I don't want to get sick or anything**, but I'm pretty healthy. **I guess it helps you not get really sick if you do get the virus**, but I was never sick at all last year. I've been watching how other people have reacted to the vaccine, and **most of them seem fine**, although I worry about longer-term effects.”

Noticing such *embedded change talk* is a key skill in MI.

A second skill that we discussed in Chapter 6 is *inviting* change talk rather than just waiting for it. The most straightforward way is to ask an open question the natural answer to which is change talk. There are also devices like the importance ruler, looking back or forward, imagining extremes, and exploring values (see Chapter 6). All of these are intended to get some change talk started.

Of course, it also matters how you *respond* to change talk when you hear it, a third skill discussed in Chapter 6. In short, you can reflect it, ask more

about it, and affirm it. Take on a mindset of curiosity: when you hear change talk, you want to hear more and understand it better. Remember

Notice embedded
change talk.

bits of change talk like flowers and assemble them into little posies or bouquets that you offer back as a summary. When you're hearing change talk, the simple question, "What else?" may open up new themes.

In this evoking task, you are thinking one step ahead: "If I say this, what will the person probably say next?" In the evoking task of MI, you choose to say things that are likely to evoke change talk rather than sustain talk, and then you learn immediately whether your guess was right. It's not like chess where you have to think ahead a number of moves. Just one step, and then you adjust.

Here is a conversation between a person newly diagnosed with diabetes and a behavioral health counselor working in the medical clinic. **Bold-face print** indicates patient change talk.

COUNSELOR: Your doctor asked me to meet with you because you were recently diagnosed with type 2 diabetes. I wonder how you've responded to this news. *Open question*

PATIENT: I certainly wasn't expecting to be told that I have diabetes. It was a shock. I feel fine.

COUNSELOR: Diabetes often is a surprise. You weren't really having any symptoms. *Reflection*

PATIENT: Well, I was getting up to urinate several times a night, but I didn't really think that much about it.

COUNSELOR: You did notice that you were getting up more often during the night. *Reflection*

PATIENT: It's been happening for a while, and I thought maybe I had a urinary tract infection so that's why I went to see the doctor.

COUNSELOR: And so you received the news . . . it looks like 3 weeks ago now, and it was a shock. What have you been doing so far to take care of yourself? *Open question intended to evoke change talk (taking steps)*

PATIENT: The nurse showed me how to check my blood with test strips.

COUNSELOR: Good! How is that going for you? *Open question*

PATIENT: OK, I guess. (*silence*) **I try to remember to check it in the morning before breakfast.** Is that often enough? *Change talk. "Try" implies some difficulty in doing it.*

COUNSELOR: Checking before breakfast tells you your fasting glucose level. It's also good to test two hours after meals. What did your doctor tell you about how often to test?

PATIENT: I don't remember. A few times a day maybe.

COUNSELOR: OK. And what do you already know about how testing can help you?

PATIENT: **It's important to know how high your sugar is?**

COUNSELOR: Yes, that's one way it helps—to be aware of your current sugar level. How else might it help?

PATIENT: I don't know. **If it's too high maybe I can do something different.**

Open question intended to evoke change talk

A question, but still suggests openness to change

A "what else?" question

The counselor is asking open questions strategically intended to evoke change talk. You'll notice that the early change talk here sounds tentative, but that's OK. Don't worry about qualifiers like "maybe" and "I guess;" it's still change talk.

How you respond to change talk can prompt richer self-motivating language.

There is a lot more than just question and answer in artful evoking of change talk. How you respond when you do hear change talk can spin it into a conversation

richer in self-motivating language. Here is a portion of a conversation with a smoker.³ He has just been talking about his need for cigarettes and how smoking is embedded in his whole life. That's where this segment begins (change talk is again highlighted in **boldface**).

SMOKER: If I could have a cigarette right now I would.

Sustain talk

INTERVIEWER: It's that much a part of your life, that you feel like you would have one even right now.

Reflecting sustain talk

SMOKER: Absolutely. And I think you find yourself going out at 10 o'clock, 11 o'clock at night to go to the store to grab a pack of cigarettes when you smoke because it's what you need, physically

And predictably, the reflection of sustain talk is followed by more sustain talk.

need it, but you also like it because you enjoy it.

INTERVIEWER: There's a part of you that really enjoys smoking.

What a brilliant little reflection! It echoes his enjoyment and also suggests that there is another part of him, without asking for it. And he replies with the other part.

SMOKER: Right. And then there's a part that says, "You really don't want to, or you shouldn't." And it has nothing to do with people saying you can't. It's the fact that after a period of time you start—the flavor or the taste, **the problems become an issue.**

INTERVIEWER: Mm hmm. On the one hand, you really like it, and it's good for you—helps you, and on the other hand you're noticing some things you don't like about it, like you have to go out at night and get it, you have to look for a break, and then there's also something about the flavor and the taste, you said.

Double-sided reflection with change talk that he has already mentioned coming at the end

SMOKER: Yeah. You just get to a point where it's not enjoyable anymore. You're just doing it strictly out of habit, probably because of the nicotine that you want, but it's really not because you want it. It's because it gets to a point where you have to have it. And I've never tried to quit. I mean, I've been smoking for a long time and I never once said, "You know what, I'm going to quit smoking."

INTERVIEWER: And why is that, do you think?

An open question, the expected answer to which would be sustain talk

SMOKER: I think it becomes so much a part of your life, it becomes what you do, it's everything that you are . . . if you

And sustain talk is what happens—a beautiful subjective description

go fishing, you go hunting, you go to sporting events, everything you do—that cigarette becomes part of who you are, even to a point where you can't imagine yourself looking in a mirror without holding a cigarette. It is part of you, part of who your character is, even.

INTERVIEWER: So cigarettes are now a part of your character.

SMOKER: Absolutely. It becomes part of your character. I've had people tell me they can't even imagine me without a cigarette, can't imagine what I'd look like without a cigarette.

INTERVIEWER: And you can't even imagine yourself without a cigarette.

SMOKER: No, so you just . . . it becomes who you are. **But at the same time you know some things are happening. One is you know that the taste isn't there anymore. The cost is getting really, really high, so now you're finding yourself going to these lesser brands, or making this run to the reservation so you can bypass . . . I mean you have to do so much to smoke a cigarette and to maintain that desire that it gets really ridiculous, quite frankly.**

INTERVIEWER: Smoking used to be carefree for you, but now it's actually causing you a lot of trouble.

SMOKER: **It's a challenge now. It's not just "go get a pack of cigarettes." It's now, "How much do they cost? Which ones are the cheaper ones? Did you pick up a carton at the reservation because it's so much cheaper with no taxes? Did you burn that hole in your clothes? Oh my God, that shirt—I burned a hole."** I mean, you start running into more and more issues. Then you start wondering, "What's the return of this? What is the value?"

of the experience of nicotine dependence

Reflection of sustain talk

And more sustain talk

Reflection

And then, having expressed some sustain talk, he naturally offers change talk, a good example of ambivalence. Three minutes into the interview his change talk is beginning to outweigh his sustain talk.

Double-sided reflection

More change talk

Even though he is saying "you" here, he is clearly talking about himself.

INTERVIEWER: Yeah, I was just going to ask you about that because you mentioned earlier that you're smoking more and enjoying it less, and not only that, but then here come all of these sort of burdens or costs.

SMOKER: I would be a terrible smoke commercial. A terrible commercial.

Reflecting his change talk. Her language here alludes in reverse to a cigarette commercial about smoking less and enjoying it more.

And he catches the allusion.

The interviewer asks for and reflects some sustain talk at the beginning. Remember that the first challenge is engaging, which can be strengthened by letting the person know you are understanding. Soon, however, she shifts into evoking his antismoking motivations, and just with reflections she evokes a lot of change talk without directly asking for it.

This interview also illustrates the impact of how you respond when you hear change talk. In this case, the interviewer's only response was reflective listening focused on the change talk. You can also affirm and ask for more elaboration or for an example. Here are some examples of how you might respond to invite further change talk from the person mentioned above who was recently diagnosed with type 2 diabetes. (In Chapter 14 we will give similar examples for responding to sustain talk and discord.) The example responses are marked as open questions (O), affirmations (A), or reflections (R), with client change talk in **boldface**.

<i>Change talk statements about diabetes</i>	<i>Possible MI-consistent responses</i>
"I don't really like vegetables. I can eat more of them , but I don't enjoy them."	"You'd be willing to add more vegetables to your diet even though you don't like them." (R) "Your health is that important to you." (A)
"I used to exercise regularly but I don't anymore. I guess I could. "	"If you did start exercising again, what do you think you would do?" (O)
"If I get into a routine of checking my blood sugar, I think I can stick with it. "	"You're someone who persists once you make up your mind to do something and figure out a way." (A)
" I certainly don't want to lose my eyesight. I'm thinking about taking this supplement that I've heard can help with blood sugar levels. "	"How is your vision important to you?" (O) "You're willing to try new things that could help you stay healthy." (R) "What do you know about it?" (O)

FOR THERAPISTS: Therapeutic Evocation

The directional evoking task in MI is one example of the more general skills of evocation in counseling and psychotherapy.⁴ Within your own theoretical orientation, are there particular responses that you hope to hear from clients during therapy? You probably have an intuitive sense of this—that you're glad when you hear your clients say particular things, but why? From a clinical research perspective, there should be good evidence that clients' saying or doing these things during counseling sessions predicts and promotes better treatment outcome. Therapeutic evocation is the further step of strategically encouraging your clients to respond in a particular way during sessions. It is literally calling forth from your clients that which is healing.

An example within a person-centered perspective is *experiencing*,⁵ the depth of clients' introspective engagement in therapy, which is reliably measurable from what they say during sessions.⁶ At a low level of experiencing, clients speak about themselves in abstract, superficial, impersonal ways, giving past-tense descriptive accounts with little emotional content. High experiencing is more immediate, first-person, present-tense, and emotionally engaged.⁷ There is strong evidence that in-session experiencing predicts better treatment outcome within various therapeutic orientations.⁸ Therapists who are more empathic, accepting, and affirming encourage higher levels of sustained client experiencing.⁹

Similarly, practitioners of functional analytic psychotherapy (FAP) are alert for clinically relevant behaviors that occur within sessions that could favor or interfere with positive change. Within a relational and contextual approach, FAP therapists seek to decrease in-session problem behaviors and reinforce improvement-relevant responses.¹⁰

In MI, particular attention is paid to client change talk and sustain talk, the balance of which predicts whether change will occur.¹¹ Therapist responses clearly influence this balance in both experimental studies and sequential analyses.^{12,13} This directional evocation is just one aspect of the efficacy of MI, and it occurs within the larger relational context of this method.

Evoking Both Why and How

In sum, it matters what client language you invite and strengthen. Strategic evoking of squares 1 and 4 in a decisional balance (see Chapter 9) is likely to help the person move toward change, assuming that's what you intend to do. If you want to stay neutral without influencing the direction of choice,

then you would intentionally pay equal attention to advantages and disadvantages of change.

Here is one more example of evoking change talk with someone who is low in confidence. The counselor is talking with a middle-aged woman who is considering whether to enter a community college and vocational training program.¹⁴ She had tried to enroll once before but never completed the application process. She says she would like to get some skills and a reliable career, but then she immediately expresses some doubts about whether she can.

It matters what language you invite and strengthen.

COUNSELOR: So you tried to enroll once before and didn't quite make it through the process, but you're feeling like you want to change how you work now.

Reflecting prior change talk

STUDENT: Well, **I think I might want to**, but I don't know if I can do the paperwork and be with all the young students and do the tests.

And she replies revealing both sides of her ambivalence

COUNSELOR: You've got some doubts about whether you can do it.

Reflecting sustain talk

STUDENT: Yeah, I don't think I'm really smart enough to go to school.

More sustain talk

COUNSELOR: Hm. So part of you thinks you haven't got what it takes to make it through an academic program.

Reflecting "part of" her that has doubts

STUDENT: **I have to do something.**

She replies with change talk (need).

COUNSELOR: So you may be right about that—you might not have what it takes. On the other hand, when I was looking at your paperwork, your aptitude—you've got some pretty clear aptitude and you got your GED [General Educational Development diploma], which a lot of people can't manage to do. I feel like your paperwork is telling me that you've got some things going for you that are pretty strong.

STUDENT: Well, but the GED was really easy.

COUNSELOR: Was it?

STUDENT: Right, but I don't know about the other work, the tests and things. It's been a long time since I've been in school, so I really don't think that I'm cut out for that.

COUNSELOR: So the GED felt really easy, so that makes you kind of discount it; it doesn't really count because it was easy.

Amplified reflection

STUDENT: Well, maybe so. I never really thought of it that way. But certainly the classes have to be a lot harder.

COUNSELOR: So you kind of feel like you're in over your head, that you're not going to be able to manage.

"Coming alongside" instead of disagreeing

STUDENT: And there are all these young people around here [on campus] and I know I'd be the oldest one. That makes me really uneasy, being around so many younger people.

COUNSELOR: Right, because they probably have a lot more energy than us older people.

Straight-faced but gently teasing

STUDENT: (*Laughs.*) Well, maybe so. I never really thought of that either. (*Smiles.*)

And she gets it.

COUNSELOR: (*Also laughing*) What's making you laugh right now?

STUDENT: I feel like I have a lot of energy, but I don't know about going to school with younger people and studying. I haven't studied for a long time.

Change talk and sustain talk together

COUNSELOR: Huh. So I'm kind of seeing this list developing of all the reasons why you don't think you can do it. (*Counts them off one, two, three on her fingers.*) You can't do it because you're too old, you can't do the paperwork, you don't know if you're smart enough. So you've kind of got this list of the reasons why it won't work. And yet I'm sensing that there's another list somewhere. I don't know what's on your other list.

Summarizes the student's sustain talk and then asks for the other side

STUDENT: Well, I really want to do this.

Change talk

COUNSELOR: You do! Tell me the reasons.

Asking for more

STUDENT: **I've never really had a career in my life, and I need to find something to support myself because I can't live like this anymore.**

COUNSELOR: You've never had a career, so this feels like a big leap.

STUDENT: Oh, I've had a few different things. I waitressed for a while. Mostly just waitressing.

COUNSELOR: OK, so we've got your No list, but your Yes list is "Yes, I want a career. Yes, I need safety and want to support myself." What else is on the Yes list?

Starting a bouquet of change talk

What else?

STUDENT: Well, my friend, she told me that she did it. So she said that if she did it, I could do it, too. My sister has been telling me that I should do it, too.

COUNSELOR: So your friend and your sister both kind of believe in your ability to accomplish this.

Reflection

STUDENT: Yeah.

COUNSELOR: What makes them believe that?

Evoking strengths

STUDENT: I don't know. Maybe they see something in me that I don't?

COUNSELOR: What do you think they see?

STUDENT: **Maybe that I'm a pretty strong person.**

COUNSELOR: Huh! Now by "strong" do you mean that you lift weights?

Again, gently teasing

STUDENT: *(Grins.)* No, that **I'm determined**. Is that a right word for it?

Change talk

COUNSELOR: So you're strong in that you're determined, like when you set your mind to something you're determined to make it happen.

STUDENT: **To do it**, even though I haven't been very successful a lot of times.

COUNSELOR: But your friend and your sister
see that when you're determined to do
something you really have a lot of energy
behind it.

STUDENT: I guess maybe they see that I'm
capable of doing it.

Although the counselor in this case was a professional helper, most of this conversation could have as easily been between the student and a friend. The skills are deceptively simple—mostly reflections and open questions—but all the time the interviewer is consciously purposeful in evoking the student's own change talk as a source of hope. The tone is lighthearted and supportive. The temptation for either a friend or a professional helper is to argue with her and try to persuade her that she should enroll. Instead the student is gradually deciding, despite her reservations, that she not only needs to but also *can* do it.

MI in Groups

Human services are often delivered to groups and not just to individuals. There are group medical visits, mutual support groups, educational, counseling, and skill training groups. An obvious advantage is the potential cost-effectiveness as compared with serving one person at a time, and there can be other benefits as well. There can be synergy among participants who learn and practice together, supporting each other in pursuing change and growth.

Is it possible to provide MI in groups? Clearly, the answer is “yes.”¹⁵ The spirit and method of MI can be practiced with groups as well as individuals and can be delivered virtually via online groups.¹⁶ The *engaging* skills of MI can guide how you respond to participants and even how you encourage them to respond to each other. For example, you can establish some group guidelines to encourage MI consistency: listen to understand before responding, ask permission before offering advice, avoid labeling people or being judgmental. You don't have as much time to engage with each participant, hearing and responding to their individual stories, but the group observes how you respond to other members as well as themselves. You can also model an MI approach when responding to sustain talk and discord that emerge in the group.

Often the topical *focus* for an MI-informed group is chosen in advance. For example, MI groups have been used effectively to help people with job finding,¹⁷ weight loss,¹⁸ diabetes management,¹⁹ and reducing alcohol use.²⁰ A group MI format can also be used to help participants set their own goals for change.²¹

A distinctive characteristic of MI groups is the *evoking* task of inviting and strengthening client change talk.²² Again, a challenge here is that in groups each individual gets less talk time. As a group leader, you can pose open questions that invite change talk and have group members take turns in answering as you respond with reflection and affirmation. To give each individual more time for motivational reflection, you can assign in-session or between-session writing tasks to evoke their own change talk, then discuss these in the group. You can build a collective summary of change talk themes, writing them down for the group as they are voiced. Similarly, in the *planning* process you can invite, reflect, record, and summarize ideas for the *how* of change. Draw together broader themes of challenges, change talk, feelings, and values being expressed. There can be inspiring synergy as group members voice their own change talk about *why* and *how*. Keep group members engaged by inviting those who have been silent to speak. Realize that even while people are not speaking up themselves, change may be percolating as they listen to others in the group.

An MI approach in groups is compatible with conveying information or skill-building, helping participants to relate the material to their own situation and values. Providing information to a group is a well-worn path in many settings. Using *ask-offer-ask* (see Chapter 11) provides structure for a discussion that is lively and information-rich and that can be guided by asking questions such as, “What does this information mean for you going forward?” or “What struck you the most personally about this information?” The expression of change talk and hopes for the future are a common outcome.

Compared to a straight didactic approach, an MI group can improve client outcomes.²³ You can cultivate change with groups as well as individuals. As in individual MI, counselor questions, reflections, and affirmations can increase group change talk, which in turn predicts subsequent individual behavior change.²⁴

PERSONAL PERSPECTIVE: Vertical Ambivalence

Occasionally, one side of a person's ambivalence is not consciously perceived. One pole is in plain sight, while the other—which may be equally or more potent—has been excluded from the person's conscious awareness. In such **vertical ambivalence**,²⁵ the person is cognizant of one motivation but is not consciously aware of a strong conflicting motive. This can leave people puzzled about their own persistent behavior or overzealous about the conscious motive. I encountered this ambivalence in my clinical practice. One client, for example, longed to be warmly loved, and yet was continuously attracted to men

who were uncomfortable with emotional intimacy. The unconscious motivation may be discernible from such inconsistencies. In her case she was trying to rewrite her childhood relationship with an emotionally distant father, hoping this time to get him to love her.

How can you help people resolve ambivalence when they seem unaware of an important piece of the puzzle? It was a friend who pointed out such an inconsistency in my own life when I claimed to feel no interest in having children. “Whenever I see you in a room with adults and children,” he said, “you’re the one on the floor talking and playing with the kids. What’s that about?”²⁶ Just pointing to the paradox may not make an immediate difference, but it can set the wheels in motion. My client experienced an “aha” insight when talking about her father, but continued to feel romantically attracted to men who were unlikely to give her what she wanted. In my own case it was a few months before a crucial puzzle piece fell into place when I remembered how my own father had been emotionally devastated by my young sister’s death and realized that I had essentially lost them both that day, though he lived another two decades. In fact, I love children as he did, but I wasn’t sure I wanted to risk anything that could do *that* to a man. We now have three adopted children who are an inseparable part of our lives.

I don’t have a better suggestion for dealing with vertical ambivalence than to provide patient, empathic support, perhaps with some double-sided reflections, while they integrate what they have not quite been ready to consider. From a psychodynamic perspective, this is a matter of the appropriate timing of interpretation. Sometimes people are able to work through such vexing conflicts within a safe and empathic helping relationship like MI.

—BILL

In Chapter 11 we take up another important function of helpers: to offer information and advice, but in a particularly skillful way. Offering your own expertise—information and advice—could occur anywhere during MI. *How* you do it is as important as what you say.

KEY CONCEPTS

- Cultivating change talk
- Embedded change talk
- Experiencing (see “For Therapists: Therapeutic Evocation” on p. 181)
- Vertical ambivalence

KEY POINTS

- To person-centered engaging skills, MI adds a purposeful, directional element whereby you use specific evoking skills to move toward a clear focus or goal.
- The evoking task involves skills for recognizing, inviting, and then responding to change talk in a way that strengthens it.
- When evoking, think one step ahead: If I say this, what is the client likely to say next?

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Offering Information and Advice

There is no such thing as teaching, only learning.
Knowledge cannot be pushed into a brain; it must be
willingly drawn into the brain by the recipient.

—MONTY ROBERTS, *Horse Sense for People*

After all, when you seek advice from someone it's
certainly not because you want them to give it. You
just want them to be there while you talk to yourself.

—TERRY PRATCHETT

Skillful advice-giving is beautifully congruent with MI. Of course, advice is not the first thing to offer when practicing MI. Remember that MI is *collaborative*, respecting and evoking the person's own expertise as well as your own.

What, then, is a skillful way to offer information and advice so that the person can hear and consider it? A key is to offer it in a way that does not trigger opposition or defensiveness.¹ How best to do that depends, in part, on the nature of your relationship with the person, as well as on the cultural subtleties of language. Clear communication can be compromised by hints of threat, coercion, or patronizing. A direct attempt to convince or persuade in order to change a person's behavior or opinion is likely to evoke some resistance.

Information can be offered in a neutral way, but it becomes advice when it implies a suggestion for change. That's not necessarily a problem; the person may be seeking or at least open to advice. There is a difference between informing and advising, and the line between them can be blurry. What matters most is how the person hears and receives what you are offering. Consider these three communications from a nutritionist. The first is fairly neutral factual information:

“Your body converts carbohydrates into blood sugar (glucose) that can be burned for energy or stored for later use.”

The second contains an element of warning:

“Eating too much high-carbohydrate food can wear out your body’s digestive system and cause diabetes.”

And the third contains not only warning but an implicit demand:

“There’s no way you’re going to lose weight without cutting down on the carbohydrates in your diet.”

Information becomes advice when it implies a suggestion for change.

All three messages may be factually correct, but they contain different levels of pressure for change. Recommending change is not necessarily a problem, as the person might be inviting advice: “Just tell me the truth; what do I need to do?” The more pressure you pack into your language, however, the more likely it is to evoke pushback. Here are some ways we have found to offer information and advice so that people are more likely to hear and consider.

Get Permission

A first guideline is to offer information or advice *with permission*. Most people don’t respond well to unsolicited advice, which has been called “the junk mail of life.”² Make sure the person would welcome your knowledge or guidance. The clearest indication of this openness to advice is a direct request: the person asks you for information or a suggestion:

- “What does this test result mean?”
- “What are some ways to do that?”
- “What do you recommend?”

Such a request invites your input and implies some willingness to consider what you have to say, but remember that you’re still talking with someone who has ideas, knowledge, and wisdom of their own. Just because someone asks for advice doesn’t mean that they want or will take it.

Short of waiting for a direct request, you can also *ask* for permission to offer information or advice. Doing so is courteous and respectful, acknowledging the person’s choice in the matter.

- “How could I be helpful?”
- “Would you be interested in hearing . . . ?”
- “What would you like to know about . . . ?”

Even if you are in a position of authority (e.g., a high school principal talking to a student), asking permission can help the person listen to what you say.

- “May I share an idea I have about that?”
- “Could I offer you a couple of suggestions?”
- “If you’re interested, I can tell you several things that I know have worked for other people.”

Our experience is that people usually appreciate being asked for permission and are very likely to grant it. The act of asking permission, of course, implies that the person can say no. Don’t ask permission, then, if you feel duty-bound to provide your information or advice regardless of what the person says. In that case it’s disingenuous to ask for permission. Instead you can precede what you have to say with autonomy-supporting language. That’s our next topic.

Unsolicited advice is
the junk mail of life.

Support Autonomy

In truth, people do not have to accept the information or advice you offer. If you have children, they may remind you of this regularly. Keep this in mind and offer your wisdom graciously. Even when you have permission to inform or advise, it is wise to acknowledge the person’s freedom of choice. You can do this by prefacing what you have to say with autonomy-honoring language such as:

- “I don’t know whether this will make sense to you . . .”
- “What you decide to do is up to you, of course . . .”
- “You may already know this . . .”
- “I wonder what you’ll think about this . . .”

Like asking permission, acknowledging people’s freedom to decide allows them to consider what you have to say and avoids triggering defensiveness.³ You can even combine asking permission with respecting autonomy:

“I could tell you some things that have worked for other people, but ultimately you’re the one who decides what will make the most sense for you. Would you like to hear some ideas you could consider?”

After all, to acknowledge your client's autonomy is just telling the truth.

If you choose *not* to ask for permission, you can still honor personal choice before you proceed to inform or advise.

"I don't know if this will matter to you, and that's OK, but I want to make sure that you understand . . ."

"There's something that worries me about your plan. It may not worry you, but I want to explain what's bothering me about it."

"You don't need to agree and that's OK, but I wouldn't feel right if I said nothing."

Offer Choices

Freedom is about choices. People usually respond better when they can freely choose among options than when they are being told what to do. They are also more likely to be committed to and stick with a course of action that they have freely chosen. If you suggest just one option at a time, the almost automatic reaction is to say why it won't work—in other words, to voice sustain talk. Here's a conversation we have heard in many different forms.

DRINKER: What do you think I should do?

HELPER: Well, there are some medications that can help people quit drinking.

DRINKER: I don't want to take medicine. It's just a crutch.

HELPER: Oh, well, there are some support groups in town where people get together and help each other.

DRINKER: I've tried that. Those people are not like me, sitting around telling stories. It's a waste of time.

HELPER: I see. There's a good treatment program here where you could get an appointment right away. They're open every day.

DRINKER: I work full time and it's hard for me to get time off.

HELPER: They also offer group counseling at night for people who work during the day.

DRINKER: I don't like talking in groups, and besides I'm pretty tired by the time I get home.

It's easy to think of this drinker as being difficult, as making excuses, or as being in denial. Actually, this kind of response is a natural part of ambivalence: think of a possibility and then think of what's wrong with it. The trouble is that the helper is making the suggestions, to which a natural response is sustain talk.

Commitment
to freely chosen
options sticks.

A different approach is to offer several possibilities and ask the person to consider and choose among them. Rather than asking, “What do you think about this possibility?” offer the option to choose freely among several alternatives. The approach can sound like this:

“There are many different things you can try if you want to. Let me mention just a few. There are some medications now to help people quit or cut down drinking, and good counseling is also available to fit within your schedule. There are groups in town where recovering people get together to support each other. If you like to read, there are helpful books or websites I can suggest. Which of those do you think might appeal most to you?”

People are more likely to give true consideration to the options when they’re presented in this way. That’s because critiquing one option involves a different mental process from considering and choosing freely from a menu of possibilities. Here’s another example from health care with a person considering how to decrease her high blood pressure:

“There are quite a few things you could choose to do that would make a difference. As I describe some of them, consider which of these might be most acceptable for you. One good option for you would be to quit smoking. (*Without pausing*) You could get more regular exercise, lose some weight, make some changes in your diet or cut back on salt, caffeine, or alcohol. There are also some medications that could help. Often, what works best is a combination of healthy changes. Of the things I have mentioned so far, which ones do you think would be possible for you?”

Ask–Offer–Ask

Information and advice are easier to digest when surrounded by good listening. That’s the thinking behind the *ask–offer–ask* (AOA) approach in MI. Instead of giving a lecture, start by asking and listening. One possible *ask* is for permission:

“Would it be OK if I mention a few possibilities?”

“I wonder if you’d be interested in hearing a little more about . . .”

“How might I be most helpful to you?”

Another good starting point is to find out what the person already knows or wants to know:

- “What do you already know about . . . ?”
 “What would you like to know more about . . . ?”
 “What have you already tried so far?”
 “What questions do you have about . . . ?”

This approach helps you avoid telling people what they already know or suggesting things they have already tried.

After an opening *ask*, you then *offer* a bit of information or advice—not a whole lecture, just a starting point. Then you *ask* again, checking on the person’s understanding or reaction. Another way we explain this approach is to offer a *chunk* of information and then *check* in with the person. You then repeat this, and soon it becomes a natural rhythm of dialogue. All you need to do is pause a little after each bit and the person responds to it; then you listen well before moving on to another chunk. Here’s an example of a conversation with a parent in preparation for planned divorce mediation:

- | | |
|--|--|
| <p>MEDIATOR: As you know, both you and your spouse have agreed to mediation regarding child support and custody. To start with, may I tell you how I plan to work with you?</p> | <p><i>Asking permission</i></p> |
| <p>PARENT: Fine.</p> | |
| <p>MEDIATOR: First, I would like to meet with each of you individually to understand more about your own situation. That’s what I’m doing now. That way you can each tell me privately what your own wishes and concerns are. Does that make sense to you?</p> | <p><i>Offering information
(chunk)</i></p> |
| <p>PARENT: Yes, I’m glad I can talk to you separately. When both of us try to agree about this, it gets too emotional.</p> | |
| <p>MEDIATOR: And that’s perfectly normal. When two people care deeply about their children, it’s natural for feelings to run high.</p> | <p><i>Asking (check)</i></p> |
| <p>PARENT: I just get so upset. I think we both want what’s best for the children, but we have a hard time agreeing about what that is. We just end up arguing.</p> | |
| <p style="text-align: right;"><i>Even without asking,
an AOA rhythm begins</i></p> | |

- MEDIATOR: And that's our purpose here, to arrive together at a plan that will be best for your children and for both of you as well. So what do you hope for in terms of the time you will each have with your children? *Offering information*
- PARENT: I definitely want them to have quality time with each of us on a regular basis, probably every week. The big issue is that I want them to live with me.
- MEDIATOR: And a custody agreement is part of what we will be working on together. I hope we can come to a mutually agreeable arrangement to present to the court. *Offering information*
- PARENT: I hope so, too.
- MEDIATOR: What would you prefer about their schools this spring? *Asking*

AOA becomes a natural back-and-forth rhythm, with the mediator regularly hearing the parent's responses.

Here is another example of AOA, this time from an interview with a woman referred by her physician in relation to experiencing listlessness, low energy, and disturbed sleep.⁴ It became clear to the interviewer (Bill) that the woman's experiences fit a pattern of major depression, for which there can be many causes.⁵ It seemed that just talking or even thinking was an effort for her, so she was not as verbally responsive as a less depressed person might be. Bill combines an AOA approach with a description of options—in this case, various possible causes of depression.

Start by asking
and listening.

- BILL: (*a few minutes into the interview*) What do you know about depression? *Eliciting what she already knows before offering information*
- CATHY: I don't know, I guess it seems like a lot of people take medication for it these days.
- BILL: That's one possibility. So you've heard of people being depressed and some of them taking some kind of medicine to help them with it.
- CATHY: (*Nods in agreement.*)

BILL: And what else do you know about depression already?

CATHY: I don't know, I guess that it affects people's daily lives—affects the people around them if the people aren't acting normal—the depressed people, that is.

BILL: *(after a few more minutes of conversation)* Well, I can see why Dr. Rodriguez wanted you to talk to me, and it does sound like you've got some of the signs of depression. I don't know how that sounds to you or what you make of that, but the kinds of things you're reporting are common changes that people experience when they become depressed. I just wonder what your reaction is to even hearing that word.

Offering on opinion

And asking for her response

CATHY: It makes me feel like something's wrong with me.

BILL: Yeah. It's not a pleasant thing to hear. You can feel that something's wrong, but the question is, "What's going on here?"

CATHY: *(Nods silently in assent to each reflection.)*

BILL: And this is the first time that you've experienced something like this, so that's kind of unnerving, too. You'd like to have your energy back. You'd like to be sleeping better, be concentrating better at work, and be taking good care of that new puppy.

Reflections of things she said earlier in the interview

CATHY: *(still nodding silently)*

BILL: And how have you been feeling, also, not just physically but emotionally; what do you notice?

Open question

CATHY: I don't feel very excited about things right now. There's nothing I'm really looking forward to.

BILL: So things you normally enjoy just don't seem that attractive to you.

CATHY: Yeah.

BILL: That's pretty common, too. I wonder if it would be all right if I talked to you a little bit about some of the kinds of things that can contribute to depression and just get your sense of what might be going on because I don't know at this point, but depression is something that can come from a whole variety of different places. So let me just tell you a little bit about this.

CATHY: (*Silently nods OK.*)

BILL: One of them has to do with thinking. So sometimes people find that they're very hard on themselves. They find they're just kind of talking to themselves in a way that's pretty hurtful and are running themselves down in that way; those thoughts are just kind of there a lot. So it's kind of being your own worst critic, in a way.

CATHY: (*silent*)

BILL: Sometimes you're in a period of what I call "low positives." Sometimes it's just that there's not a whole lot of good things going on in a person's life. You're not getting much in the way of "warm fuzzies" from other people. Things aren't going so well. There's nothing that kind of gives you that daily vitamin or that feeling of getting some place.

CATHY: (*Remains silent, listening.*)

BILL: Sometimes it can have to do with relationships or with being isolated, which is kind of related to low positives. If you're spending a lot of time alone, there's no one there supporting and helping you in that way. Sometimes people are kind of angry about things, but they keep it to themselves and do not express it so much.

CATHY: Mm hmm.

Introducing an ask-offer-ask sequence, first asking permission, and suggesting a collaboration of their expertise

Giving permission

A first offer (Option 1)—one possible option that can contribute to depression

Bill decided to continue with the list, though it might have been better to ask about each one.

Option 2

Option 3

Option 4

BILL: And then sometimes it just seems to come out of nowhere. There's nothing going on in life in particular that makes sense of it, but it just seems that something biological is going on. So what's your hunch? Which of those possibilities would you bet on as being important? And it can be more than one, of course.

Ask

It would have been good to ask if any other possible cause occurred to her.

CATHY: I don't know, maybe the relationships.

She adds another idea of her own.

BILL: Uh huh, so maybe relationships.

CATHY: And I don't feel as successful as I should be at this stage in my life, so maybe low positives.

BILL: And that would have been true even before you started feeling you were in a slump; is that right?

An open question to invite her more active engagement

CATHY: Yes

BILL: OK, well that's helpful. Tell me a little about relationships. Who are the people important in your life, and what's going on with them?

From here, Bill continued listening. There didn't seem to be much need to strengthen motivation for change. The *why* of change was apparent from her presentation; she was suffering and seeking relief. Thus, they began exploring possible first steps (the *how* of change), once again asking for her own thoughts about each, and offering encouragement that depression is very treatable.

In sum, it matters *how* you offer information and advice. Find out if the person is interested in hearing it. Remember and honor the individual's autonomy and offer choices. Pay close attention to how he or she is responding to what you offer and adjust what you say accordingly. By listening well both before and after offering information or advice it can be seamlessly woven into MI.

Listen well both before
and after you offer
information or advice.

PERSONAL PERSPECTIVE:

Skillful Advice Giving—An Experience That Changed Me

A confession: when we first developed MI, I saw it a bit like the polar opposite of giving advice. Looking back, we were actually talking about unskillful direction to persuade someone to change, using information, advice, confrontation, or whatever was at the practitioner's disposal. As a patient, I received some skillful advice, and I began wondering how this tied in with MI. Then a single experience brought it all together for me.

I was supervising several nurses who were experienced in using MI with pregnant teens living in areas of high deprivation. "What would you do," I was asked, "with the young Mum I saw today? The baby was 2 weeks old and she was spoon feeding him yogurt and other things to fill him up so he would sleep well. Surely I have to give her advice, but this would not be consistent with MI, right?"

My response was to suggest that she could and should give her advice, at which point the inevitable happened: "Show us"! So we set up a practice, while the nurse who was to role-play the mother stepped out of the room and they briefed me about what the mother was like. Then I engaged with her, asked her what she felt about this approach to feeding, and requested permission to give advice and use an ask-offer-ask framework. We all noticed what this chapter has highlighted: she came around to expressing her concerns and desire to take a different approach.

—STEVE

Thus far in Part III, we have emphasized how to recognize, evoke, and strengthen change talk, and in this chapter we have provided a skillful way to offer information and advice in an MI-consistent manner. But what do you do if there seems to be no change talk to evoke and if the person doesn't appear to be ambivalent? That's what we will discuss in Chapter 13, and then, in Chapter 14, we will turn to MI-consistent ways of responding to resistance. Before we do, however, Chapter 12 carries MI forward to helping people implement and persist in a change plan.

KEY CONCEPT

- Ask-offer-ask (AOA)

KEY POINTS

- A key in offering information and advice is to do it in a way that does not trigger defensiveness or opposition.
- Remember that MI is *collaborative*, respecting and evoking the person's own expertise as well as your own.
- Offer information or advice with permission and in a manner that supports autonomy, and when feasible, offer choices rather than one option at a time.
- The ask–offer–ask method provides information within the contexts of asking for and listening to the client's perspectives.

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Supporting Persistence

If you do not change direction, you may end up where you are heading.

—LAO TZU

My heroes are the ones who survived doing it wrong, who made mistakes, but recovered from them.

—BONO

From one perspective, MI is complete once there is a change plan in place to which the person is committed. Viewed in this way, MI might be done as a preparation for change to prime the pump. We have ourselves voiced this view at times: that one lets go of MI when it is time to move on to implementing a change.¹

Yet, many helpers who have learned MI often do not experience their work in this way, that MI is disconnected from the rest of what they do. The spirit and methods of MI can be more generally useful in a helping relationship. Indeed, Carl Rogers argued that a person-centered way of being with people is not only necessary but also sufficient to promote change.² Thus, at least some aspects of MI may permeate one's work as a helping professional. Furthermore, change is often not a linear process. From the client's perspective, a decision is just the beginning of change.

This chapter focuses on how the four tasks of MI can continue to be useful once you have arrived at an initial change plan and the person has decided to proceed. After all, "no battle plan ever survives first contact with the enemy,"³ and the potential enemies of a change plan are many. People encounter both anticipated and unanticipated obstacles. Motivation for change fluctuates over time. Life happens, and aspects of what seemed a good plan don't work.

A decision is just the beginning of change.

Continuing to support people throughout the process of implementing change can be an important part of the planning task.

Before proceeding, we emphasize that some people want and need little or no additional help once they have decided to make a change. This was one of the unexpected findings of our early research, that MI by itself often triggered change without any further treatment. In retrospect, this finding should not have been surprising, for ultimately it is the clients themselves who carry out any change. Some people, however, do want continuing support and assistance through the process of change. The style and spirit of MI remain useful if you use other methods to facilitate people's progress through the implementation of change. The interpersonal helping skills of MI remain important when other services for change and growth are being delivered.⁴

PERSONAL PERSPECTIVE:

Learning How to Do Behavior Therapy

The clinical training program at the University of Oregon strongly emphasized behavioral approaches to psychological treatment, although we were also guided in learning the client-centered style of Carl Rogers. Each clinical faculty member had an active lab group to implement behavior therapy and research in a particular problem area. This gave us far more than lecture and reading knowledge of therapies. We had the opportunity to try out our new skills in supervised community clinics, observe each other's work, and discuss our practical experiences and challenges with peers and mentors every week.

One of the first labs in which I participated focused on behavioral family therapy. I understood the basics of how parents can track their children's behavior and reinforce the right stuff.⁵ Yet when I tried to help families do this, I ran into many obstacles. Homework was a problem not only for children but also for their parents. They would come back to sessions with incomplete or no records. Reading assignments weren't done, and even when children's behavior was improving, the parents might still view them pessimistically. I was doing what the textbooks said to do, and it just wasn't working.

Then we had the privilege of going over to the Oregon Research Institute to observe how Gerald Patterson, the grandfather of behavioral family therapy, conducted one of his family sessions. He used the procedures he had described in his books,⁶ but he was also doing much more. He was a warm, engaging, compassionate man who listened empathically to his clients' concerns and problems. He spoke in simple language that people could understand, and families loved

him. They did what he suggested in part because of who he was as a person. So often, therapist manuals do not address these important relational aspects of practice. “Oh, so *that’s* how you do it!” I thought. He let us hear the music behind the words. I went back to the clinic and tried practicing in that way, incorporating what I had learned about a person-centered approach, and it worked much better. I found a different way of practicing behavior therapy, leading later to research on how empathy impacts client outcomes.⁷

—BILL

Persisting with a Change Plan

Some changes are accomplished quickly, but many do require sustained attention and effort over time. Overweight people yearn for rapid weight loss, but stable reduction may consist of a pound or two per week over many months, accompanied by permanent lifestyle changes to promote maintenance. Overcoming depression or relationship problems can also take time. Effectively changing some conditions can require persistence in difficult, uncomfortable, or painful procedures.⁸ Medication adherence may necessitate enduring some unpleasant side-effects for a period of time. While what a person needs to do may seem clear, it is often less clear how one can best support them in the required persistence.⁹

Then there is the problem of a setback. Someone is making good progress when suddenly something happens. It might be a family crisis, an unexpected visitor, an accident, or a loss. Sometimes it is simply a recurrence of old behavior patterns: the New Year’s resolution problem. When people set up an absolute black-or-white perfection goal for themselves (e.g., I will not eat sweets), the first rule violation can trigger a breakdown in self-control.¹⁰ Once the rule has been broken, it can seem there is nothing to lose. The very term *relapse* is a pejorative label implying that there are only two possible outcomes: perfection or relapse.¹¹ It can be helpful to catch these setbacks early, normalize them, and keep them from derailing the person’s entire plan. Early support can be helpful in maintaining change.¹²

Early support through setbacks helps maintain change.

Some changes also entail larger shifts in lifestyle or sense of self. Being a nonsmoker is different from thinking of oneself as a smoker on temporary leave. In order to support changes in their children, parents may need not only to do some things differently but also to reconsider what they think about and expect of them. A significant lifestyle change can have unanticipated consequences and pose new problems. Decision points also

arise about whether it is better to continue pursuing change or to accept what is. Members of Alcoholics Anonymous seek “the serenity to accept the things I cannot change, courage to change the things I can, and wisdom to know the difference.” Ongoing support can be helpful when encountering such oft-unexpected aspects of implementing change.

The Spirit and Style of MI

At the broadest level, the same relational spirit underlying MI can support persistence in a difficult change process. The person-centered skills of empathy,¹³ positive regard,¹⁴ and genuineness¹⁵ are linked to positive change in clients. Rather than falling into a directing style when difficulties arise, you can continue to evoke the person’s own wisdom and solutions. Affirmation and self-affirmation can bolster confidence and persistence.¹⁶ Imperfection can be reframed as partial progress, affirming that headway that has been made.

An MI style also supports client ownership of the change process. Whose plan is it that is being implemented? What will it take to carry it out? Given people’s expertise on themselves, what would they see as a reasonable next step? In a sense, all change is self-change to which helpers are privileged witnesses and facilitators.

Person-centered skills support change.

Flexibly Revisiting MI Tasks

In Chapter 2 we emphasized that the four tasks of MI are not a one-way linear sequence. It is common to revisit these tasks in the course of implementing change. Here we consider how one might return to each of the four tasks to support persistence in change.

Replanning

Perhaps the most common revisiting during change is to the planning task. Something seems to be wrong with the plan, or at least it needs some adjusting.

A good question is often “What next?” Changes typically consist of successive approximations, a series of small steps in the right direction. People are easily overwhelmed when thinking about a larger change goal, but they can more readily entertain one small step. Coming up with the right next step can be a co-planning task, combining your own expertise with the person’s own. Of course, ultimately it is up to the person whether to take a step; that is the person’s prerogative and autonomy. Even though major negative consequences may ensue, they do not “have to” take action. It is always a choice. What’s the next step?

Another common question is, “What now?” This question commonly follows a setback, an unexpected interruption or obstacle to change. Is some adjustment needed in the plan to prevent such setbacks in the future? How will the person get back on track?¹⁷ Such challenges call for some replanning.

Then we might ask, “What else?” If one approach is not working, what could be tried instead? What else might work? Here the old plan may be scrapped rather than adjusted, and a new plan can be formulated for pursuing the same goal(s).

The methods described for planning in Chapter 7 also apply to replanning. Don’t succumb to the fixing reflex or over-rely on a directing style. Developing a change plan is a collaborative process, and the person’s own ideas and resources are key. When a new plan emerges, offer a reflective summary of the plan and ask for the person’s assent to it. Explore any reluctance that they express verbally or nonverbally, and ask how they might respond to foreseeable obstacles. What’s next? What now? What else?

Re-Evoking

Sometimes the obstacle to change is wavering commitment to the goal. Whose goal is it? Even with a plan that is sound, it is at times common for people to feel less sure about whether to pursue the goal that it was designed to accomplish. Revisiting the evoking task can be a kind of reminding, bringing back to mind the power of choice and the reasons behind it in order to renew motivation. A simple checking-in process of “Is this still what you want (need, choose) to do?” may indicate whether to revisit evoking. Clients may need to hear their own change talk again. This could be a summary of change talk that they previously offered. Avoid a “Let me remind you . . .” tone that blatantly confronts the person with discrepancy. You might begin, “Let me see if I can remember what reasons you gave me for making this change, and tell me if these things still seem important to you.” You could revisit the importance ruler to assess whether there has been a shift in self-rating, and again evoke why the person is at that number rather than zero.

Sometimes it is slippage in confidence that undermines importance. Some failed attempts may diminish self-efficacy for change. It is simply uncomfortable to continue attending to a discrepancy when a person is unsure about whether it is even possible to do anything about it. Doubts about self-efficacy may prompt the person to rationalize that the goal really wasn’t all that important or realistic. The confidence ruler may provide clues in this regard, and tools to address a crisis of confidence may come in handy (Chapter 6).

The purpose of re-evoking is to review and renew the person’s intention to pursue the identified goal(s). Is that still the direction in which the

person chooses to move? If so, then return to the planning task to consider how best to proceed, and as appropriate elicit an implementation intention. If not, then a refocusing task is probably needed.

Refocusing

Over time, it is common for the focus to shift. Achieving one goal can open up another. Efforts to change may reveal a more pressing or underlying concern that requires attention. People may decide not to pursue a goal that previously seemed important. Changed circumstances can alter priorities. When it is the goal itself that needs adjustment (not just renewing commitment to it), then refocusing is the task.

If the person does not present a salient alternative focus, you may need to clarify priorities. The values exploration approaches discussed in Chapter 9 may be helpful in this regard. Focusing is a choice task. What will you be talking about together? Is it possible to move together toward particular goals? When a focus is clear, move on to evoking and planning.

Is the person avoiding change by finding something else to focus on instead? This is, of course, their prerogative—to choose not to pursue a particular change for the time being. Is the person, in fact, deciding that another focus is a higher priority than the previously discussed change? Our inclination here is just to discuss this openly and directly. It is a person's own domain to decide what kind of change (if any) to pursue. If you are concerned that the person may not be aware of their desire to avoid change, raise your concern (with permission). This should not be done in an accusatory fashion ("You're just avoiding what you really need to do because it's hard"), which reverts to the expert model that implies you know better than the person does. The point is to make their autonomous choice conscious and explicit, not in a blaming or shaming way, but recognizing and honoring the person's power of choice.

It is also possible that a client is considering whether to continue working with you. In that case, the appropriate process may be reengaging. Engaging issues are also important to monitor when at least one focus of consultation is non-negotiable, as in probation or child protective services.¹⁸

Reengaging

When a client seems to be disengaged or disengaging, it is a good time to revisit the engaging methods described in Chapters 4 and 8. Regular feedback from clients after each visit can provide early warning signs of disengagement.¹⁹ Without engagement it is difficult to make much progress with the other MI tasks.

Take the initiative when there are signs of disengagement. OARS skills are important here. If a client misses an appointment, get in touch to renew

contact. A simple phone call or other message can express your continuing commitment to a helping relationship. Ask for the person's advice as to how you could be more helpful or supportive in the change process. If reasonable engagement is reestablished, move back to refocusing.

Take the initiative
when there are signs
of disengagement.

Another good service is to follow up with people after a period of consultation has ended. Many kinds of change do require persistence over time, and people are often slow to reengage when problems arise. With addictive behaviors, for example, it is very common for setbacks to occur within 3–6 months after initial consultation; routine follow-up contacts at that time may avert the reversal of gains. Similarly, continuing supportive contact can be vital with lifestyle changes to address diabetes, weight loss, heart disease, and other long-term self-management challenges. A simple checking in can be appreciated following a significant crisis, decision, or medical procedure.

Integrating MI with Other Interventions

Because MI is a particular way of having conversations about change, it can be integrated with a wide range of specific treatment methods. It has been combined, for example, with cognitive-behavioral,²⁰ acceptance and commitment,²¹ gestalt,²² psychodynamic,²³ self-determination,²⁴ spiritual,²⁵ and transtheoretical²⁶ approaches. MI has also been used to enhance retention and adherence with dental,²⁷ medical,²⁸ pharmacological,²⁹ and psychological therapies.³⁰

MI can be more than a prelude to other interventions. It is applicable throughout the stages of change to facilitate engagement, focus, and motivation and to adjust planning in response to challenges that arise. MI also overlaps substantially with provider skills that have been shown to improve treatment outcomes.³¹ Integrating MI with other approaches makes more sense to us than regarding MI as an alternative stand-alone treatment to compete with other approaches.

MI is applicable
throughout the
stages of change.

PERSONAL PERSPECTIVE: On the Sense of Self

I recall a time when I wanted to change a long-standing behavior. With quiet reflection and some time with a professional, what ultimately helped was a realization that I was “filling a hole in my soul” with the behavior. Once I accepted that this was what I was like, it seemed

easier to engage in the behavior less. I was beginning to accept myself more; it felt like there was less fighting in me. Maybe this was a natural maturing process? It was incredibly helpful to have a little space with a professional who let me wonder aloud what change might be like and who enjoyed with me the easy feeling when I made some progress. It wasn't just about the behavior but also about my sense of who I am!

—STEVE

KEY POINTS

- The core style of MI can be useful throughout the implementation of change as, for example, in supporting persistence.
- Integrated MI involves flexible revisiting of the planning, evoking, focusing, and engaging tasks as needed.
- MI combines well with a variety of other treatment approaches and may enhance retention and adherence.

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CHAPTER 13

Planting Seeds

A mediocre farmer grows crops; a good farmer grows soil.

—JAPANESE PROVERB¹

What if, despite your best efforts, there just doesn't seem to be any change talk to evoke? What if you don't find any motivational seeds in the soil for you to nourish? Some people really aren't ambivalent about their current situation. Even though they may be aware that others are concerned, it could be that they haven't even thought about changing, or perhaps they have given up and see no point in trying. This is called the *precontemplation* stage in the transtheoretical model of change.

In our experience, people who at first seem to be unmotivated (in precontemplation) often are not. Underneath they are ambivalent. Part of them knows that a change would be a good idea, but they have been defending themselves against such thoughts and perhaps against caring people who tell them why they ought to change and how to do it. If there is some ambivalence to be found, then good listening, engaging, and evoking strategies may well encourage change where prior persuasion has not.²

But let's assume that there genuinely is no ambivalence to unearth. In this case, your fixing reflex might prompt you to try convincing or confronting:

"But can't you see that . . . ?"

"Don't you care that . . . ?"

You might be inclined to argue, warn, or persuade. Such confrontation is notoriously ineffective in changing behavior. Within families or other close relationships, it can turn into pleading, nagging, or threatening.³

Confrontation is notoriously ineffective in changing behavior.

Another temptation might be to give up. In addiction treatment, people who were judged to be unmotivated or in denial were sometimes told to go away, continue drinking or using, and come back if and when they had “suffered enough.”

Families were also advised incorrectly that there was nothing they could do until their loved one was ready to change.⁴ Now we know better. Motivation for change is not something residing inside the person that can be measured like a fuel gauge. Motivation can be nurtured in relationships, and doing so is part of your job as a helper.

If someone truly seems to have no ambivalence about what concerns you, you can try planting some seeds that may sprout later. Such seeds are more likely to grow in the soil of a trusting relationship. The engaging skills of MI are important here—asking open questions with curiosity, listening with empathic acceptance to people’s perspectives, acknowledging and affirming their autonomy and strengths. You may also be able to offer information that will raise some doubt about the status quo, doing so in a way to open up consideration rather than shutting it down.⁵ In essence, you are hoping to *create* some ambivalence.

Exploring What the Person Already Knows

Before introducing new information, explore what people already know but perhaps have not integrated into their choices. Such a challenge arose in a prenatal care clinic talking with pregnant women who were still drinking alcoholic beverages.⁶ The fixing reflex temptation, of course, would be to lecture them about the very real harms that can come to an unborn child exposed to alcohol *in utero*. Instead, the staff began by asking the women what they already knew about drinking during pregnancy. As it turned out, the mothers already knew much of what would have been in the lecture, but now they were voicing it themselves. You will again see here the ask–offer–ask structure (described in Chapter 11) as a way of planting seeds.

NURSE: So tell me, what do you know about the effects of alcohol when you’re pregnant?	<i>Ask</i>
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MOTHER: It relaxes you?

NURSE: Yes, you can feel some relaxation; but what do you know about the harmful effects of alcohol on you or your unborn child?	<i>Offer</i>
	<i>Ask</i>

MOTHER: Oh, I don't know. I've heard that your baby can be born small or early, like if you smoke.

NURSE: That's right! Babies exposed to alcohol in the womb are often born small, and sometimes they never catch up in size. *Offer*

MOTHER: Really. Like they stay smaller.

NURSE: Yes, it happens. Does that concern you? *Offer, ask*

MOTHER: Yes, I guess so. I heard they are born smaller but not that they stay that way.

NURSE: What else do you know? *Ask*

MOTHER: Something about it could affect the baby's brain, like their intelligence.

NURSE: Uh huh. That's a real possibility, too. There is a whole range of permanent things that can happen, called fetal alcohol effects. I can tell you more about those if you want. You do look concerned about that. *Offer*

MOTHER: I want my baby to be healthy. *Change talk*

NURSE: Yes, of course you do. So do I.

The intent here is not to scare or shame the mother. You're exchanging information. Fear and shame tend to shut people down rather than opening up to uncomfortable information. The hope is to help her integrate what she already knows, hearing herself say it aloud in the presence of a compassionate companion. The engaging skills of MI remain important here in how you respond as people have these uncomfortable conversations.

Fear and shame
tend to shut
people down.

Exploring What Others Know

If other people in a person's life are expressing worry even though the client is not, you can ask with curiosity why they might be concerned, and then listen well. Here is a segment from a first interview with a man whose wife was threatening separation because of his drinking.⁷ He personally perceived no problem with his drinking, so I (Bill) explored what concerns his wife might have. This is a few minutes into his first interview, and I was having no luck evoking any change talk from Peter.

BILL: I don't really want to get stuck on the "problem" label because sometimes that's difficult, and people get stuck in "Well, I don't have a problem" or "I do have a problem." I'm more asking you just to tell me about your drinking, anything you've noticed about it, and maybe what are the things that she comments on, also—what are the things that she's concerned about?

Open question

PETER: Well, one of the things that I can tell you there is she's always telling me that, she tells me that I always have a drink in my hand of some kind. When we're together that's sort of the way she sees me, is that I would have a drink in my hand. And she even went so far as to tell me one time that if I were to have my portrait painted with some kind of object that would really sort of sum up me, you know, like kings have their portraits done with scepters and that kind of thing, that I would have like a beer can in my hand. She told me that once, and I got upset at that. I laughed at it, but then later on, the more I thought about it, the more I got upset about it, and she seems to think that I've always got one, and that bothers her. She says she's tired of seeing me that way.

BILL: One of her concerns, it sounds like, is amount, just kind of how often you drink, or how often it's there.

Reflection

PETER: She tells me all the time that I drink too much—too much, and she always told me too much before she picked up the "alcoholic" thing and started telling me that. I think she was afraid to tell me that, and so the first part was just, "Too much, too much, too much."

BILL: Or it sounds like maybe it built to a point that she felt like she wasn't getting through, and this is the bigger gun, you know. "Well, maybe you're an alcoholic."

PETER: Oh yeah, yeah.

BILL: And in fact, you're listening now, so . . .

PETER: Yeah, I was surprised when she said that, because it did come out of the blue, and she never had used that word before.

BILL: Now why would she think that? Any idea what else, besides the amount of drinking, is she responding to?

Open question with curiosity

PETER: She probably thinks that it runs in my family. I was always told by my dad that my grandfather, his father, had a problem with alcohol, and she knew that because she's been around my folks enough for some of the talk about that to have rubbed off on her, maybe. And so she would tell me things like, "Well, you know it runs in your family, and so look at you. You're drinking too much and so it runs in your family, and you're an alcoholic."

BILL: So some things she's worried about are the amount of your drinking, and then there seems to be a family history of some kind, and that is associated with some increased risk, so maybe she's worried about you in that regard, too. What else might she be noticing, do you think?

Starting a bouquet

Offering information

PETER: (*pause*) Other than that, I don't know what she'd be noticing. I've never been in any real trouble because of it, or anything like that, you know, so it's not like there's any big deal that happens, like I come home raging drunk and tear up the house, or anything like that, or fall down the stairs, or something like that. I've never had anything like that happen to me, so there's no really big thing that goes on.

BILL: Not public events. You're not identified as having a problem by other people. Other people don't say to you, "Gee, I'm worried about you."

Reflection

PETER: She's one of the two people that's told me that, she thinks that I've got a

problem. Only two people have told me that. None of my friends have ever told me that. I've never heard anything from my colleagues at work about that. Nobody's ever said, "Hey, Peter, maybe you've got a problem" or something like that. She's the one that harps on it all the time.

BILL: And the other one was the priest?

Closed question

[Peter previously told me that his wife had spoken with their parish priest who expressed concern.]

PETER: Ah well, three if you count the priest. The priest told me that, and my grandmother, when she was alive, used to tell me that. But that was when I was in college. I was kind of rowdy in college, and she didn't approve of that, and she mentioned some things to me about my drinking when I was in college, but she and my wife are the only ones in the family that ever told me anything like that.

BILL: And is she the one who was married to the grandfather who had a problem with alcohol?

Closed question

PETER: Right.

BILL: OK, so she naturally had some sensitivity and some concerns in that area. You were drinking more in college than now, you think?

Closed question

PETER: No, I don't think so.

BILL: About the same?

Closed question

PETER: Ah boy. No, maybe more now. That would be a possibility, that maybe I drink more now. Back in college it was like at parties and stuff.

This interview with Peter took place even before I had met Steve Rollnick in 1989, and I recognize rough spots. When I listen to my more recent samples of MI, I continue to see room for improvement, but it's encouraging to see progress over time.

Interviewing someone about others' concerns is done with curiosity

and interest. Be careful not to be thinking “gotcha” in this situation. Asking closed questions—which I was doing too much of here—can lend a feeling of being cross-examined. It’s not about catching people, getting them to “admit” or feel bad. The conversation is already potentially uncomfortable. As with the nurse example above, the hope is to help Peter integrate what he already knows but had compartmentalized in a “no problem” mental box. MI can help people to rethink, reconsider, open up to new perspectives. Some helpers seem to believe that people will change if they can just feel *bad* enough about themselves. As discussed earlier, it is

MI can help people open up to new perspectives.

much easier to take in potentially threatening information when experiencing acceptance. In MI you are inviting people to look in the mirror in an atmosphere of safety and acceptance and to allow what they see to change them.

FOR THERAPISTS: Beware Pathologizing

Those of us trained in mental health professions are appropriately schooled in all the things that can go wrong in psychological functioning. We memorize diagnoses and their symptoms and we study ways to help people recover. Fair enough.

Be careful, though, not to overinterpret clients’ reluctance about change. Ambivalence is a normal human response to deviations from the familiar. For decades in the 20th century, the addiction treatment field was mired in inaccurate but entrenched beliefs that people with substance use disorders were rife with immature and pathological defense mechanisms. Very normal client reluctance that is just one-half of ambivalence was interpreted as resistance, rationalization, and denial. Unfortunately, the prescribed response was to argue and confront aggressively, which predictably led to more “resistance,” thus confirming the diagnosis. In our own first two editions of *Motivational Interviewing*, we labeled as “resistance” what we now recognize as sustain talk and discord.

It has long been known that observers tend to attribute what other people do to stable, dispositional traits, whereas the actors themselves perceive that they are reacting to situational factors.⁸ Trained as deficit detectors, we can naturally attribute client behavior to pathological internal causes. Among the things that 40 years of experience with MI have taught us is that client in-session behavior is interactive and can quickly change depending on what we are doing as therapists. It has become clear that “resistance” and “denial” can often be dialed up and down like the volume on a radio depending on the therapist’s

behavior. So can motivation for change. So when you begin to make stable, internal attributions of what a client is doing, step back and consider how you may be contributing to it.

Offering Your Own Expertise

So far, we have discussed *developing ambivalence* by exploring what your client already knows or what significant others think.⁹ As a trusted helper, you can also offer your own expertise—what you see and what you know about it. You can also express your own concern as an opinion. Sometimes empathic advice from a credible source is enough to trigger change.¹⁰ Here's an example.

FRIEND 1: I notice that your feet are really swollen.

FRIEND 2: Yeah, that's why I'm wearing sandals.

FRIEND 1: What do you think is going on?

Open question

FRIEND 2: It's been really hot outside and I've been in the sun.

FRIEND 1: Maybe it's just the heat or some sunburn.

Reflection

FRIEND 2: It doesn't hurt. I'm fine.

FRIEND 1: Well, I'm concerned for you. Is it OK if I tell you why?

Asking permission

FRIEND 2: OK, but I'm fine really.

FRIEND 1: I'm not a doctor or anything, but I do think you should have that looked at. This isn't the first time I've seen your feet swelled up like that, and it might be something more serious. I've seen swelling like that when people have heart problems. It's up to you, of course [emphasizing autonomy], but I hope you'll get it checked. I care about you.

Empathic advice from a credible source can trigger change.

Gathering Information and Giving Feedback

Yet another way to develop ambivalence when people seem to be unambivalent is to gather more information. Here your goal is to foster the person's openness to finding out more without making a commitment. Using MI,

you can encourage the person to learn more, and the AOA method is a good way to go over such information if the person is willing. Again, this should be done within the context of a trusting, nonjudgmental relationship where you have taken time to engage and allow the person to experience that talking to you is safe.

For example, we developed and advertised a free “drinker’s check-up” for people who wondered whether their alcohol use might be harming them.¹¹ The check-up included a range of measures—questionnaires, blood tests, and cognitive tests—that are sensitive to the early harmful effects of heavy drinking. We made it clear that this was not a treatment program and that what they did with the information they would receive was up to them. This kind of feedback can be particularly engaging for people because, rather than general facts, it provides personal information about their own health. After the check-up, we gave them feedback relative to norms in an AOA style, always listening to the drinker’s own perspectives. Virtually everyone coming for the check-up received potentially concerning results. An unanticipated lesson from these studies: if you wonder whether alcohol is harming you, it probably is.

Here is an example of a feedback session after the check-up. Given the amount of information to be conveyed, the interviewer necessarily does more talking than is usual in MI. A key is how the interviewer responds when a client objects to or disagrees with the information provided.

INTERVIEWER: You will remember reconstructing a calendar of your drinking, and we used that information to calculate the number of standard drinks you have in a typical week. A “standard drink,” by the way, contains half an ounce of pure alcohol. That’s about 10 ounces of beer, 4 ounces of wine, or 1¼ ounce of liquor, depending on the proof or strength. What you reported for a usual week adds up to 19 standard drinks. Based on national survey data, that puts you at the 98th percentile for adult American women. In other words, if you randomly picked 100 American women, you would be drinking more than 97 of them. You look surprised by that. Does it surprise you?

Offering information

Ask

CLIENT: Yes! That can’t be right. I don’t drink that much.

INTERVIEWER: It's not what you expected to hear. *Reflect*

CLIENT: I remember the calendar, and maybe I overestimated.

INTERVIEWER: You might have said more than you actually drink in a typical week. *Reflect*

CLIENT: I don't know about that. I guess 19 sounds reasonable, but I certainly don't drink more than most women, or they're lying about how much they drink.

INTERVIEWER: It doesn't make any sense to you. When you compare yourself to other women, it seems like you don't drink more than they do. *Reflect*

CLIENT: The women I know drink pretty much like I do. Maybe I drink more than some of them.

INTERVIEWER: Among the women you think of, your drinking doesn't seem unusual. *Reflect (continuing the paragraph)*

CLIENT: That's right. Nobody looks at me like, "You've having *another* one?" How do they do those surveys?

INTERVIEWER: They are confidential in-person or phone interviews, often using a method like the calendar you saw. *Offering information*

CLIENT: So they might not be telling the truth like I did.

INTERVIEWER: Possibly. You were honest in what you said, and it just doesn't make sense to you. You can't figure it out. *Affirm and reflect*

CLIENT: Maybe my friends drink more than most?

INTERVIEWER: Could be. The national surveys include women of all ages, and quite a few women don't drink at all. *Offering information*

CLIENT: Oh, I see. So if you only compare me to women who drink . . .

INTERVIEWER: Good point! You'd be around the 94th percentile for American women drinkers. *Offering information*

CLIENT: Wow. Really?

INTERVIEWER: Yes. Most drinkers do have far less. Well, let's take a look at the next result.

The interviewer didn't disagree or argue but responded patiently and listened well, letting the client make sense of this new information.

We thought that the drinker's check-up might prompt people to seek treatment, and so we provided a list of available local programs. Almost no one went for help. Instead, most of them substantially reduced their alcohol use on their own after the check-up, by about half on average.¹² A computer-based version of the check-up produced similar results.¹³ This check-up intervention was subsequently called motivational enhancement therapy, which is essentially MI plus personal feedback.¹⁴ Similar MI-based check-ups have been successfully applied in addressing marijuana use,¹⁵ problem gambling,¹⁶ health behavior change,¹⁷ HIV risk reduction,¹⁸ marital¹⁹ and family functioning, and children's behavior problems.²⁰ When initial motivation for change seems to be slim, adding check-up feedback gives you something to talk about in an MI style and may enhance perceived need and efforts for change.

Reframing

Reframing (previously mentioned in Chapter 7) suggests a potentially different meaning for information that a person already knows. We often do this in passing, in a matter-of-fact way without much emphasis. It can be offered as a reflection:

CUSTOMER: My wife is always bugging me about sitting around on the couch so much. It's like she thinks I'm lazy. I just like to relax, but it's nag nag nag to get up and do something.

BARBER: She really cares about you.

You don't insist on a different interpretation, you just offer it.

An opportunity for reframing often arose during feedback interviews after the drinker's check-up. Based on reconstruction of their recent alcohol use, many participants were hitting very high levels of intoxication that few drinkers reach, yet felt little effect. They were usually quite aware of this, and regarded it (as drinkers often do) to be immunity from harm.

COUNSELOR: OK. So there's one reason for concern (*in a calm matter-of-fact tone*).

CLIENT: What? What do you mean?

COUNSELOR: Oh, well what do you know about alcohol tolerance?

CLIENT: I can hold my liquor better than most people.

COUNSELOR: Right—that's tolerance, which puts you at higher risk than most people.

CLIENT: Higher risk? Of what?

COUNSELOR: Medical illness and addiction to alcohol. Should I explain why?

CLIENT: Yes!

COUNSELOR: Tolerance is like not having a smoke alarm. You drink enough to do real damage to your body, but you don't feel it. Most people have a built-in warning system that says "enough" or "too much," but you don't seem to have it.

More could be said about tolerance from the available science, but that's about enough to plant a seed unless the client wants to know more.

Yes, sometimes there seems to be no ambivalence to explore. Don't despair, blame, or give up. You may not have much leverage as a helper, but often you can gently plant some seeds for the future. At least avoid doing harm. If you find that your efforts are evoking defensiveness and counter-argument, then you're in the situation of causing the person to defend the status quo (sustain talk), and persisting in this may close down any further consideration of change. You may even hear some discord, suggesting potential damage to your relationship. First, do no harm. Leave the door open for future ambivalence.

PERSONAL PERSPECTIVE: **Feedback and Change**

In a way, what MI does is to trigger *self-regulation*.²¹ Think of a thermostat that is set at a desired normal temperature. If the room temperature gets too high or too low, systems kick in to restore it back to normal. People work like that, too. We compare where we are with where we'd like to be, and that's where personal feedback can be useful. We have notions about what's normal, and if we get information that things are out of range and not OK, it can activate intention for change and efforts to self-regulate.

Think about stepping on a scale to gauge your weight. It's a bit of immediate feedback that could prompt behavior change. People with diabetes check their blood sugar regularly to know if it's in the desired range. Sometimes getting new information is enough to initiate change. Receiving a new diagnosis, for example, may motivate adjustments in health behavior.

Sometimes the problem is that ideas of what's normal get out of whack. We tend to compare our own behavior with that of people who are close to us, so if you hang out with people who are outliers, extreme seems normal. **Norm correction**—accurate information about what actually is normal—can also prompt change.²²

Tread gently, though. Depending on how you present it, feedback or new information can raise defensiveness and shut down consideration. It matters what you do, and it matters how you do it.

—BILL

KEY CONCEPTS

- Developing ambivalence
- Norm correction
- Self-regulation

KEY POINTS

- When there seems to be no motivation, developing some ambivalence can be a first step toward change.
- Sometimes exploring or reframing what the person already knows (or what significant others know) can plant seeds for change.
- Gathering more information can give you something to talk about, and you can share your own expertise and concern in an MI-consistent way.

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Responding to Sustain Talk and Discord

It is a great mistake to try to eliminate resistance. Rather, you have to work with it, weave it, honor its presence—because what is going to come into birth is not what you want or expect. It is going to be completely new and surprising.

—CYNTHIA BOURGEAULT

Give evil nothing to oppose and it will disappear by itself.

—LAO TZU, *Tao Te Ching*

Responding well to sustain talk and discord is a key to successful motivational interviewing if you can recognize it for what it is: an opportunity. When arguing for the status quo or expressing discord, a person is probably rehearsing a script that has been played out many times before. There is an expected role for you to play—one that has been acted out by others in the past. Your lines are predictable. If you speak these same lines as others have done, the script will come to the same conclusion as before.

But you can rewrite your own role. Your part in the play need not be the dry predictable lines that the person is expecting. In a way, MI is like improvisational theater. No two sessions run exactly the same way. If one actor changes role, the plot is headed off in a new direction. Tension is often the life of a play. It is the twist that adds drama and excitement to the plot. Viewing sustain talk or discord as a character flaw is a sad mistake, for they lie at the very heart of human change. They arise from the motives and struggles of the actors and foreshadow certain ends to which the play may or may not lead. The true art of a helper is tested in recognizing and handling these tensions. It is on this stage that the drama of change unfolds.

MI has always been a way to approach difficult conversations. From the beginning, one attraction of MI has been how to respond well to client resistance and defensiveness. We understand such exchanges not as client pathology but as interactions to which both people contribute. MI takes a listening rather than an argumentative or persuasive approach, informed by the dynamics of ambivalence.

Ambivalence

Ambivalence—thinking and feeling two different ways about something at the same time—is a universal human experience.¹ It is the context within which people make choices, often small but sometimes really important ones with long-term consequences. Ambivalence is a normal experience when considering a possible change: You both want it and don't want it. There is nothing unusual about that.

Ambivalence has important implications for helping relationships. If people are ordinarily ambivalent about change, what will happen when they speak with a helper who feels responsible to help (let alone make) them change? The fixing reflex tempts the helper to advocate for change by explaining why it is important and how to do it. That's a perfectly natural use of your expertise, and sometimes it *is* what people are seeking in a helping relationship. As we have mentioned before, a risk in doing this is that when you voice the *yes* (why and how) for change, the person you're trying to help naturally voices the *no* side, defending the status quo. It's not pathological, but if that pattern persists, clients are actually talking themselves out of changing.

Furthermore, when someone starts feeling pressured, there is natural pushback. As Brené Brown observed, "When someone holds power over us, the human spirit's instinct is to rise, resist, and rebel."² Pressure, coercion, and controlling tactics often arouse a kind of defensiveness that is called *psychological reactance*.³ It is a disagreeable motivational reaction to unsolicited advice, offers, rules, or restrictions that seem to threaten or limit personal freedom. "Yes, you will" evokes "No, I won't." This is a well-known drawback of hard-sell tactics.

Many animals have well-established social dominance behavior routines that determine who is strongest and privileged, and in human beings this is often enacted in language.⁴ Consciously or unconsciously, to receive advice and then comply with it is to accept a one-down submissive position, and a common (reactance) response is to disregard it or do the opposite *even when you agree with the advice*.

This is all exacerbated if the helper or advisor takes offense at a person's reluctance and more assertively defends the why and how. In the helper's

mind, ambivalence about change may seem to be resistance or denial, and the fixing reflex is then to confront and push harder. Again, this is often done with the best of intentions, perhaps with a sense of urgency, but the result is fairly predictable and it can damage the helping relationship.

In the first (1991) edition of this book, as we noted in Chapter 13, we used the term *resistance*, and indeed one theme that attracted helpers to MI in the early days was how to deal with the most impossible, stubborn, resistant clients. We were uncomfortable with the implication of blaming people (or at least their pathology) for not changing, but even in our second (2002) edition we had not found a better way to think about “rolling with resistance.” Over the years, however, we found that when helpers practice the spirit and method of MI, such resistance is far less likely to occur or persist.

It was in writing the third (2013) edition that our dissatisfaction with the term became clear. From observing and coding MI sessions, Theresa Moyers pointed out to us that most of what we were calling “resistance” was just sustain talk, a normal part of ambivalence. She was right. There is nothing unusual or pathological about sustain talk, and it adds nothing helpful to label it “resistance,” which has a connotation of pathology or blame. From research it was clear by then that the balance of change talk and sustain talk is strongly influenced by what the interviewer is doing. Resistance is interpersonal; it always requires at least two people. This

Resistance is interpersonal; it requires at least two people.

point is abundantly clear from experimental research showing that client resistance can be turned up or down like a volume knob in response to what the counselor is doing.⁵

Sustain Talk and Discord

Suppose one were to subtract sustain talk from what helpers tend to think of as resistance. Is there anything left over? Indeed, there is. Sustain talk, such as comments like “I don’t want to, am not able to, have no reason to, and don’t need to” (DARN; see Chapter 6), is all about the subject of the change conversation, be it drinking, learning, forgiving, or growing up. But a person may say other things within a helping relationship that are not sustain talk:

- “You can’t make me.”
- “It’s none of your business.”
- “Who are you to tell me what to do?”
- “Have you ever used drugs?”
- “You don’t understand how hard this is for me.”

What's going on in statements and questions like these is something different from ambivalence about a change. They reflect discomfort or dissonance in the helping relationship itself, and we called it *discord*. As in music, discord requires at least two voices. Whereas sustain talk is about the problem or change focus, discord is about *you* as the helper. Notice that all of the examples above of discord statements contain the word "you." If you hear discord and take it personally, then your natural response may be defensive, potentially leading to a standoff.

There are various behavioral signs of discord in a helping relationship.⁶ People may challenge or discount you. They may seem to be defending their worth as a person, indicating that they feel threatened and attacked. A signal of discord that is easier to miss is interrupting you, talking over you while you are speaking. Some people do this habitually, but if you notice a change, when suddenly a person starts talking on top of what you are saying, it's time to stop and listen. You might even say, "It sounds like there's something that I'm missing, that you really want me to understand. Tell me." Yet another behavioral sign of disconnection is ignoring you—not paying attention or changing the subject.

Sustain talk and discord can occur together and may be present at the beginning of a conversation before you have had much interaction at all. This can happen because of what occurred before your first conversation, as when someone is pressured to talk to you by family, a teacher, or court. What happens *after* that is up to you. Depending on what you do, you can actually dial their resistance up or down like a volume control. Sustain talk and discord are not a client problem but rather an interaction.

Sustain talk and discord are important to notice. If they persist, both of them predict that nothing will change. The amount of sustain talk someone voices is actually a better predictor of what will happen than is the amount of change talk: the more sustain talk (or discord), the *less* likely change will occur.⁷ Fortunately, there is something you can do about it.

This chapter is about how to respond to sustain talk and discord in an MI-consistent way. We suggest an approach we call *softening sustain talk* (and discord); it can also be thought of as a way to head off conflict and deescalate these interactions. Confrontation and direct argumentation suggest a struggle to dominate, and they usually make matters worse.⁸ When you experience pushback from a person, a good general guideline is *don't push back* in return. Softening is not about refuting, defending, convincing, persuading, or winning. Increasing sustain talk or discord is an immediate signal not to do more of what you were just doing, but instead to try a different approach. Here are some options.

Increasing discord
is a signal to try
something different.

Reflective Listening Responses

When you hear sustain talk or discord, simply acknowledging what the person has said can have a way of softening it. The most straightforward way to do this is with a reflection.

“That’s so unfair!”

“It just doesn’t feel right to you.” [Reflection]

“I really don’t need to quit drinking.”

“It doesn’t seem important to you.” [Reflection]

“I can’t believe he did that to me.”

“You’re pretty upset with him.” [Reflection]

“You’re not listening to me!”

“You really want me to hear you.” [Reflection]

Skillful reflective listening is also a good way to deescalate conflict and heated emotions. Sustained reflections often have a calming effect. “Somebody hears and understands me!” Notice that reflections don’t need prefatory language such as, “What I hear you saying is . . .” or “It sounds like . . .” There is no standard formula for a good reflection.

Another possible response to sustain talk or discord is an *amplified reflection* in which you restate the person’s experience with increased intensity. Remember our discussion of overstating and understating with reflections in Chapter 8? An amplified reflection overstates what the person has said and may invite them to rethink or qualify it. Again, it is vital to voice these without any tone of sarcasm.

“I can’t believe she did that.”

“You’re furious with her.” [Amplified reflection]

“You don’t have kids. What do you know?”

“There’s absolutely no way I could understand.” [Amplified reflection]

“I don’t have an alcohol problem.”

“Drinking has never caused you any trouble.” [Amplified reflection]

“I don’t need anger management. People need to stop pissing me off.”

“It’s completely their fault.” [Amplified reflection]

A third reflective response discussed in Chapters 8 and 10 is a *double-sided reflection* that places sustain talk in the context of the other side of

ambivalence. The basic structure (though you don't have to use these words) is: "So, on the one hand . . . , and, on the other hand. . . ." It's usually best to start with the sustain talk or discord and follow it with the person's own change talk. Putting an "and" in the middle emphasizes the ambivalence, whereas using a "but" tends to deemphasize what came before it.

STUDENT: That's completely unfair! All I did was disagree with the teacher. I may have raised my voice a little, but I didn't mean to threaten her. For that I have to do all of this extra work? That's messed up!

PRINCIPAL: It seems to you like we're overreacting, and at the same time you realize that you raised your voice which might have sounded threatening. [Double-sided reflection]

ATHLETE: Yes, I want our team to get into the finals, but I have big plans for this weekend. I didn't know we were going to have these extra practices. Actually I didn't expect to win last week's game, and I'm glad we did, but I promised her I would go with her on Saturday.

COACH: On the one hand, you want to keep your promise for Saturday, and on the other, you feel a loyalty to the team. [Double-sided reflection]

PATIENT: I certainly don't want to have another heart attack, but the amount of exercise you're suggesting just doesn't fit into my life. I have a busy job and I'm a single parent, and I hardly have any time to myself as it is. I'm taking the medication, and I know it would be good for me to be more active, but I just don't have the time.

DOCTOR: It's hard to imagine how you could add any exercise to your schedule even though you know it would improve your health and help prevent another heart attack. [Double-sided reflection]

To get a sense of how the order of pros and cons matters in a double-sided reflection, try reversing the order in each of the above by putting what was first last and what was last first:

"You realize that you raised your voice, which could have sounded threatening, and at the same time it seems to you like we're overreacting."

"On the one hand, you feel a loyalty to the team, and, on the other, you want to keep your promise for Saturday."

"Even though you know it would improve your health and help prevent another heart attack, it's hard to imagine how you could add any exercise to your schedule."

Can you feel the subtle difference in impact? What is the person likely to say next?

FOR THERAPISTS: Appreciating Language

Skillful therapists listen carefully to what their client says. You don't necessarily assume that your first impression of what it means is correct. You form hypotheses and may not respond right away, but you hear and remember.

MI is all about subtleties of language. You hear the words and also the music that adds more information. Turning your voice up at the end of a reflection changes it into a question that may land very differently. You know the delicate differences among clients saying:

"I want to . . ."

"I could . . ."

"I need to . . ."

"I'm willing to . . ."

and

"I will. . ."

You recognize that if people say "I promise" it has a different meaning if they shrug their shoulders or place hand over heart at the same time.

Listening for deeper meaning is part of the therapist's art and science. Practicing MI has also attuned us to the many subtle differences, depending on what therapists say and how they say it. You choose what to say based on how you anticipate your client will respond, and then you receive immediate confirmation or disconfirmation. Therein lies the saving grace. You can guess wrong in offering a reflection or in anticipating how a client will respond to affirmation, but then by observing closely you can find out where you were right or not. Once you know what to watch for, immediate feedback from clients becomes your best teacher of MI skillfulness, well beyond what you can learn from a book or workshop.

Other Strategic Responses

Beyond empathic reflection, there are other possible ways to respond that can soften or at least not strengthen sustain talk and discord. Here are a few more.

Emphasizing Autonomy

A fundamental perspective in MI is to acknowledge people's freedom of choice. Within some cultures, the idea of individual freedom may be

sacrosanct, whereas in others personal choices are considered more in relation to the common good. A fairly universal basis of law is that individuals make and are responsible for their choices.

Trying to constrain choice is a recipe for active or passive reactance. There are always limits on personal freedom, but trying to impose restrictions on another's behavior invites challenge. A probation officer who says "You can't leave the county" is not actually telling the truth. A more precise comment would be that there are consequences if the person does leave the county and is caught. If we told our clients with alcohol problems, "You can't drink," they would quickly prove us wrong. "No, you can't" invites "Yes, I can."

As mentioned in Chapter 11, acknowledging someone's freedom of choice is just telling the truth and diminishes their need to assert it. A basic message in MI is, "It's up to you." This message does not ignore or change the real-life consequences of choices. Even if you are in a position of authority to impose consequences, people still choose.

Taking this stance involves more than just the words. When affirming a person's autonomy, there should be no hint of sarcasm, no dismissive tone in your voice. There are many different ways to intone, "It's your choice." Try saying it aloud in these different ways:

- Friendly and supportive
- As a matter-of-fact statement
- Cynically and derisively
- Warning and threatening

Notice how each of those versions sounds, and imagine how it might be received by the person to whom you say them. The message that you recognize a person's agency and autonomy ("It's your choice") can have a different impact when said grudgingly or dismissively, thereby communicating a one-up judgmental status. It's not just the words, but the music in your voice.

You will doubtless come up with your own, but some other wordings to honor choice include:

- "Nobody can decide that for you."
- "You have some options here."
- "I wonder what you'll choose to do."

Reframing

As discussed in Chapter 7, *reframing* suggests a possible different meaning or interpretation of information. There are usually various ways of thinking about a situation. Reframing invites people to consider other options.

“She’s always nagging me about my smoking. I can’t even have a smoke without her bugging me about it.”

“She’s worried about you.”

“You’re only here for a paycheck. You don’t really care about me.”

“Yes, this is how I support my family, and that’s not the main reason I do this work.”

Shifting Attention

A possible strategy when contention looms is *shifting attention* away from a contentious issue to a more helpful topic. You may also be inviting an alternative perspective. In addiction treatment, for example, there are often struggles about diagnostic terms. When a client asks us, “*Are you calling me an alcoholic?*” we might respond: “Actually, I don’t care much about labels. What I care about is *you*, how alcohol might be affecting your life and what, if anything, you may choose to do about it.” When distressed couples seek counseling, they are often concerned about who’s most at fault. When the topic of blame arises, it can be helpful to shift attention to the positive: “Blame is really irrelevant here. This is not like a courtroom to decide who’s guilty. Let’s focus instead on what you can do to strengthen your relationship and happiness together.”

Apology

You wouldn’t apologize for a person’s sustain talk, but when the issue is discord, an *apology* can be helpful. You appropriately take at least partial responsibility for dissonance in the helping relationship.

“You’re not listening to me!”

“I’m sorry. Let me try again. Tell me what you want me to understand.”

“Who are you to tell me what to do?”

“You’re right; you get to decide what you’re going to do. I apologize if I sounded bossy.”

A Pendulum Approach

Sometimes people seem unwilling to talk about one side of ambivalence until they have given sufficient voice to the other. For example, when you ask about the advantages of change, they may consistently respond with “yes, but” sustain talk. If this seems to be happening, try listening first by

reflecting their reluctance. After you have heard a bit about one side, you may then be more able to explore the other.

CLIENT: I know I should change how I eat, but it's just about impossible for me.

COACH: What do you think are some reasons why you should change how you eat? [Trying an open question to evoke change talk]

CLIENT: Well, that's just the thing. I don't think I can. [No change talk]

COACH: It's too hard for you. [Reflecting sustain talk]

CLIENT: Fast food doesn't take so much time, and I like the way it tastes.

COACH: It's quick and you prefer how it tastes. [Reflecting sustain talk]
What else makes it hard for you to eat healthy?

CLIENT: I don't really cook at home, so I mostly eat out. It's easier.

COACH: You have to depend on what's available to you in restaurants, and it's convenient. [Reflecting sustain talk] So those are some things that you like about how you've been eating: it's quick, tasty, and easy. [Short summary of sustain talk] And what's the downside of the way you're eating now?

CLIENT: My health. My weight, blood pressure, cholesterol.

COACH: So, your health is a big one. You can see it's taking a toll on your body. Why does that matter to you? [Asking for elaboration and more change talk]

When change talk is not forthcoming, a *pendulum approach* of reflecting some sustain talk first can create an opening to then ask about the other side.⁹ Like a pendulum, going with the momentum of swing for a bit then

Reflecting some sustain
talk can create an opening.

creates a natural transition to move back in the other direction. Note that it is not necessary to exhaust *all* of someone's sustain talk (as you might with a decisional balance if you wanted to remain neutral). Also, we do not recommend this as a routine procedure, but rather as just one to pull out when it seems difficult at first to evoke change talk.

Coming Alongside

When other strategies are unsuccessful, you can also try *coming alongside*, essentially connecting with the person's reluctance without endorsing it yourself. Ironically, this can sometimes evoke change talk.

- “Well, maybe you’re right that this is simply too hard for you no matter how important it is.”
- “Maybe you will just need to keep on smoking regardless of the consequences.”
- “So, at this point, repairing your relationship is impossible.”

These are essentially reflections of what the person has already been saying. Your fixing reflex is to disagree and try to persuade the person to go in the other direction. Instead, you come alongside and state without sarcasm the very position that the person has been taking. If you’re worried about sounding like you agree, you could preface one of these statements with, “It seems to you that . . .,” although this may be unnecessary in the context of your helping relationship and might even diminish the impact.

Note that a bit of a twist can be added in coming alongside. In the above statements, the speaker might not have actually said “impossible,” “no matter how important it is,” or “regardless of the consequences.” These were added by the interviewer. In this way, the added twist resembles an amplified reflection, overstating the person’s severity or finality. Can you see how the above statements might invite the person to back-pedal a bit with, “Well, not *impossible*”?

Then of course it can happen that the person simply agrees with your coming alongside, in which case you are jointly acknowledging the extremity of what they have been saying. You can still beg to differ in an MI style. “I understand that this is how you see things. I just want to say that I believe it is possible. May I tell you why?”

An Extended Example

Here is part of an interview with a fellow who was referred to Bill to talk about his alcohol use.¹⁰ It is replete with both sustain talk and discord.

MIKE: Well, actually I’m doing a favor for a friend of mine. And he told me about a study you guys were doing, and so I figured I would participate in it, and they told me you were basically an addiction counselor, and he thought I might be an interesting subject. OK?

He implies a power relationship: He is doing a favor for me. “Addiction counselor” has a loaded meaning for him, as soon becomes apparent.

BILL: OK. Well, tell me about where you are now with the addictions that you’ve been . . .

Open question

MIKE: Well, what do you want to know in particular?

Interrupting

BILL: Well, are you in recovery now, or . . .

Closed question

MIKE: No, I'm not.

Interrupting

BILL: All right. So, what are the drugs or what is it you struggle with?

Open question

MIKE: Well, honestly cigarettes. That's the biggest. Alcohol to a degree, but I think I've had more of a problem with that two or three years ago, you know, it seems to have gone down to a degree and probably simply because of the environment.

A hint of change talk about alcohol

BILL: So that's kind of settled down.

Reflecting sustain talk about alcohol

MIKE: Well, not all that much, but enough that it's gone down simply because I'm getting too old to do this stuff anymore if that makes any sense to you.

And he responds with more change talk.

BILL: It does. You can't keep up with it anymore.

Reflecting change talk

MIKE: I don't think I can. I really don't think I can.

Change talk

BILL: And then the cigarettes are still a real addiction for you?

MIKE: Yeah, I really do. I think they are worse. In the past I've done cocaine. I've even done crack cocaine. I've heard that's one of the most addictive drugs around quite frankly. From my own personal experience, I don't find it addictive at all.

Discord—He's trying to "pick a fight," get into an argument with an addiction counselor.

BILL: Yeah, it's interesting how it is different for different people, but for you it's tobacco and alcohol.

Reflection softening discord, bringing focus back to alcohol

MIKE: Yeah, and coffee. I mean if we want to get that specific.

BILL: How far do you want to go there.

Reflection

MIKE: How far do you want to go? I got a lady that's supposedly addicted to Chapstick.

Again, inviting an argument about addiction

BILL: So, it's used for almost anything these days.

Reflection

MIKE: Right.

BILL: Well, how might you like things to be different? I guess that's a good place to start.

Inviting change talk

MIKE: Well, basically, you know, I don't see that's my problem. I don't think I'm really all that committed to making things all that different because I'm not seeing that much harmful benefit. I was told that you are not able to slow down. It's progressive. You get worse and worse and worse and worse, and that just doesn't seem to be the case with me. OK? I think that there are certain things in my lifestyle that just preclude me [from] not using, OK?

*Sustain talk
Still trying to argue
about addiction
Sustain talk*

BILL: Yeah

MIKE: And that, and smoking has become a problem because I'm starting to play soccer, OK?

*Change talk about
smoking, but not
drinking*

BILL: So, you can't breathe.

Reflection

MIKE: So I can't breathe. The kids are younger and younger. They are half my age, twice my size. I'm having a problem with it.

BILL: You're noticing it.

Reflection

MIKE: Yeah.

BILL: So, I mean the message that "you shouldn't use at all" is like somebody out there telling you that, but that doesn't fit your experience.

Reflection

MIKE: I don't know. "Use at all." What does that mean? What do you mean by that?

Argumentative tone

BILL: Well, I guess maybe I misunderstood you. I thought you were saying people tell you that you can't use or shouldn't use or whatever.

*Apology and reflection,
softening discord*

MIKE: Oh yeah. Yeah, they've told me that before, you know. I've been through, . . . I guess you know nothing about me, do you?

BILL: Nothing at all.

MIKE: OK, I'm sorry about that. I thought at least they filled you in on some . . .

BILL: No, I asked not to be.

MIKE: OK. Well, no. All right, here's what happened. I got a DUI [driving under the influence of alcohol] a while back. I think it was back in '93, and I had one prior to that in '85 and went through some counseling. It was mandatory state-driven. Basically, you go through the counseling and after you successfully complete it, you are "rehabbed." Actually rehabbed.

BILL: Right.

MIKE: Then you get your driving privileges back. And I guess what I'm trying to say is that I've had some bad experiences. Not bad experiences with the counselors, but I found them to be not less than professional but just very rigid in their approach.

BILL: OK, and that didn't work for you, that didn't fit.

MIKE: It didn't fit at the time, and at the time I don't think I was really all that committed to quitting, and then I was, but at another time—but the other time was because I was earning \$40 an hour, and I was working 10 hours a day, 5 days a week, so guess what? You're not supposed to be able to quit, you see? That's what those counselors told me. That was strange that I was, wasn't it? So, I mean, I guess what I'm saying is that I do probably have a rather negative attitude about some of the things I've been through as far as the state program is concerned. I don't know how I could explain that more, or if you have any . . .

BILL: Well, I think I've got it. It sounds like your experience doesn't match what you were being told. They are telling you this

He offers an apology.

At this point, about 3 minutes in, Mike visibly relaxes, leans forward, and starts telling me his story. It felt like a moment of join-up.¹¹

An abrupt change in his language here. Two minutes ago, I was an addiction counselor. Now he talks about "them" in the third person.

Reflection

*Taking partial responsibility
Mike is voicing
sarcastically what he
was previously told by
counselors.*

Reflection

is how you are, and you look at yourself and say, “no!”

MIKE: Yeah, that’s not necessarily true. And then there too you are supposed to say “well I’m an alcoholic and I’ve always had problems and I have to quit and I can never drink again,” and this, that, and everything else. And you had to really say that, you see, or else you weren’t fitting in the role they wanted you to play. Without fitting in the role they wanted you to play, you could not get your license back. So, you know, I played the game basically, and I went to AA, and I also found that just to be a little bit on the . . . you know, it didn’t work for me. It’s bumper sticker therapy. “Fake it till you make it.” Wow, how profound. Man, you guys are deep, you know.

BILL: All right.

MIKE: And you know, yes seriously, I’ve been there and these guys didn’t do anything all day, but they didn’t drink that day. You know, I would rather, let’s say, lift weights, maybe build a patio furnace, maybe program R:Base, and then drink instead of just not drink and do nothing else. I just, I found that you know, certain aspects of it I like, but I think you have to have a deep-seated religious belief for it to work for you.

BILL: Well, and it sounds like you want to have an active life. Not drinking is not doing something, it’s doing nothing.

MIKE: Yeah, it’s doing nothing.

BILL: So, for you the question is, “what am I going to be doing? How do I spend my time?” Playing soccer, and . . .

MIKE: Yeah, that’s good. Actually, I was thinking myself the way I can best quit smoking is not by quitting smoking but playing soccer three times a week. OK?

A good example of psychological reactance when someone tries to control you
Angry sarcasm

His sarcasm continues

Reflection

Cultivating change talk

Now, I'm going *for* something, OK? And then all of a sudden I'm having a problem breathing, OK? So guess what? You're gonna quit smoking. You're not going to say I gotta quit smoking, you know. But to me that doesn't work for me.

BILL: It might even *less than* not work. It might make it less likely.

MIKE: I think it's less likely. I quit smoking before for about 4 months. Then I blew out my knee, and you know, I went down to see my brother, and boom, right back to it. And you know, it's the same thing with drinking. I think I was actually more, how shall I say, I seem to have more of a craving when I was going through counseling than when I wasn't, OK? So, it's like OK, reverse effect. Guys you really helped me a lot, you know.

BILL: Well, I wonder if it isn't being told "you can't" or like being in prison in a way.

MIKE: Yeah, it could be just immaturity on my part. You know, if you tell me I can't do something, I'm going to do something. You know, maybe what they should say is, "You better drink every day goddammit. I want you to drink a fifth before noon time." Then maybe I'd say "Screw you guys," you know. I don't know. Maybe there is something about my personality that is like that. So, you know, what shall I say. One size doesn't fit all.

He takes some responsibility for his perspective beyond just blaming counselors. He understands psychological reactance.

BILL: Exactly. And for you what matters is having something that you are going *toward*, not something you run away from.

Reflection

MIKE: Right, right.

BILL: And one of those things is soccer. What else?

Inviting change talk

MIKE: Well, tennis. How about backpacking? You know, how about just waking up clear headed? I mean, don't you think that's kind of pleasurable sometimes?

Change talk in his own ironic wit

- BILL: So just getting up in the morning and being able to think clearly. *Reflecting change talk*
- MIKE: Yeah, but I'm telling you one thing right now. You know, sometimes I won't drink for 5, 6 days. If I smoke two packs of cigarettes, I wake up with a hangover. I thought it was the booze, but it isn't. *Sustain talk about alcohol*
- BILL: Even without the booze *Reflection*
- MIKE: Oh, yeah. It's carbon monoxide, man. You got no oxygen in your system. So. I guess that's my real problem right now is the cigarettes.
- BILL: It sounds like you are not that worried about alcohol really. *Amplified reflection*
- MIKE: No, it's bad, but it's not *as* bad. *Change talk*
- BILL: Not causing you problems. *Amplified reflection*
- MIKE: Well, it is. It will cause anyone problems. *Change talk*
- BILL: Hmm. How so? *Asking for elaboration*
- MIKE: Have a six pack of beer, wake up, try to program a computer. *Change talk*
- BILL: OK.
- MIKE: And so, have a six pack of beer, wake up, find out how alert you are for the first 2 hours of the day. *Change talk*
- BILL: Right.
- MIKE: It's going to cause anyone problems. You know, have a six pack, have a 12 pack, try to play soccer the next day. *It's as if he is trying to convince me (or himself).*
- BILL: It's [the] amount and the after-effects of that. *Reflection of change talk*
- MIKE: Right. Right. And I think my tolerance is up so high that it takes me too much to get the same buzz, and unfortunately, the recovery, it's getting to the point where it is just not worth it. If I could get like a 12-pack high on three beers, then I only have 3 ounces I've got to process. If it's taking me 12 to get the same which I got three on, now I got 12 to process you see. So, we are at a balance point where we *He even gives me a little talk on the problems of alcohol tolerance. He apparently had been listening during some of those lectures. Change talk*

are getting diminishing returns on ever-expanding, how shall I say, quantities.

BILL: Like the slot machine doesn't pay off so much anymore.

Reflection of change talk (analogy)

MIKE: Well, you know, it's addiction, so you're stupid, so you keep on playing it, you know.

Now he identifies with the term addiction.

BILL: It is amazing, how long you keep going. But with alcohol you are kind of hitting a point where this isn't worth it anymore.

Reflecting change talk

MIKE: Yeah, yeah. But it is not because anybody is telling me from the outside, because I'm being forced to do that. It's just because I gotta wake up in the morning, and I know how I feel. Period, OK. And I think what has happened is before I used to drink all the time, and I was always drinking. And then I stopped and found out how good I felt, OK? Now I have a compare and contrast whereas before I never had a compare and contrast.

*Change talk
Change talk*

BILL: Now you know.

Reflection

MIKE: Now you know. Now you know, "Hey wait, wasn't it a lot better when I was clear headed than when I was [drinking]?" So to me, then, it does become a problem because now at least you have something you can, you know, you can relate to. You can say, "This is how I am without it. This is how I am with it. This is my performance without it. This is my performance with it," you know.

Change talk

BILL: It's only when it's a problem *for you*, really, that it matters. If somebody else is telling you . . .

With a little pause he will complete the sentence.

MIKE: Yeah, it doesn't work.

BILL: Or worse. More likely you back away from it.

At this point, he went into a long rant against addiction counselors and AA.

BILL: (*after the rant*) It seems to work for some people, but that's not going to help you.

MIKE: Apparently, highly religious people who believe in higher powers and miracles, and some deity is going to come down and save them anytime they have problems. I'm not that type of person.

BILL: That's not you. And for you it has to be some reason that you see that persuades you, "OK, it's time."

Cultivating change talk

MIKE: Yeah, a little bit.

BILL: A little bit.

MIKE: A little bit more realistic, OK. No nonsense, no bumper sticker stuff.

BILL: And not being able to breathe on the soccer field is no nonsense.

A linking reflection

MIKE: I think that's kind of, I don't know if you can get too much more guttural than that you know, and so that's where it is.

BILL: So, it's having something to pursue, having something to live for really.

Reflection

MIKE: Yeah, yeah. That's it in a nutshell. I've read a couple of books, and the one thing I really enjoyed was the book *Positive Addiction*. You know, having been a runner before, being cross country, I can see exactly how that worked. Basically, this guy was saying what had happened is he was under the suspicion that a lot of people running were actually, had [a] drinking problem and ran themselves out of those. Now I think that is actually true because after I run, I have about this much desire to drink, and I have about that much desire to smoke. You got endorphins, you feel good, you are alert.

BILL: Yeah.

Letting him make the argument

MIKE: Why would you want to pollute yourself, you know?

Change talk

BILL: Makes sense to me!

MIKE: So, that's my deal on that. My read on who I am. But am I committed? No. Total abstinence? No. Not at all.

Sustain talk—about total abstinence

BILL: Oh, to total abstinence. OK. Because I am hearing a lot of commitment in what you are saying, that “it is worth it to me to, in order to be able to breathe on the soccer field to do something about cigarettes. To quit smoking even.” So there I was hearing some commitment.

I think under the surface we are still talking about alcohol. I make the analogy to smoking, where he seems clear that quitting is what he needs to do.

MIKE: Yeah, I think there is. You see when I quit smoking, I quit drinking too, you know.

BILL: Is that right?

MIKE: Well, you have to. Well, I mean at least I have to. Cause I can't like drink. If I drink, I'll have a cigarette.

Change talk (need)

BILL: OK, they are tied together. You do them together so many times, tens of thousands of times.

MIKE: Yeah, well even coffee. You know coffee, cigarette, just association. I think like when you drink, you lose your judgment and your willpower just goes down. I don't know if you call it willpower. I think it's just judgment.

Change talk

BILL: *(after more discussion)* So, you really would be talking about stopping cigarettes and alcohol then, in order to breathe.

Cultivating change talk

MIKE: But I don't want to think about it.

Is this sustain talk?

BILL: Meaning you just want to do it and not think about it, or you don't want to get serious?

Checking what he meant

MIKE: Well, I would rather do it and not think about it.

Change talk

BILL: Yep, not much point in thinking about it.

MIKE: Well, I mean, is there? Do I think about working out every day? Do I think about brushing my teeth? If I did, I wouldn't want to brush my teeth. "I gotta brush my teeth tomorrow. That's going to be pretty bad, you know that. I gotta brush my teeth." You know what I'm saying?

I really like this fellow's energy and quick wit.

BILL: I do

MIKE: I think that's what happens when people do that, and I see more procrastination because it is worse to *think about* having to go to the gym and work out. "My god, it's going to hurt and oh I'm going to do those curls and my biceps are going to kill me and then I have to wake up and brush my teeth." I think that when you think about stuff like that, I think it actually is more counterproductive than just saying, "Oh screw it. Just do it."

In Mike's own words, he captures a moment that can happen with MI. It is like a switch that flips: Just do it! In a demonstration of MI at a medical school, an intern was asked for something he thought he should do but hadn't been doing. It was flossing his teeth. The MI evoked what he already knew about the benefits of flossing and the consequences of not doing so. Asked how he might fit this into his busy life he had various ideas. How important is it on a 0–10 scale? After about 7 minutes of MI, he said, "Oh, this is stupid. I'm just going to do it!"

The interview with Mike above also illustrates how on occasion you do need to listen patiently while someone drains a swamp of negativity before you will hear much change talk. This fellow carried much resentment about prior experiences with caregivers. Being on the receiving end of the fixing reflex can leave a legacy of psychological shame and reactance with which future helpers must cope. His angry sarcasm at the outset was not a product of this interview. He carried it through the door with him, but the interview illustrates how reflection and strategic questions can cultivate change talk even in challenging conditions.

In summary, the way you talk with people can have a large impact on how much change talk versus sustain talk you hear. That balance, in turn, indicates the likelihood of change. MI

How you talk to people impacts how much change talk you hear.

responses to resistance seek to soften it, whereas attempts to refute it tend to strengthen it. Resistance is not merely a client issue, but a challenge for your MI skill.

PERSONAL PERSPECTIVE: Rolling with Resistance

Steve and I deconstructed the idea of client resistance into sustain talk and discord.

Even though we are now deemphasizing the term *resistance* because of its client-blaming overtones, I confess that I did lament losing the phrase “rolling with resistance.” I like the alliteration, although “softening sustain talk” isn’t bad either. “Rolling with” is descriptive of how you respond to sustain talk and discord instead of opposing it. The phrase does retain some martial arts overtones that are unsuitable in that MI is not an adversarial contest.

I personally find client resistance engaging, even invigorating and a privilege. It bespeaks someone with *life*, *energy*, and *fight* in them that could be redirected. I enjoyed interviewing Mike and getting to know him a bit, and I found myself genuinely liking him. Don’t take sustain talk or even discord personally! It’s just a signal to *engage*, listen, hear, understand. Ambivalence about change is perfectly natural and a common human dilemma. Rather than squaring off, walk *beside* someone who seems to be experiencing resistance. I’m even careful about how I angle chairs when I practice MI so that we are not physically face to face as if confronting each other. We’re on a journey together, and in the process I can get to know yet another human being, at least for a little while.

—BILL

KEY CONCEPTS

- Amplified reflection
- Apology
- Coming alongside
- Pendulum approach
- Psychological reactance
- Shifting attention
- Softening sustain talk

KEY POINTS

- In MI, the pejorative term *resistance* was deconstructed into sustain talk and discord, both of which predict lack of change.
- Sustain talk pertains to the topic of change, whereas discord is about your relationship with the client and often includes the word “you.”
- MI includes reflective and other strategic methods for softening sustain talk and discord.

Notes and References

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8. We acknowledge that within the context of an empathic and compassionate relationship, an occasional confrontation or disagreeing response can sometimes have a positive effect on change.
9. In prior editions we called this strategy a “running head start.” The pendulum metaphor works better because moving in one direction naturally leads to a counterbalancing swing in the opposite direction.
10. This dialogue is from Lewis, J. (2001). *Motivational interviewing with Dr. William R Miller*. Copyright © 2001 by Pearson Education. Reprinted by permission of Pearson Education, Inc. The video recording from which it is transcribed is available for purchase from www.psychotherapy.net.
11. *Join-Up* is a term that Monty Roberts uses for the method and moment of

collaborative union between horse and trainer. There are some differences in method to be sure, but there are many interesting similarities between Join-Up and MI.

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Practicing Well

Out of clutter, find simplicity. From discord, find harmony. In the middle of difficulty lies opportunity.

—ALBERT EINSTEIN

In this closing chapter of Part III we step back from the complexity of details to reflect on and integrate what has gone before. In particular, we will reflect on the practice of MI from three perspectives: you as the helper, the person whom you are seeking to help, and your working relationship. This is a big picture view of MI, similar to where we began with the spirit of MI in Chapter 1, but now with the benefit of having much more how-to detail on the tasks of MI, all of which happen within the context of a person-to-person relationship. After discussing good practice of MI from these three perspectives, we will conclude with a real-life case story of temporarily stepping into the role of a helper for a friend.

The Helper

When you embody the role of a helper, you do not become a different person. It is not like putting on a mask or a disguise. You are still your imperfect self, complete with your own foibles, biases, and vulnerabilities, who is accepting the temporary role and responsibility of a guide on a journey with another real and imperfect human being.

Lay Down the Burden

Guiding is effortful and demanding. A therapist, coach, teacher, or social worker practicing MI may appear to be quite relaxed, but underneath work

is going on, much like a duck or swan whose course appears smooth while beneath the surface is doing a lot of paddling to stay on course or to push against the currents. You are continually conscious of your client's experience, your own internal state, and the well-being of your relationship. In itself that is a lot to monitor.

Now add to that the element of responsibility. The person you are helping could benefit from a change. You are conscious that what you do may help the person make the change or could get in the way. The research on that point is clear: what you say and do in these moments together does matter.

There is, however, one burden that you need not carry. It is not your role to *make* people change or grow. Indeed, you cannot make others' choices for them. Some professional roles may seem to carry this charge. A judge or probation officer must make supervisees obey the law. A teacher must make students learn and grow. A nurse or physician must make patients do what they need to do to be well. Textbook writers must make their readers practice well. Yet short of extreme coercive tactics, it is impossible to make someone else do something. If you go to work thinking that your job is to *make* people change, you are likely to return home at the end of the day feeling frustrated and defeated. "I am doing my best, and still

they don't change." Carrying that assumption and onus is a recipe for burnout.

It is not your role
to *make* people change.

Helping professionals who have learned MI often tell us that it lifted a heavy burden from their shoulders. They find their work

more enjoyable and at the same time more effective. Several early studies indicate that the practice of MI can help prevent professional burnout.¹ Much of this preventive effect seems to stem from a change in mindset and, consequently, in practice. When your intent is to cause (force, confront, manipulate, outsmart) people to change, they sense it and are likely to resist.² You can invite and make it more *possible* for someone to change by providing optimal conditions that favor it, but you cannot make it happen.³

Focus on the Present

MI involves conscious, close attention to what is happening in the present moment without imposing judgment, not unlike the practice of mindfulness.⁴ In practicing MI well, it helps to have an uncluttered mind. A *beginner's mind* of curiosity displaces the distractions of inner states such as frustration and impatience, and at least for the time being sets aside fact-gathering and diagnosis. Undivided attention is devoted to

A beginner's mind helps
you temporarily set
aside fact gathering.

the person you mean to help. As in mindfulness meditation, paying attention in this way is an ongoing discipline. Distractions may intrude, but you bring your full attention back to the person before you. This task requires some self-regulation of your internal states and competing agenda.

Eyes on the Horizon

At the same time, when practicing MI well, you also keep in focus the horizon of change and growth toward which you are moving. The horizon emerges and sometimes changes through the focusing task of clarifying shared goals. Where are we going? As you approach one horizon, a more distant vista may emerge. Your client may well be distracted by more immediate issues and concerns, and you do attend to those as well, but part of your job as a guide is to remember and keep moving toward the agreed-upon horizon. MI adds to a person-centered approach this consciousness of focus and direction, where the present moment is heading.

The Person

When you lay down the burden of having to fix or change someone, you enter into a collaborative relationship with another resourceful human being who, like yourself, has hopes, strengths, and wisdom. To you they are not a diagnosis, a label, a disorder, or a problem to be solved. Knowing so much about themselves, they are partners in the quest for change and growth.

People's *hopes* find expression in both change talk and sustain talk—what they do (and don't) want and need, and what they are (or aren't) able, willing, and ready to do. You need to know what motivates the people whom you seek to help. Sometimes your best work is mostly a matter of getting out of their way as they discover where they want to go and how to get there. You evoke, mirror, and clarify their change talk.

Something else that you need to know about people you intend to help is their *strengths*, what they can do, have done, and are able to do. Change and growth require a person's active participation. You may recommend or inspire, but the doing of change is the person's own responsibility. The more you understand someone's strengths, the better able you are to see how change can fit into those capabilities.

Sometimes your best work is a matter of getting out of a person's way.

To tap people's own *wisdom* about themselves, you ask their opinion. There is a temptation for helpers to become wisdom dispensers, and sharing your acumen can be part of your role, but understanding cannot be pushed in. That door opens from the

inside. Act out of curiosity for how this person thinks about the problem and the need to change. Interacting out of this curiosity, you are showing interest in the individual *as a person*, giving paramount attention to their well-being.

The Relationship

When practicing MI, you enter into a helping relationship with one or more people at a time. Above and beyond the individuals' contributions, the quality of this working alliance foreshadows outcomes in health care, education, and psychotherapy.⁵ There is good reason, then, to attend to the quality of your relationship with those you intend to help.

In MI there are some defining qualities of this working alliance. One is compassion—giving top priority to the other person's well-being and best interests. We include compassion as part of the spirit of MI because we recognize that some of the same influence techniques can be used in either benign or self-serving ways.⁶ As a quality of relationship in MI, compassion is not a feeling so much as a benevolent intention and commitment to foster the other's well-being.

The helping relationship of MI also honors the person's autonomy and self-determination.⁷ Even if you have some decisional power, as is the case for a teacher, probation officer, or employer, you still recognize and honor the person's volitional choice. Like shared decision making in health care, MI accepts people's decisions about their own welfare.⁸ It begins by recognizing and overtly acknowledging the person's independence.⁹ MI includes specific ways of *seeking collaboration* that explicitly share power, ask permission, seek consensus, acknowledge the person's own expertise, and emphasize choice.

An MI relationship is also not about doing something *to* or *on* people, but rather *for* and *with* them. It is not about fixing people. You can offer professional expertise as appropriate, but when it comes to people's change and growth, they are in the driver's seat. You cannot make people change or grow, although you can invite and facilitate it.

Relatedly, the helping relationship in MI is neither defensive nor adversarial. Your workdays are likely to be unhappy if you think of your job as trying to overcome or outsmart those you serve. As we said in Chapter 1, MI is like dancing together, not wrestling. If the going seems rough, listen harder. If you're unsure how your relationship is going, ask! An evidence-based trend in counseling and psychotherapy is to ask for clients' feedback after every session. Obtaining such regular feedback and making course corrections in response to it have been shown to substantially improve treatment outcomes.¹⁰

Can We Chat? An In-Depth Example with Commentary

A good friend asked one of us (Steve) to chat with her partner, who had been struggling with some personal emotional issues. Could I aid him in considering what kind of professional help he might seek? I offered to do so as friend to friend, and we found a private space to talk in the back corner of a coffee shop. As with other examples, his name and personal details have been changed to protect anonymity.

The coffee arrives and Jim comes straight out with it. He had been severely physically abused as a child, was removed from the home, and was taken into foster care. Many troubles followed. He did poorly at school, and though his foster parents had been supportive, he felt anxious, alone, and friendless most of the time. Now as an adult he still feels “very vulnerable.” Anxiety and despair come in waves that can last for weeks, to the extent that at times he feels suicidal.

Bill Commenting on the Helping Relationship

“Jim jumps right in the deep end, sharing painful facts of his history and his continued suffering. He lays his life open, willing to be vulnerable and trust Steve. He is perhaps anxiously wondering how Steve will respond to all this. Is there some help for him? There is the uncertainty of newness. What will this person think of me? Who is in charge here? Is this person trustworthy? Where is this conversation going?”

Steve Commenting on Himself

“Within 2 or 3 minutes I notice feeling the emotional weight. So many problems, one after another, and my mind is racing through possible diagnoses and remembering procedures for assessing suicide risk. I realize I am just going through the motions of listening, wondering where this conversation would end. I have heard plenty of this kind of stuff before. Now here is another story of terrible abuse and more. I have the impression that Jim is also going through the motions, following some kind of prepared script, listing his problems perhaps because ‘that’s what you do when you talk to a psychologist.’ It was as if both of us were on automatic pilot. Time to change tack, but how?”

STEVE: (*after a few minutes of conversation*) Jim, can we just pause for a moment here?

JIM: Oh, OK.

STEVE: You are telling me about all these difficulties, and yet I know from your partner that you are a very capable and respected person at work, and are also loved and highly valued at home. You must be doing something right!

JIM: (*laughing warmly*) Thanks for that. Yes, it's true. I've learned a thing or two about life, if you know what I mean.

STEVE: Tell me.

JIM: For a start, I learned not to blame myself for the abuse.

STEVE: That's a victory of sorts, I guess.

JIM: More like a marathon to be honest. It took me ages to accept my lot and not blame myself, and that has helped a lot. At least I stopped bringing myself down like that. It was sort of like a habit I had gotten into, and it was hard to break.

STEVE: It's taken courage and more.

JIM: Effort. I learned to let go of that blame game, and so it makes it easier to forget and get on with life, but I still get this feeling of being very vulnerable, exposed. Sometimes I can't stop it from spiraling down and—this is frightening—I even want to take my own life. I never will, but the thoughts are hard to get rid of.

Steve on Himself

"After that initial shower of problem talk and noticing how heavy I was feeling, it was like a switch flipped in my head and I put on my 'strengths lenses.' Problems occur in the context of an ongoing life full of experience and strengths. I happened to know from his partner some of his positive experiences, and I pointed these out to him. Immediately, the engagement seemed to feel a whole lot deeper and our relationship more balanced. And now I know a bit more about his hopes—not to spiral down and feel so helpless. A focus is emerging."

Bill on the Helping Relationship

"Even as a friend, there could be a temptation here to become what Steve calls a 'deficit detective,' discovering and exploring the very real catacombs of misery. Continuing to listen empathically is compassionate in one sense, but likely to leave Jim feeling more dismal and out of balance. Steve noticed this in Jim's demeanor and in how he was feeling himself. How to restore some balance? Steve is also keeping his eyes on the horizon here, on the purpose of their conversation. His task is not to become Jim's therapist, but rather to help him find a way forward, including any professional help from which he could benefit."

“How did Steve know what to say? He was paying close attention not only to Jim’s expression in the moment but to his own internal reactions. With experience, Steve has also learned the values of those ‘strengths glasses,’ to look for what is resilient and capable in a person to counterbalance the challenges. This is of value not only to the person being helped, but to helpers as well. Seeing only problems and deficiencies can predispose you to burnout. Looking for and finding positive qualities and accomplishments also offers you a means of getting a fuller understanding of people.”

STEVE: So here we are chatting away and you must be wondering how to not spiral down and feel so vulnerable.

JIM: That’s right. That’s what I’m looking for.

STEVE: And you’re wondering if a counselor or therapist might help you with that.

JIM: Yes, if I can learn to break that downward spiral, I wouldn’t need to feel so bad for weeks and weeks at a time. I notice that when I stop smoking it gets worse, and then I feel desperate for any drug that will give me release. Well, not just *any* drug (he laughs) but you know what I mean. It’s like a medicine that would let me get on with my life.

STEVE: So you did stop blaming yourself, and now you would like to find a way to keep from spiraling down.

JIM: Yeah, I want to work on that. Do you know a good therapist?

STEVE: I might be able to help yes, but can I first ask you, do you have any other questions or concerns?

JIM: Well yes, do you think I need to go back and examine the trauma with my Dad? I don’t mind, but I don’t want to just suffer going through this again if it’s not going to help, if you know what I mean.

STEVE: I am honestly not sure. I’m not experienced enough with trauma to feel confident to answer this, but I understand that you don’t want to suffer unnecessarily.

JIM: That’s right. I looked on the web and just got confused. It was so hard to work out what has good evidence behind it, and there’s all these fancy terms for different therapies. I had this appointment with a therapist two days ago in a trauma clinic place and she was fine, and suggested mindfulness but this just seemed like fluffy stuff to me.

STEVE: It somehow didn’t feel right for you.

JIM: She was OK, but she sort of flipped over this and that topic. She gave me a depression scale, and I came out at the low end as moderately depressed. That was helpful and a bit of a relief. I was not as bad as I thought I might be. But the fluffy stuff is what I don’t want.

Steve on Himself

“At this point I am wondering, ‘What does he want from a therapist?’ I am putting the answers on little pegs in the back of my mind. To stop the downward spirals, yes. Perhaps to reexamine his history of trauma, but only if that would be helpful. What else, I wonder. It would be easy to close this down now, but my instinct is to slow down and listen some more.”

Bill on the Helping Relationship

“The primary feeling of their relationship at this point is *collaborative*. Jim began describing problems; now they are sorting out together how best to move forward. They are partners discussing the *how* possibilities of change. It happened relatively quickly. Steve first evoked some counterbalancing strengths and then invited some planning discussion without prescribing a plan himself.”

STEVE: I’m wondering how you feel about this trauma clinic experience.

JIM: Well, I’ll go back for another session, but somehow this did not feel like the answer.

STEVE: Something was missing.

JIM: Well, we danced around this and that topic, and maybe good things will come out of it eventually. I’ll go to one more appointment, and then I might stop. I never really took to the fluffy mindfulness suggestion, like it was the answer to all my prayers.

STEVE: It seems to you that she didn’t really understand what you need.

JIM: Something like that. I felt like I was just another patient going through the motions with her.

STEVE: And what you want help with is the spiraling down. You are willing to consider re-examining the trauma you experienced, and also you want to see someone who really cares about you.

JIM: That’s it.

STEVE: OK, so would it help if I made some calls, and then we can meet again to chat about the options?

JIM: Definitely, I would like that, thanks.

MI is not specific to a particular kind of helping relationship or context. In this example, it is being practiced friend-to-friend, but it could equally have occurred in a pastor’s office or an employee assistance program. The two people in this exchange did have different roles, as is characteristic of MI. One was in a helper role, the other had requested assistance. Steve was

working hard to gain a beginning understanding of Jim's perspective and hopes, and to consider how to help. There are also some hallmarks here of well-practiced MI. Jim talked more than Steve did, and it flowed as a conversation rather than a question-and-answer session. In addition to affirmations, Steve voiced twice as many reflections as questions, and he offered (with permission) some expertise.

Again, we emphasize that MI is not something you do instead of or in addition to what else you do. Rather, it is a *way* of doing what else you do—in this particular case, having a helpful conversation with a friend. MI doesn't have to take a long time. Busy health care workers sometimes worry that "I don't have time for this," but actually MI can save time. Empathic listening moves the conversation along and may yield more information than you would gain with a series of specific questions. MI is purposeful, and a lot can happen within a relatively short time while strengthening rather than sacrificing relationship.

Empathic listening may yield more information than a series of questions would.

From your perspective as a helper, perhaps the most persuasive reason to learn and practice MI well (beyond the evidence-based benefits to clients) is its impact on your own happiness in life and work. Not everyone finds this to be so; MI is not for everyone. If you have read this far, however, chances are that you find some positive resonance of MI for yourself. There is inherent satisfaction in bringing a calm, curious mind and a compassionate heart to your work and to those whom you serve, in being a healing presence amid a traumatizing world. Instead of trying to make change happen and fix people, there is a joy of witnessing them choose and pursue change and growth for their own reasons. In this way, developing skillfulness in MI is not only a boon to the people you help, but to yourself as well.

Developing skillfulness in MI is not only a boon to the people you help, but to yourself as well.

So how do people learn MI? That is the topic to which we now turn in Part IV. There is already extensive research on how to help yourself or others practice MI well, and there is no single prescribed formula. People learn MI in different ways and at various paces. The task really is to find what is the best way for *you* to learn it.

PERSONAL PERSPECTIVE: A Soccer Story

Fluid conversations about change occur naturally and can be boosted by knowing and practicing MI. One sports coach I mentored had the

idea of transforming half-time team talks such that the players themselves would say how they might improve in the second half. This idea was nicely compatible with the spirit and practice of MI. Instead of players being told what to do, could they improve their game through constructive conversation? She explained this challenge to her team, and they started trying this on practice days. She would pose a question, and the players took turns answering it, listening without interruption to each other's replies. Then she would summarize key messages in what the players offered and might pose a further question. The team became so good at this that on game days they had a new routine. Instead of being ordered or scolded during huddles or at half time, the players were offering their own ideas about what to do. The coach also noticed a difference: after the huddle or half time, the players actually *did* what they had decided. In time, the senior players were able to generate the questions and to summarize the key messages themselves. There is no way to know whether this change in half-time communication was responsible, but they also started winning more of their games.

—STEVE

KEY CONCEPTS

- Beginner's mind
- Seeking collaboration

KEY POINTS

- In the role of a helper-guide you do not become a different person. You are still yourself.
- In MI, you invite change and make it more possible.
- Part of a guide's task is to keep an eye on the horizon.
- MI is a way of doing what else you do.

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PART IV

LEARNING AND STUDYING MOTIVATIONAL INTERVIEWING

Reading the preceding chapters can help you to learn *about* MI. The three chapters of Part IV are about continued learning, with the aim of gaining greater fluency and mastery. Chapter 16 describes the extensive literature on how to acquire skillfulness with MI through practice, feedback, and coaching. Like developing proficiency in cooking, sports, or musical performance, learning MI is an ongoing process. With experience and guidance, the fundamentals described in this volume become artistry. As described in Chapter 17, there is a whole science of learning from close analysis of motivational interviews, increasingly assisted by artificial intelligence tools. The largest research literature by far, however, evaluates the outcomes of MI in practice, summarized in Chapter 18. We keep on learning.

CHAPTER 16

Learning Motivational Interviewing

You need knowledge and you need skill. Knowledge you can even get just from reading a book. Skill you cannot get from a book—you need to practice again and again.

—PAUL EKMAN

We have two ears and one mouth, and we should use them proportionally.

—SUSAN CAIN

So how can you develop skillfulness in the practice of MI? What does it take to teach and learn this approach? There is already a large body of research on this topic.¹ Our early assumption was that it could be accomplished through clinical training workshops, which is a fairly standard method for continuing professional education. In our first evaluation of MI training, providers gave us recorded samples of their practice with clients prior to attending a 2-day clinical workshop.² To demonstrate what they had learned after the workshop, participants interviewed an actor who was portraying a standardized client role. Then 4 months later, they provided another recorded sample of their actual clinical work applying MI. This study required us to develop the first Motivational Interviewing Skills Code (MISC) to measure the quality of MI, a complex observation system of global ratings and behavior counts for both counselors and clients.³

On satisfaction questionnaires, participants in the workshop gave us high marks on the quality of training and subsequently indicated that they were using MI and finding it very helpful in their own practice. However, expert observers' coding of their sessions with clients told a different story. Some skill improvements took place immediately after training (when interviewing an actor) but quickly faded. Some tiny (albeit statistically significant) changes remained at 4 months—for example, there was one more reflective listening response per 10 minutes of counseling—but it wasn't

enough to make any difference to clients, whose in-session responses changed not at all. In essence, there was little evidence that the participants had been trained in MI despite their self-reported substantial gains in skills. You can't tell how good someone is at listening just by asking them; they don't know what they don't know.⁴ Because MI is relatively brief and it can *look* easy when done well, people expect it will be straightforward to learn. It turns out that developing skill in the practice of MI is not as easy as we imagined.

Even when it doesn't give the answer that you hoped for, well-done research can teach you to ask better questions. We moved from the naïve question,

MI can *look* easy
when done well.

"Does MI training work?," to asking, "What does it actually take to help people develop competence in MI?" In a controlled trial comparing different training methods, we tested the impact of two follow-up enhancements on quality of practice up to 12 months after a clinical MI workshop.⁵ One extra aid that we provided after workshop training was individual *feedback* given to trainees based on objective coding of their recorded practice sessions. The other was some personal *coaching* with up to six half-hour telephone calls in the months following the workshop. Either (or both) of these enhancements substantially improved learning and maintenance of MI skills. However, there was only one condition in which we observed a significant change in how their *clients* were responding (in change talk and sustain talk); this happened only when providers had received *both* individual feedback and personal coaching in addition to their workshop training.

This is now a fairly consistent finding in training research: that merely attending a workshop often has little or no impact on practice behavior.⁶ Why did we ever think it would? Imagine just receiving classroom instruction in tennis, French cuisine, playing guitar, or flying an airplane. The normal way to learn such complex skills involves observed practice with some expert coaching.

The research literature on teaching and learning of MI is already large enough to warrant multiple meta-analyses.⁷ Here is a summary of lessons learned thus far:

- MI is learnable. Averaging across a variety of training approaches, providers usually do show medium to large increases in MI practice skills.
- Learning MI on your own is not easy. Just reading about MI or watching demonstrations is unlikely to improve your skillfulness.
- Similarly, attending a class or workshop on MI may produce some short-term improvement in practice skills but is usually not enough in itself to sustain competence.
- People normally overestimate their own proficiency in the practice of MI.

- Receiving objective feedback and expert coaching based on observed practice strengthens learning and maintenance of competence in MI.⁸ When we are invited to offer a training workshop on MI, we are now likely to ask, “Do you want your staff to know *about* MI, or do you want them to be able to do it?”
- The ability to learn MI seems unrelated to one’s years of education. Even people with advanced degrees can learn it!
- Demonstrated skill in empathic listening (as described in our chapters on engaging skills) is a very good head start in learning MI. When we had to train therapists for a multisite clinical trial within a relatively short period of time, we screened and preselected for reflective listening skills, which substantially facilitated learning of MI.⁹

There is no standard “dose” of training that is sufficient or required for people to develop reasonable skillfulness in the practice of MI. What makes more sense is to train up to a skill criterion. It’s also prudent to assume that you are not finished with learning after initial training. As in music or sports, we do see some prodigies in MI who seem to develop talent quickly, sometimes with little formal training. We have also worked with people who struggle to learn and practice the fundamentals of MI even with extended training. In between these extremes there is wide variability in how much time and training people require to become comfortable and capable with MI. This in turn raises the question, “Capable enough for what?” How will the learner be using MI? Some applications of MI require a higher level of proficiency and flexibility. For those applying to a *Training of New Trainers (TNT)*, the Motivational Interviewing Network of Trainers (MINT)¹⁰ has required a practice sample demonstrating reasonable skillfulness in the practice of MI. The rationale is straightforward: in order to teach pianists, you ought to be able to play piano well yourself. A competent trainer should be able to demonstrate MI when teaching and provide practical examples when questions arise.

The good news is that after initial training, a relatively modest amount of follow-up coaching can often yield a reasonable skill level. In the randomized trial of training methods mentioned earlier,¹¹ we found that an average of five 30-minute telephone coaching sessions brought clinicians up to a reasonable level of competence in observed practice, enough to be satisfied that they could deliver MI in a clinical trial. This belies the sometimes-expressed worry that developing proficiency in MI requires an extraordinary amount of time and training. Such skill enhancement can also be achieved in group format. After initial training, primary care clinicians meeting as an interprofessional learning community experienced a “paradigm shift” in their understanding and practice of MI, transitioning “from education to evocation, confrontation to acceptance, imposition to

collaboration, and protection to compassion,” and thinking of themselves as health guides rather than health experts.¹²

We honestly don’t know what accounts for differences in how readily people learn MI. We tested a variety of personality characteristics that we thought might predispose people for learning MI. None of them did,¹³ nor, as noted above, did years of advanced education or professional background. Already being skillful in accurate empathy makes it easier to learn the rest of MI (such as evoking change talk and responding to sustain talk and discord),¹⁴ but that’s somewhat tautological because MI is inseparable from high-quality listening. It’s like predicting skill in calculus from mastery of algebra.

Thus armed with much research and experience as well as a bit of mystery, we set out in this chapter to help you develop your skills in the practice of MI. Here’s what we know so far.

Engaging Skills

A vital first step in learning MI is to strengthen your comfort and competence with the person-centered engaging skills described in Chapters 4 and 8. These are valuable helping skills in themselves and provide a strong foundation for the overall method of MI. Indeed, learning the rest of MI is not viable without some proficiency in empathic listening skills.

There is some good news in this regard. Daily life offers regular conversational opportunities to practice your skills in asking open questions, affirming, reflective listening, and summarizing (OARS).¹⁵ When you do practice in this informal way, you can receive natural feedback by paying attention to how people respond. When you reflect, for example, there is usually immediate feedback (both verbal and nonverbal) about the accuracy of your guess. When you reflect well, the person normally keeps talking and clarifying even if your initial reflection wasn’t quite right. People also tend to appreciate good listening. It’s a rewarding experience to be given someone’s full attention with no purpose other than understanding. Thus, you don’t need special occasions to practice engaging OARS skills. The opportunities are there in everyday conversation. The point is to be intentional about practicing the skills that you want to strengthen. Of course, you can also arrange opportunities specifically to practice MI with others who want to learn it, noticing what happens as you try out various component skills.¹⁶

Here is an example of engaging skills practiced outside the context of a helping relationship. The setting is a family dinner with relatives who do not visit often. They have been welcomed as guests and have settled in, and now they sit down with their hosts for an evening meal. The conversation turns to politics, and one of the visiting relatives voices a strong opinion that differs from the hosts’ own views.

HOST: You feel strongly about this. [Reflection]

RELATIVE: Yes, I do! It's a matter of faith for me.

HOST: And I know that your faith is important to you. You try to live your life in a way that is true to what you believe. [Affirmation]

RELATIVE: I do. It's hard sometimes, but it's how I want to live.

HOST: Even when it's difficult. [Reflection, continuing the paragraph]

RELATIVE: I get into some real arguments with people who don't agree with me. I don't know; maybe you don't agree with me. [Potential discord]

HOST: What I value is that we are family, and I care about you. [Affirmation]

RELATIVE: That means a lot. We're family.

HOST: How about this. I would like to hear more about what you think on this hot topic. I want to just listen so I can understand you better, without interrupting, agreeing, or disagreeing. Actually, I need more practice in listening to people on hot topics like this because I think we should be listening to each other more even when it's hard. Are you willing to do that? [Asking permission]

RELATIVE: Just talk about what I believe?

HOST: Yes, and why it matters to you. What you really care about.

RELATIVE: And you're not going to argue with me?

HOST: Nope. I may ask you a few questions, but mostly I just want to listen and understand what you think and feel on issues like this. Is that OK with you?

RELATIVE: Sure. Talking about myself is easy.

HOST: Good! So tell me a little more about what you were saying before.

The relative is right; it's easy for most people to talk about what they believe. It's the host who has the more challenging job here: sticking with pure empathic listening. I (Bill) intentionally did this recently with several friends whose political views were, I suspected, different from my own (which actually could be almost anyone). I spent an hour practicing reflective listening with each of them, and I unexpectedly found that once I put on my listening hat, it was surprisingly easy. That's all I had to do—just listen well! No other agenda. When we finished an hour, one of my friends said, "Now I want to listen to your views" and he did.¹⁷

Beyond Engaging Skills

MI is much more than good listening. The vital person-centered skills are then applied in purposeful ways to help people move toward change.¹⁸

Empathic listening can be done without any particular goal in mind.¹⁹ In MI, the *focusing* task (Chapters 5 and 9) identifies specific change goals toward which you then move using some technical skills for evoking motivation for change.²⁰

First among these skills, you need to be able to *recognize* change talk, sustain talk, and discord as especially important natural occurrences that signal whether you are headed toward or away from change. You therefore train your ear to *notice* these particular forms of speech when you hear them. If you fail to notice them, you can't intentionally adjust your own responses accordingly. You should also promptly notice conversational patterns that are likely to be detrimental. For example, if you find yourself arguing for change while the other person is arguing against it, you should recognize that it's time to adjust what you're doing. MI involves ongoing in-the-moment awareness of what is happening in the language of change, with particular alertness for change talk, sustain talk, and discord.

Second, as discussed in our chapters on the evoking process, you don't just wait for change talk to happen, but you *invite* it. You arrange the interview to evoke change talk through strategic use of OARS, for example by consciously asking *particular* questions rather than others. MI therefore also involves ongoing in-the-moment awareness of your own speech and the person's reactions to them. You think one step ahead. "If I ask this question, how is this person likely to respond?" "Where is there change talk in what I just heard, and how can I invite more of it?"

Third, within the evoking task, you consciously respond in ways intended to *strengthen* change talk. Thus, an important part of MI is what you say *next* after you hear change talk. You differentially reflect, affirm, and summarize change talk when you hear it and pay close attention to how the person responds. The technical skills of evoking thus involve recognizing, inviting, and then strengthening change talk.

After you hear change talk,
what will you say next.

Here is an example of practicing MI skills beyond engaging. The setting is an after-school program in which students can enroll, staffed by volunteer tutors. The student is a 10-year-old boy, Liam, who is reading below the expected level for grade 5 and worried about going on to middle school next year. The tutor is a retired high school geography teacher. They were introduced and visited the Book Café together where Liam picked out two books that looked interesting to him.

TUTOR: I know both of the books you chose. What did you like about them?

LIAM: This one has a couple of boys looking down a deep hole and I wonder what's in it.

TUTOR: You want to find out. [Reflection, continuing the paragraph]

LIAM: Yeah. And this one has all kinds of things on the cover—some kind of castle, a horse, kids; this looks like a dog or a lion, and a big face up here, I can't tell what kind of face it is.

TUTOR: Just the cover makes you curious, like you want to know the story. [Reflection]

LIAM: I like books with more pictures, though.

TUTOR: They're easier for you. [Reflection, a guess]

LIAM: And it gives me a picture of what's happening; it helps me imagine it.

TUTOR: Books let us imagine things we've never seen. [Reflection]

LIAM: Do you do that, imagine things?

TUTOR: I do! I like to imagine places where I've never been. It sounds like you do that, too. What do you enjoy most about stories? [Evocative question: Desire]

LIAM: I don't know what's going to happen next.

TUTOR: It's kind of exciting like an adventure, wondering where the story will go next. [Reflecting change talk]

LIAM: But books like this are hard; I get tired and don't remember what I read. [Sustain talk]

TUTOR: And yet here you are, staying after school to get better at reading. Why did you sign up? [Evocative question: Reasons]

LIAM: My teacher said I should. I do want to be able to read better. I need to. [Change talk] Next year I'll be in sixth grade and it will be harder.

TUTOR: You're looking ahead and want to be ready. [Reflecting change talk] And, also I do see that interest and curiosity in you, ready to discover and hear more stories. [Affirmation] There are stories on TV and movies, too, but you know what I love about reading books?

LIAM: What?

TUTOR: It lets me use my imagination. Instead of making up the pictures for me, I can see them in my mind. So let's try it, OK? [Asking permission]

LIAM: All right.

TUTOR: Which book should we start on? [Offering choice]

LIAM: This one—*Holes*. Will you read to me?

TUTOR: I'll start off and we can take turns, a page at a time.

LIAM: OK.

TUTOR: (*Reads a page and then has Liam read the second page to get a sense of his reading ability.*) That's Chapter 1. What are you already wondering about? [Open question]

LIAM: I don't know who's telling the story. It's some kind of camp, but

there's also a warden and poisonous snakes and stuff. What's going on?

TUTOR: Good! Two pages and you're already curious. Chapter 2 is just one page—my turn. (*Reads it.*) So now what do you know?

LIAM: It's a boy named Stanley, and it's like a prison camp of some kind. He did something bad, and that's why he's out there in the desert.

TUTOR: What do you think will happen next?

Liam is already engaging with the Tutor and the story. Beyond engaging, the Tutor already has a shared focus (“I want to be able to read better”) and has been evoking some motivation in the form of change talk. The immediate emphasis is not on problems and deficits but on interests and abilities. The Tutor is already using some strategies that can strengthen reading skills, but it flows like an interesting conversation.

Softening Sustain Talk and Discord

There is more than change talk to attend to when practicing MI. You are listening more broadly to the person's emerging story and reactions, and are remembering the horizon toward which you have agreed to move. You are considering possibilities for what you could say and how the person might respond. You are monitoring your own reactions, letting go of the fixing reflex, perhaps clearing your mind so as not to obstruct the person's own explorations of change, and all the while keeping the foundational spirit of MI in the background: partnership, acceptance, compassion, and empowerment. That's quite a lot to keep in mind.

In all this, you are also prepared to respond to something at least as important as change talk. In fact, some research now suggests it may be *more* important—which is the sustain talk and discord described in Chapter 14. These matter because if they continue, they do not bode well for change. In MI there are particular ways for responding to sustain talk and discord so as not to strengthen them. A key here is not to let negativity hook you into a fixing reflex, but rather to continue responding with the same empathic spirit and approach. There is not really a different set of skills for this; the overall MI approach is the same. The most common and often effective responses are reflections, which are sometimes amplified a bit or offered in double-sided format. Once again, your most important cue is how the person responds to what you say. It can take a while to soften sustain talk or discord, but they should be decreasing in intensity. If you see *increasing* negativity, try a different approach from what you were just doing. The person across from you is your best teacher for finding the right way forward.

Here's an example of an angry restaurant employee who has been pulled into the supervisor's office after a brief incident with a couple of customers.

SUPERVISOR: You were kind of annoyed with those customers. [Reflection, understating]

SERVER: Sorry I got riled up. It's like they were ganging up on me.

SUPERVISOR: What especially bothered you? [Open question]

SERVER: They couldn't make up their minds and they kept changing; then when I brought them what they ordered they said it wasn't right and blamed me.

SUPERVISOR: That can be frustrating when it doesn't seem like it's your fault. [Reflection] What do you think might have happened? [Open question]

SERVER: They probably didn't remember what they ordered when they finally made up their minds. I don't think I got it wrong.

SUPERVISOR: You're pretty sure you got the order right. [Reflection]

SERVER: I am fairly sure. I wrote it down. But the way they lit into me!

SUPERVISOR: So you think you were doing everything right, and at the same time you seem to know you didn't handle this well. [Reflection, double-sided]

SERVER: Yes, but it wasn't my fault.

SUPERVISOR: It's not a matter of who's to blame, so don't worry about that. We get all kinds of customers in here. What do you think you should have done? [Open question]

SERVER: Instead of saying "Whatever" and walking away?

SUPERVISOR: Right.

SERVER: Take a deep breath and say nothing?

SUPERVISOR: That's one possibility. Now from your training here, what is the restaurant's priority with customers?

SERVER: Good food, good service, and we want them to come back.

SUPERVISOR: Even if you don't personally hope they come back. [Continuing the paragraph, lending change talk]

SERVER: (*Grins.*) Right. Sorry.

SUPERVISOR: You do good work. I like you, and I want you to stay here and learn. [Affirmation] So what else might you have said to them? [Open question]

SERVER: I'm sorry it's not what you wanted. What can I bring you?

SUPERVISOR: Good. People feel entitled to get what they want when they come here to eat, and we do our best to give it to them.

SERVER: With a smile.

SUPERVISOR: Yes, you're right. With a smile. Do you think you can do that?

SERVER: Yes. [Change talk, ability] I will. [Change talk, commitment]

Here's a situation where the supervisor has a responsibility to the restaurant and the customers as well as to the employees. Change was needed in the server's behavior—a clear focus. It would have been easy to lead with criticism or blame. Instead the supervisor opened with reflection, open questions, and affirmation to move toward the needed behavior change.

Deliberate Practice

Now, all of that is a lot to pay attention to during conversations. In the busyness of an interview you may well miss important things that are happening in the language. If you are able to go back and review your practice, it is often possible to notice things you weren't aware of during the interaction itself.

Reviewing your own work is one form of *deliberate practice*—setting aside separate time and special effort to get better at what you do. For musicians this requires regular practice between performances. In sports it can be focused repetitive drills of particular techniques or moves, or review of recordings of yourself in action. What separates more from less effective therapists is the amount of time they spend in deliberate practice *outside of actual sessions with clients*.²¹ Delivering a service is performance; deliberate extra practice improves your skillfulness. That's why there are driving ranges, batting cages, flight simulators, and keyboard finger drills.

There are many ways to get deliberate practice with interpersonal skills.²² You can rehearse specific component skills such as affirming, reflecting, or asking open rather than closed questions. As we mentioned, you might do this in everyday conversations or in focused practice sessions. People can work together in a collaborative *learning community* to practice particular skills and give each other supportive feedback.

It can be particularly helpful to review recordings of your actual practice of MI. Rather than trying to remember what happened afterward, recordings can give you more accurate information with the benefit of being able to pause, reflect, discuss, and reverse or fast forward. Client permission is required before you record, and usually audio recording is sufficient. You can review recordings yourself or in the company of a coach or peers in a learning community. Who did most of the talking? In MI the interviewer usually is speaking less than half of the time.²³ When

reviewing MI practice, listen in particular for any change talk, sustain talk, and discord. What were you saying just *before* these occurred, and how did you respond to them? You can count your specific responses (like reflections and questions) and notice how people reacted to them. Ideally, you should be offering at least as many reflections as questions; better still, twice as many. At particular points in the interview, *how else* might one respond in an MI-consistent way? There are many ways to do MI well.

Offer at least as many reflections as questions; better still, twice as many.

FOR THERAPISTS: Coaching and Supervising MI

More senior therapists are often called upon to guide less experienced workers in delivering clinical services. *Coaching* is a teaching role to help people develop specific kinds of skillfulness. *Supervision* adds to this legal responsibility for the quality and outcomes of services provided by those you oversee. Whether as a coach or supervisor, you can help people learn and continue to develop their MI skills.

In order to do so, you need to observe practice directly. When trainees come out of a treatment session, some of the most important information may be what they didn't perceive, remember, or report. Usually, audio recordings done with clients' knowledge and permission will suffice. Our experience is that providers are usually much more reluctant about recording than clients are. When recording is presented as a routine measure for quality assurance, most clients consent. You can offer to turn off the recorder at any time when a client is particularly concerned about content. Clients usually appreciate this control, but our experience is that they rarely request it. You must protect these recordings with the same high standards for other confidential clinical records. We also recommend erasing such recordings after a fixed period of time when they have served their purpose for training or supervision.

We also recommend using a structured observation system to code what is happening.²⁴ If you listen to practice together with a trainee, you can both code the session and then compare your results. Usually, a selected 10-minute segment is sufficient to get a good sample of practice.

It can be tempting to give a trainee multiple suggestions for changes in practice. At least with ongoing coaching or supervision, we recommend instead making *one* recommendation to try in a next session. This requires considering what is *most* important for this

particular trainee at this point in learning. Be sure to be generous and specific in recognizing what your trainee is doing *well* so that affirmation of good practice exceeds any suggestions for improvement.

Reviewing Your Skills

In this edition, we have described a variety of component skills that you can combine when practicing MI. Learners sometimes get stuck at particular points when developing MI skills.²⁵ Inspired by an idea from Elizabeth Larson and Beth Martin,²⁶ we developed the following list of component skills of MI. As you read through the list, consider how you would rate your own preparedness to implement each of these skills in helping others. Rate your own confidence in each of these abilities using this scale:

How confident are you in your ability to: _____											
0	1	2	3	4	5	6	7	8	9	10	
Not at all confident			Somewhat confident			Fairly confident			Very confident		

In rating yourself, remember that the items are not asking whether you know *about* each skill, but rather how confident you are in your ability to *do* it well. What confidence number would you now give yourself for each of these abilities?

The Spirit of MI (Chapter 1)

1. To see a *person* first rather than deficits, a diagnosis, or a problem to be solved
2. To bring a beginner’s mind to helping relationships, not assuming that I already know
3. To restrain my fixing reflex to repair people and problems
4. To be a collaborative guide in helping people change, drawing on their own wisdom
5. To communicate nonjudgmental acceptance of people as they are
6. To give top priority to the health and well-being of the person I am helping
7. To affirm people’s strengths and ability to make their own choices

Engaging (Chapters 4 and 8)

8. To ask more open than closed questions during an interview
9. To turn a question into a reflective listening statement

10. To talk less than half of the time during an interview
11. To notice and affirm people's positive actions and characteristics
12. To provide *complex* affirmations that highlight enduring strengths
13. To offer *at least as many* reflections as questions during an interview
14. To offer *twice as many* reflections as questions during an interview
15. To use *sustained* reflective listening to understand accurately what someone means
16. To offer *continuing the paragraph* reflections rather than rephrasing what was said
17. To recognize signs of discord in a working relationship
18. To deescalate someone's discord and angry responses
19. To use complex reflection or reframing to suggest a different meaning
20. To remember and pull together in a summary what someone has said

Focusing (Chapters 5 and 9)

21. To develop a working alliance toward agreed-upon goals
22. To help people choose a path among possible change goals
23. To develop clarity when change goals are unclear
24. To maintain neutrality when I choose to do so by using a decisional balance

Evoking (Chapters 6, 10, and 11)

25. To help ambivalent people express their *why* of change
26. To notice and recognize change talk when I hear it (DARN CATs)
27. To cultivate change talk with directional questions
28. To use importance and confidence rulers to evoke change talk
29. To offer a double-sided reflection ending with change talk
30. To ask permission before offering information or advice
31. To provide information or advice in an ask–offer–ask format
32. To respond to sustain talk in a way that softens rather than strengthens it
33. To recover from making an MI-inconsistent response that evoked discord
34. To respond to most change talk with OARS
35. To plant seeds when there seems to be little change talk to evoke
36. To pull together a person's own change talk in a “bouquet” summary

Planning (Chapter 7)

37. To “test the water” on readiness to transition from *why* to *how*
38. To evoke a person’s own ideas for how to accomplish a change
39. To strengthen a person’s *confidence* using MI skills
40. To help people identify their strengths and past successes

For items where your confidence rating is lower, what might you do to increase your comfort and ability?

A Way of Being

Proficiency in MI is more than an average of your abilities in the above component skills. Each skill is like one instrument in an orchestra, and it is in putting their sounds together that music is created. As you develop and strengthen these skills, they begin to flow together into a collaborative, accepting, compassionate, and empowering way of being in helping relationships. Over time you can continue developing your skillfulness in this way of being.

Each skill is like one
instrument in an orchestra.

In this chapter, we encouraged you to review your own practice of MI. Next, in Chapter 17, we provide some structured tools that you can use when listening to MI conversations.

PERSONAL PERSPECTIVE: Learning MI

No question—people also learn well from sharing experiences and stories of success and failure. Practicing MI is not about being clever but rather about being aware of how and what you say impacts people. The magic lies in a kind and thoughtful attention to their path to well-being, supported by your advice and ability to structure a helpful conversation. For me personally, a single experience opened up a path to learning MI, and it was not a pleasant one.

In the 1970s, I was a young nurse in training, working in an addiction treatment center in Cape Town, South Africa. Despite the undoubtedly good intentions of all involved, treatment at the time was guided by a set of beliefs about what was best for people, and this included confronting them about the extent of their denial and poor motivation. After all, as the textbooks said at the time, being in denial was part of the illness and needed to be broken down. This was a short step to the

use of confrontational interviewing, routinely used in both individual and group therapy. A young man with a reputation for “resistance” said nothing throughout a group meeting, then went home and shot his wife and himself, leaving behind two little daughters.

This experience sat there as a life lesson on the need to be gentle with people as I trained to be a clinical psychologist. Then I read that first paper on motivational interviewing and my learning about helpfulness was transformed.

—STEVE

KEY CONCEPTS

- Deliberate practice
- Learning community
- TNT—Training of New Trainers
(in the *MI Network of Trainers*)

KEY POINTS

- Those who are already skillful with empathic listening have a head start in learning other MI skills.
- Beyond the *relational* skills of good listening and engaging, the *technical* skills of evoking involve recognizing, inviting, and strengthening change talk.
- Don’t let sustain talk or discord hook you into a fixing reflex; continue responding with the same empathic spirit and approach.
- There are many ways to get deliberate practice with these interpersonal skills.
- Reviewing recordings of your own practice is a good way to strengthen your proficiency with MI.

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Learning from Conversations about Change

In theory, there is no difference between theory and practice. In practice, there is.

—ANONYMOUS

Playing soccer is a simple game; playing simple soccer is one of the hardest things to do.

—JOHAN CRUYFF

We learned early that in order to help someone improve their practice, we needed to observe their work. Imagine trying to help singers improve without listening to them or trying to help tennis players get better at the game without watching them on the court. Self-report of what happened in a practice session is not sufficient. In order to develop skill, sometimes what you need to know is what you *didn't* see, hear, or remember in the busyness of practice.

Listening to Practice

The recording of practice sessions makes it possible to review the work later. Although video recording adds some information, we have found that audio recording is usually sufficient. Recording actual practice for quality monitoring is now fairly common with services that are provided by telephone or electronic media. Written permission from clients should include the purpose(s) of recording, who will review it, how recordings will be protected, and when and how they will be destroyed.

Recordings can let you review your own work or allow a coach or

supervisor to observe you in action. We once thought that listening to samples of MI practice could be deadly dull, but the opposite turned out to be true, at least for us. When listening to actual practice, you can see the interpersonal processes of MI at work, right down to the level of what people say after particular counselor responses.¹ Beyond listening for subjective impressions, you can use objective observation scales like those described later in this chapter.

Do take time to review your own work. Better still, get together with others who want to sharpen their MI skills, listening to and learning from each other's practice. In such a *learning community*, the purpose is not competition but mutual support to develop better proficiency together. Excellent resources are available suggesting multiple ways to practice MI skills with others.² Here are several suggestions if you launch such a group.

- Don't just *talk about* practice, but listen to actual practice (such as audio recordings) or do live practice in your group. We have found that a 10-minute sample of recorded or live practice is usually sufficient for fruitful discussion afterward. You can use *role play* (portraying people in a situation where MI can be used) or *real play* in which the recipients of MI are speaking as themselves on a real-life topic that is safe to share in the group. We find that in real-play practice, both participants tend to learn more.

- Be generous with positive feedback. It is tempting and easy to come up with "You could have . . ." suggestions, but try focusing instead on what the interviewer did *well*. We have developed a format in which participants keep notes of MI-consistent responses while observing a 10-minute practice segment and are also responsible for thinking of one suggestion they might make to strengthen MI skills. Having something active to do keeps observers more engaged rather than passively watching practice. After the practice segment, members then take turns describing a positive MI skill they noticed until all such observations have been voiced. Finally, *one* person is chosen randomly (for example, by rolling dice) to offer their one suggestion.

Take time to review
your own work.

- When learning MI, it is also helpful to code practice sessions using a structured observation system like those we will now describe.

Rating Scales

In order to assure and improve quality of practice, it is good to have reliable measures of component skills. Developing objective observational systems to document the quality of counseling has a long history. Some of the earliest work was done by Carl Rogers and his students.³ Once audio recording of counseling sessions became possible, they developed structured rating

scales so that different observers could reach converging conclusions about the quality of accurate empathy, positive regard and genuineness being demonstrated by counselors.⁴ One of the earliest ways to evaluate the quality of practice objectively was to develop rating scales. In this approach, trained observers assign numbers to a particular sample of practice. The observation can be done live in real time or later by reviewing a recording or transcript.

Typically, behavioral descriptions are provided to guide the assignment of specific number ratings. For example, an early measure of accurate empathy used a 5-point rating scale with behavioral descriptions of each number which observers could use in arriving at a rating.⁵ The lowest (1) rating was, “gives little or no attention to the client’s perspective,” whereas the highest (5) rating was assigned for showing “evidence of deep understanding of the client’s experience, not just for what has been explicitly stated, but what the client means but has not yet said.” A middle (3) rating was given for “actively trying to understand the client’s perspective, with modest success.” Ideally, different observers using such a scale will assign the same number, or close to it, when rating the same sample of practice. This is called *interrater reliability*, which usually requires careful training of the observers as well as ongoing monitoring to prevent drift.

A variety of scales have been developed for rating the quality of MI practice. One thorough review identified 21 different instruments.⁶ The first tool for this purpose was the *Motivational Interviewing Skills Code (MISC)*, which measured both provider and client responses.⁷ A simplified version, the *Motivational Interviewing Treatment Integrity (MITI)* coding system, focuses only on the provider’s responses. The current version of the MITI includes four 5-point global rating scales: (1) cultivating change talk, (2) softening sustain talk, (3) forming a partnership, and (4) showing empathy, the last-named being closely related to the original rating scale for accurate empathy.⁸ Other validated scales rate the extent to which more specific MI provider responses have been present (e.g., from “not at all” to “a great extent”) in brief health care consultations,⁹ community treatment programs,¹⁰ group therapy,¹¹ and replies to simulated client responses.¹² The *Motivational Interviewing Process Code (MIPC)* includes 5-point ratings of 13 component skills of MI as well as 12 MI-inconsistent responses.¹³ A *Motivational Interviewing Supervision and Training Scale (MISTS)* similarly has 7-point ratings of 16 MI component skills, with behavioral description anchors at points 1, 4, and 7 on all subscales.¹⁴ In sum, there is no shortage of MI rating scales.

Behavior Counts

In the hands of trained observers, such rating scales can be used reliably to document the quality of MI practice. It is difficult, however, to rate the

quality of your own practice accurately when you are using such rating scales. Self-ratings often overestimate what an objective observer would say. When observing your own practice, it can be more helpful to listen for specific responses. Observers can also be trained to code such behavioral responses reliably, providing learners with feedback that is more specific than subjective impressions or rating scales.¹⁵

In order to perform accurate counts of responses, you need to have clear definitions. Here are 10 such definitions adapted from a current (4.2.1) version of the MITI that one can use while listening to practice samples.¹⁶ You could use all 10 or a smaller subset when counting responses. All of these responses have been described in previous chapters.

1. **Questions.** This response includes all questions of any kind (open, closed, evocative, fact-finding, etc.). If the interviewer asks several questions in a row before the person answers, count it as only one question.

Reflective listening statements are made in response to something a person has said. They may introduce new material but essentially capture and return something that has just been said. They are counted as either **Simple** or **Complex Reflections**.

2. **Simple Reflections** add little or no meaning or emphasis to what a person has said. They do not go far beyond the person's original statement. A summary of several prior statements is still counted as a simple reflection if nothing is added to what the person said.

3. **Complex Reflections** add substantial meaning or emphasis to what the person has said. They may convey a deeper or more complex picture or add unspoken content. If a summary of prior statements adds new material, count it as a Complex Reflection.

4. **Affirming** statements accentuate something positive about the person, be it strengths, efforts, intentions, or worth. These statements reflect a genuine "prizing" of the person for a specific trait, behavior, accomplishment, skill, or strength. If an affirmation also sounds like a Complex Reflection, count it as Affirming.

5. **Giving Information** is counted when the interviewer gives information, educates, provides feedback, or expresses a professional opinion *without persuading, advising, or warning*. Typically, the tone of the information is neutral, and the language used to convey general information does not imply that the person must act on it.

6. **Seeking Collaboration.** The interviewer attempts to share power, seek consensus, or acknowledge the person's own expertise. *Asking permission* to offer information or advice or asking what the person thinks about it is counted as Seeking Collaboration.

7. **Emphasizing Choice** is counted when a statement clearly honors

the person's own choice regarding decisions about and actions pertaining to change. They highlight the person's sense of control, freedom of choice, personal autonomy, or ability or obligation to decide about their attitudes and actions.

8. **Persuasion responses** attempt to change a person's opinions, attitudes, or behavior using methods such as logic, compelling arguments, self-disclosure, or facts. Persuading includes giving biased information, advice, suggestions, tips, opinions, or solutions to problems. Every persuading response must be classified as occurring with or without permission. **Persuade with Permission** is counted when the persuasion is *preceded* by at least one of the following:

- a. The person directly asks for the interviewer's opinion on what to do or how to proceed.
- b. The interviewer asks the client directly for permission to provide advice, make suggestions, give opinion, offer feedback, express concerns, make recommendations, or discuss a particular topic.
- c. The interviewer prefaces the persuasion by emphasizing the person's autonomy; for example, by indicating that the person may choose to discount, ignore, disagree, or personally evaluate the advice.

The remaining two interviewer responses are important *MI-inconsistent* behaviors.

9. **Persuade without Permission** is counted when advice, suggestions, opinion, feedback, concerns, or recommendations are made *without* any of the above preceding conditions of permission.

10. **Confront.** *Confront responses* are counted when the interviewer confronts the person by directly and unambiguously disagreeing, arguing, correcting, shaming, blaming, criticizing, labeling, warning, moralizing, ridiculing, or questioning the client's honesty. These responses have the quality of an uneven power relationship accompanied by disapproval or negativity. Confront can even be a question or a reflection when the voice tone clearly indicates a confrontation.

These 10 observable interviewer responses are related to the quality of MI being offered, but there is more to MI skillfulness than these 10 behaviors. Some additional dimensions are captured by rating scales like those described earlier in this chapter. There is deeper complexity, such as the directional function of an interviewer's question or reflection—whether it would be more likely to evoke change talk or sustain talk. The point is to have some structured framework to help you learn from MI conversations that you observe, whether others' or your own. A simple starting point

could be just to count reflections and questions, adding more responses as your interest and comfort increase.

A common aid in learning complex skills is to ask someone with more expertise to observe and coach you. This is one way in which people strengthen their skills in physical fitness, public speaking, or playing a sport or a musical instrument. Within a program or agency, it is helpful when possible to have someone on site who can help staff learn and develop MI skills. A learning community (as mentioned above) can focus on peer sup-

Ask someone with more expertise to observe and coach you.

port with or without participation of a more expert coach. The key is deliberate, reflective practice to strengthen skillfulness.

While some groups offer expert human MI coding, a recent innovation is *computer-automated coding* of MI practice.¹⁷ A first step converts the audio interview into a transcript through voice recognition technology; then the transcript is analyzed by algorithm to count specific responses according to decision rules that can be improved over time.¹⁸ The accuracy of automated MI behavior counts is being studied to discover how close it can get to a gold standard of expert human coding that is more time-intensive and expensive. An obvious advantage is efficiency: whereas a human expert may be able to code four or five MI practice samples in a workday, computer-automated coding can complete thousands in the same amount of time. A further advantage is consistency: such a system always gives the same answer for a practice sample. As such systems become more sophisticated, they may add yet more tools to support learning from conversations.¹⁹ A recent innovation added recording of facial expressions in automated coding of change talk.²⁰

The Quality of MI in Practice

Many more people believe they are delivering MI well than actually are. We are partly responsible for this misapprehension. In the 1990s, we decided not to trademark, copyright, license, or otherwise try to restrict use of the name or method of motivational interviewing. Instead, we chose to make what we were learning freely available for use and to focus on promoting good practice rather than being the MI police. We still believe that was the right choice, but as a necessary consequence of this decision, there is no quality control on the practice of MI. This is not unique to MI. Anyone can claim that they are doing cognitive-behavioral therapy, existential or Gestalt therapy, client-centered counseling, or any of a wide range of other behavioral health services. Without direct observation of practice, it is difficult to know the quality of such services, and in choosing counselors or other professional helpers the public relies on what practitioners *say* they

are doing.²¹ Providers may be licensed to practice a profession, but their certification does not ensure the content or fidelity of their delivered services. Even certification in a specific treatment method indicates only that they were able to meet quality standards at one time, not that they are now doing so in actual practice.

Quality assurance requires extra effort. How good are the services that are being provided? It is possible for an individual or agency to measure and ensure the quality of service if they wish to do so. The quality of behavioral health and social services is sometimes monitored indirectly by measuring consumer satisfaction or the working alliance between the provider and the client.²² A more direct approach is ongoing observation and systematic rating of practice that permit not only quality assurance but also continuous quality improvement.

Having reliable measures of practice also makes it possible to study how counseling skills are developed and how those skills influence client outcomes.^{23,24} This kind of outcome evaluation historically raised the standards for documenting the quality of counseling and psychotherapy, providing a basis for interventions to be *evidence-based treatment*.²⁵ Whereas once the authors of peer-reviewed research could simply name or describe the treatment(s) they had intended to test, editors of scientific journals began requiring evidence that the described interventions had actually been delivered and how well. To successfully apply for clinical research funding, applicants needed to specify, often in therapist-manual format, exactly what treatment would be delivered and how delivery of the intended intervention would be documented.²⁶

The blossoming of treatment fidelity measures (like those described above for MI) in turn bolstered the field of *implementation science*—the study of how evidence-based interventions are delivered (or not) in routine practice.²⁷ What happens when a treatment method that was carefully developed and tested is used in the community? It became clear that simply training providers in an evidence-based intervention did not ensure that they could or would deliver it in practice.²⁸ Even if providers are trained up to a proficiency standard before delivering treatment, without ongoing quality assurance monitoring there is often *fidelity drift* away from the intended procedures and back toward prior habits. How does that affect client outcomes? Sometimes participants' outcomes in a clinical trial are predicted by their serial number—the order in which clients entered the study. Those entering the study later may have better outcomes (for example, as therapists become more proficient in the treatment methods),²⁹ or outcomes may degrade over the course of a study, as can happen if therapists drift away from initial fidelity of practice.

As helping professionals, we intend to provide beneficial services and not do harm. Benevolent intention is a good start, but often individual providers and even agencies collect little evidence of the actual quality and

outcomes of services provided. Without such deliberate practice, the common course is that your efficacy does not increase with experience.³⁰ Ample tools are available to improve the quality of services, and such methods are well developed and form a substantial part of the rapidly emerging research literature on MI that now comprises thousands of studies. In our final chapter, we offer a brief reader-friendly summary of what has been learned so far from research on MI.

With deliberate
practice, efficacy
can increase
with experience

PERSONAL PERSPECTIVE: Learning from Listening

When we first developed an observational system for evaluating the quality of MI sessions,³¹ I assumed that the coding process would be tedious and boring. At least for those interested in understanding how MI works, however, coding can be quite engaging. It is an opportunity to witness MI processes at work in slow motion. It's not necessary to be an experienced clinician; undergraduate students can learn to be reliable expert coders. In fact, clinical experience can interfere with accurate coding because therapists naturally tend to make inferences by reading meaning into what they hear rather than relying on what was actually said. An unanticipated discovery, though, was that experienced coders often become talented MI practitioners. They develop an ear for the language of change without getting distracted by extraneous content. My own practice of MI has certainly been enriched by listening to and coding my own and others' practice.

I am fascinated, too, by the development of artificial intelligence (AI) coding. I was initially skeptical, but machines can learn by listening, too. It has long been known that in certain contexts expert systems can make more accurate diagnoses than human clinicians do,³² and an early attempt to develop a computer-based model of accurate empathy was Joseph Weizenbaum's ELIZA program in the 1960s.³³ How far can AI systems go in recognizing components of effective MI delivery? AI is immensely faster than human expert coding. Thousands of practice samples can be coded in an afternoon. Can feedback from such systems help providers to become better and more effective interviewers?³⁴ By "listening" to MI sessions, AI systems could also develop algorithms to determine what aspects of conversation predict client outcomes. What about automated systems to *deliver* MI in text, audio, or video formats?³⁵ What does expert human delivery, coding, or supervision of MI add to what machines can do? I wonder.

—BILL

KEY CONCEPTS

- Computer-automated coding
- Confront response
- Evidence-based treatment (EBT)
- Fidelity drift
- Implementation science
- Interrater reliability
- MI Process Code (MIPC)
- MI Skills Code (MISC)
- MI Supervision and Training Scale (MISTS)
- MI Treatment Integrity code (MITI)
- Persuasion response
- Quality assurance
- Real play
- Role play

KEY POINTS

- Just reading about or completing a training workshop on MI is unlikely to result in competent practice.
- In order to help you become more skilled in MI, your practice needs to be observable.
- Reliable MI fidelity measures include global rating scales and behavior counts.

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Studying Motivational Interviewing

The facts are always friendly, every bit of evidence one can acquire, in any area, leads one that much closer to what is true.

—CARL R. ROGERS

We are pleased that from its beginning MI has been tested, evaluated, and clarified through scientific research. Beliefs about what works in helping people change are hypotheses, guesses about human nature, and are subject to verification in the experience of others. Empirical science was an early commitment of Carl Rogers as he and his students developed a person-centered approach from which MI grew.¹ They were curious about what actually does help people change for the better, and when they got an idea they tested it using a scientific method that others could replicate. As just one fruit of this work, their observational definition of the skill of accurate empathy has held up well for over half a century and has turned out to be one of the best predictors of positive outcomes in counseling.^{2,3}

In this chapter, we provide a summary of what has been learned from thousands of studies of MI. This is no simple task, and we focus here on implications of research for the practice and evaluation of MI. We discussed research on learning and teaching of MI in Chapters 16 and 17. Now we consider questions about the effectiveness of MI, how it works, and what is known about MI in facilitating certain kinds of change. Finally, we offer some recommendations for future MI research.

How Well Does MI Work?

With over 2,000 controlled trials and countless other outcome studies, there is ample evidence regarding the efficacy of MI.⁴ Clearly, something

beneficial is going on with MI that is more helpful than doing nothing or just telling people what to do. The sheer variety of fields and nations from which positive results have been reported is noteworthy.

It is equally clear that MI does not always help people change. About a quarter of MI trials have reported no significant benefit.⁵ Even in well-controlled studies conducted at multiple clinical sites, MI has worked in some places and not in others.⁶ The same happens in multisite medication trials, although it is usually blurred by averaging outcomes across sites.⁷ Sometimes MI is delivered with insufficient quality to produce benefit.⁸ Even when therapists are trained together and are supervised in their practice of MI, clients can have very different outcomes depending on who treated them⁹—again a common finding in psychotherapy research.¹⁰ Not everyone trained in and intending to offer MI is actually helpful. The measured fidelity of MI practice accounts for some of the differences in outcome; counselors vary in the quality of MI they provide.¹¹ As yet, unidentified

MI does not *always*
help people change.

fied aspects are also involved in why it matters *who* provides the MI.

So many *systematic reviews* and *meta-analyses* of MI research have already been published—over 200 by our count as of this edition—that reviews of reviews have been appearing.¹² Meta-analyses usually pool study results together to compute an average effect size. Most but not all meta-analyses report a statistically significant average effect of MI, usually a small to medium effect size with substantial variability across studies. Adding MI to another evidence-based treatment often improves client outcomes. When compared with other active interventions of greater intensity or duration, MI tends to yield similar outcomes. We will discuss meta-analyses by target problem areas later in this chapter.

How Does MI Work?

MI has both relational and technical aspects.¹³ The relational aspects (discussed in MI as engaging skills and spirit) comprise a person-centered way of being in helping relationships.¹⁴ The technical aspects include attending to, evoking, and strengthening change talk while softening sustain talk and discord. Asking whether relational or technical skills are more important is a bit like wondering which parts of an engine make an automobile run. They are practiced together, and there is evidence for the importance of each. Although one could try to cultivate change talk with low empathy or to listen well without attending to change talk, neither would be MI.

Individual studies as well as reviews and meta-analyses of research have explored the underlying mechanisms of MI effectiveness.¹⁵ Recognizing

that components of MI work together, here are some observed provider skills that have been related to better client response and outcomes:

- More MI-consistent responses
- Fewer MI-inconsistent responses
- Higher MI spirit, warm empathic style
- Maintaining focus toward clear goal(s)

Mediators of the efficacy of MI include observed in-session responses of clients. Note that these responses are not pretreatment predictors of outcome but rather changes that occur for clients while experiencing MI:

- Lower “resistance” (sustain talk and discord)
- Higher ratio of change talk to sustain talk
- Experience of discrepancy or cognitive dissonance
- Greater self-efficacy for change

Meta-analyses have also indicated that MI may have greater impact when offered in more than one visit or in longer versus briefer sessions.¹⁶

With What Problems Is MI Effective?

In this section, we summarize available evidence on how MI can impact a variety of problems, emphasizing those areas where there has been enough research to warrant some confidence in conclusions. For documentation we provide representative meta-analyses in endnotes.

Addiction

We originally developed MI to help people with addiction problems,¹⁷ an application that continues to show the strongest evidence of efficacy.¹⁸ Having studied more than 25 reviews and meta-analyses of MI to address substance use disorders, here we highlight the more recent ones.¹⁹

The effectiveness of MI in helping people with heavy, risky, or problematic drinking is well documented in both adults and adolescents, with small to medium effects relative to advice or no intervention. MI is also widely used in the Screening, Brief Intervention and Referral to Treatment (SBIRT) program to address at-risk drinking.²⁰

More recent reviews for smoking cessation show support for MI, including brief interventions.²¹ MI for drinking and smoking can also be delivered effectively by telephone and possibly by the internet.²² There has also been clear support for using MI with cannabis use disorders and problem gambling.^{23,24} To date, little support has been shown for the efficacy

of MI alone in treating opioid or stimulant use disorders,²⁵ and we suspect that MI should be studied as a component of or way to deliver other evidence-based treatments.

Health Care

MI has been widely used in primary medical care, particularly in managing chronic conditions and in emergency and specialist care to reduce rates of reinjury and rehospitalization.^{26,27} It has also been used to promote health screening,²⁸ dietary change,²⁹ medication adherence,³⁰ physical activity,³¹ and weight loss.³² In preventive dentistry, MI shows promise in improving oral health care in adults and also in children through intervention with parents.^{33,34}

MI alone is of course insufficient for many health care concerns. Although it can be used as a freestanding intervention, it is usually combined with other active treatments and more generally as a way of delivering care.³⁵ In health care, MI has most often been used to increase treatment adherence and promote self-care in managing chronic conditions including asthma,³⁶ cancer,³⁷ chronic pain,³⁸ diabetes,³⁹ heart disease,⁴⁰ and hypertension.⁴¹ Reviews also support the use of MI in pediatric care to strengthen parent–child health behaviors.⁴²

Psychosocial Applications

MI is being integrated in behavioral health care, usually in combination with other active treatment methods.⁴³ In addition to the well-developed literature on substance use disorders described above, there is modest empirical support for applying MI in treating anxiety disorders⁴⁴ and depression⁴⁵ and in managing severe mental disorders.⁴⁶ In school settings, MI has been used to address student behavior problems and improve academic achievement.⁴⁷ There is early evidence that MI can facilitate return to work and better occupational performance.^{48,49} MI is also being applied in social work practice and child welfare work with parents.^{50,51}

For Whom Does MI Work?

The wide scope of positive clinical trials with MI implies that it can be used effectively with a broad range of populations. Studies of *client–treatment matching* indicate that MI may be particularly helpful for people with initially lower motivation for change and higher initial anger or resistance.^{52,53} In addition, MI may be differentially beneficial with disadvantaged and marginalized “minority” populations.⁵⁴ Older adolescents respond to MI at least as well as adults do,⁵⁵ but little is known about how younger children

respond to MI.⁵⁶ A promising area for younger children is student-focused school-based MI.⁵⁷ It may be that a requisite level of cognitive development is necessary for MI to trigger self-regulation and motivational persistence. A saving grace here is that MI can be used effectively with parents and caregivers of younger children.

Are there *contraindications* to MI? The risk of harm appears to be very low when MI is practiced with fidelity. MI's engaging skills generally improve client outcomes.⁵⁸ As discussed earlier in this chapter (in "How Does MI Work?"), we also have good evidence for the value of the evoking skills of MI through cultivating change talk while softening sustain talk and discord. However, there have been several reports of MI's adverse effects on people who already showed high initial levels of readiness or confidence for change.⁵⁹ Whereas those with low motivation for change benefited from MI, more highly motivated individuals fared better without receiving the MI intervention. We suspect the culprit here was spending unnecessary time in the process of evoking the *why* of change with people who were already motivated; doing so may even impede progress. In this case, one should move directly to planning and implementing the *how* of change. This argues against a standardized delivery of MI that devotes fixed amounts of time and attention to particular tasks.

MI is not indicated
for everyone.

Some Recommendations for Future Research with MI

After so many hundreds of randomized clinical trials, we question the fruitfulness of continuing to ask merely *whether* MI works. It's time for better questions than a binary yes/no verdict at $p < .05$.⁶⁰ When, why, and for whom is MI beneficial when delivered, how well, and by whom or what? What key aspects of MI favor benevolent change?⁶¹

We also discourage further "horse-race" trials to ask whether MI versus some other approach is superior. The most common application of MI now is not in competition but in *combination* with other evidence-based methods.⁶² We first encountered this issue in the early 1990s when we were trying to design three distinct interventions for the Project MATCH (**M**atching **A**lcoholism **T**reatments to **C**lient **H**eterogeneity) trial.⁶³ The MI-based treatment emphasized relational factors such as empathy,⁶⁴ but it was neither feasible nor ethical to try to minimize therapist empathy in the other two treatment conditions (cognitive-behavioral therapy and 12-step facilitation therapy). Eventually, the three MATCH treatments were blended into a Combined Behavioral Intervention delivering cognitive-behavioral therapy in an MI style,⁶⁵ with active encouragement to participate in a 12-step program.⁶⁶ It became clearer to us that MI can

be a way of doing what else you do as a helper, whether it be in teaching,⁶⁷ health care,⁶⁸ counseling and psychotherapy,⁶⁹ coaching,⁷⁰ or leadership.⁷¹ Indeed, central relational aspects of MI overlap with more general helping skills associated with better treatment outcome.⁷²

Further studies of MI should carefully document the fidelity of MI that is being provided. Specify in advance the standard of practice that is to be met and establish that providers are able to demonstrate this level of proficiency *before* they begin treating study participants. The quality of delivered service should be monitored throughout the study.⁷³ Given the cost of behavioral observation, it may be sufficient to measure “thin slices” of interviewing or use an automated coding system once the baseline proficiency of providers has been demonstrated.^{74,75} Because within-provider variability of MI quality is common, there should be timely protection against fidelity drift during the study.⁷⁶

Because MI is now often combined with other evidence-based treatments, measuring intervention fidelity becomes more complex. What key aspects of MI should be delivered and measured when it is part of a larger intervention, as is usually the case? Will delivering other components diminish the apparent “quality” of MI as measured by instruments designed for MI alone? How can the contributions of MI and other intervention elements be teased out as predictors of outcome?

A potential further step once an effective treatment has been identified is dismantling research that adds or removes various components to study mechanisms of efficacy. Under what conditions are the engaging (person-centered) elements of MI sufficient to foster change? What do the more technical tasks (focusing, evoking, and planning) contribute beyond the relational elements? For whom or under what conditions does individual assessment feedback (as in motivational enhancement therapy) improve outcomes beyond the relational and technical components of MI?

Global measures of MI spirit often do not predict outcome by themselves.⁷⁷ Several controlled trials have compared MI with a client-centered nondirective condition that captures the spirit of MI without seeking to evoke change talk. In two studies, the MI condition yielded significantly greater⁷⁸ or faster change,⁷⁹ whereas a third trial found no short-term difference in outcome.⁸⁰

Providing MI in groups creates special challenges in both practice and research.⁸¹ While there are trials reporting positive outcomes of MI in group format, the relative efficacy of individual versus group MI remains unclear.⁸²

Amplifying Additions

Beyond the core relational and technical aspects of MI, some specific elements have sometimes been included or combined with MI that might

amplify its impact. These require additional study to determine when and how they do increase the effect of MI interventions.

Can we boost
the impact of MI?

Affirmation

Affirmation was the first clinical strategy mentioned in the original description of MI.⁸³ Affirming people's strengths and efforts is included in the engaging OARS skills but has received less emphasis in theoretical discussions of MI. Counselor affirmations and the broader quality of positive regard have been more generally associated with positive psychotherapy outcomes.⁸⁴ In MI, affirming is associated with increased change talk.⁸⁵ In a randomized trial, Marsha Linehan and colleagues found that the affirming "comprehensive validation" component of dialectical behavior therapy (DBT) yielded similarly positive outcomes without the additional specific elements of DBT.⁸⁶ It is possible that affirmation enhances MI outcomes by diminishing defensiveness and evoking positive emotional responses.⁸⁷

Assessment Feedback

As described in Chapter 13, *motivational enhancement therapy* added personal assessment feedback to the clinical style of MI.⁸⁸ Normative assessment feedback alone can exert a modest effect on substance use and perceived norms.⁸⁹ How does the style of presenting feedback affect its impact? In a small experiment,⁹⁰ problem drinkers receiving assessment results were randomly assigned to either an MI style or a more confrontational style of feedback. Compared to a wait-list control condition, those receiving immediate feedback showed substantially reduced alcohol use at 6 weeks and 12 months, with no significant difference between the two conditions, although actual (as opposed to intended) therapist behavior did predict client drinking outcomes: the more a counselor confronted, the more the client drank. This effect indicates that it is important to differentiate what was actually delivered from the intended MI intervention. A factorial experiment comparing various combinations of MI and feedback found an effect of feedback but no additive effect of MI for binge drinking college women.⁹¹ In contrast, another randomized trial found that MI plus feedback significantly reduced heavy drinking among college students relative to assessment only, whereas neither MI nor feedback did so alone.⁹²

Autonomy Support

Self-determination theory posits the importance of support for clients' autonomy as well as relatedness and competence. MI has been described as an intervention approach that is highly compatible with self-determination

theory.⁹³ Emphasis on personal choice is a common element in MI, although in a cross-national comparison of MI delivery autonomy support was less prominent among Danish and German therapists than in the United States where such high value is placed on individualism.⁹⁴ MI may enhance clients' perceived self-determination and self-efficacy as *mediators* of change.⁹⁵

Significant Others

Including a *supportive significant other* (SSO) can improve addiction treatment outcomes,⁹⁶ and the effects of SSO involvement in MI sessions deserve further study.⁹⁷ The original motivational enhancement therapy (MET) protocol in Project MATCH⁹⁸ called for conjoint sessions with an SSO, although in practice this only occurred in a minority of cases. The presence of an SSO can affect clients' expression of change talk and sustain talk and may reduce the separate influence of therapist responses.⁹⁹ A randomized trial found that SSO inclusion in MI is highly cost-effective.¹⁰⁰

Values Exploration

Even relatively brief motivational interventions can impact human values and related behavior.¹⁰¹ In the third edition of this volume, we gave more attention to values as both a source and a possible mechanism in motivation for change. Adults being treated for alcohol use disorder who received a 1-hour values-based MI session significantly reduced alcohol use at 3 and 6 months relative to a randomly assigned educational control condition, with reduction in drinking mediated by increased self-esteem.¹⁰² In another randomized trial, a values-based MI intervention significantly reduced caloric intake among obese adolescents.¹⁰³ How MI impacts or works through values remains to be clarified.

MI Combined with Other Active Treatments

MI is now commonly used in tandem with other treatment methods, and a *meta-analysis* found that doing so increased its effect size over time.¹⁰⁴ How does the clinical method of MI integrate and interact with other approaches? It can be used as a pretreatment to prime the motivational pump, included as a separate module and/or adopted as a clinical style for delivering other treatments.

Patients in a residential treatment program were randomly assigned to receive or not receive an early single-session pretreatment of MI from nonprogram staff.¹⁰⁵ Unaware of participants' group assignment, program therapists rated the MI-treated patients at discharge as having been more motivated, adherent, and prompt in attending sessions and as having a better prognosis, suggesting that the MI pretreatment increased treatment

participation. The MI-pretreated clients also showed substantially less drinking and a higher rate of total abstinence at 3-month follow-up.

When used as a clinical style in delivering other treatment, MI may contribute general therapeutic factors that enhance client outcome.¹⁰⁶ The Combined Behavioral Intervention from the COMBINE trial used MI as both a pretreatment and prescribed clinical style.¹⁰⁷ Client outcomes in this trial were predicted independently by relational (therapist empathy) and specific factors (treatment modules delivered).¹⁰⁸ Untangling the contributions of MI in combination with other interventions is a complex process worthy of further study. MI may enhance treatment retention, participation, working alliance, or adherence.

Training in MI

As described in Chapter 16, there is a rapidly growing research literature on learning and teaching MI skills. Across studies, training in MI generally yields medium to large effects on short-term MI proficiency.¹⁰⁹ Continued acquisition and maintenance of MI competence can be improved by coaching and feedback after initial training. There is substantial variability in the amount of time and training that trainees require and in levels of posttraining proficiency. MI training can be offered in stepwise fashion, with additional amounts and enrichments provided as needed to reach criterion performance.¹¹⁰ Reliable pretraining predictors of eventual MI skill acquisition have been elusive, with little consistency regarding gender, age, education, experience, or personality characteristics. Prescreening for component competencies such as empathic listening may facilitate the acquisition of MI skills.¹¹¹ Carl Rogers opined that “we could avoid a great deal of unsuccessful therapy by measuring the therapist’s empathy early on.”¹¹²

A relatively unaddressed research topic is the effect of MI training on practitioners themselves. People often comment to us on how learning MI has benefited their practice and personal lives, but systematic research is in short supply. Promising candidate variables include reduced stress and burnout; increased work satisfaction, health behaviors, self-compassion, self-monitoring, and mindfulness.¹¹³ The practice of MI seems to lift a burden from the helper’s shoulders and to enhance enjoyment of helping relationships.

Although thousands of studies have already been published, we continue to recognize that we are only beginning to understand what happens within helping relationships. We are clear that the relational aspects of spirit and engaging are central to whatever benefit occurs. It also seems clear that more technical skills of MI can activate a client’s own wisdom and resources for why and how to change. Through it all we continue to cherish the experience of

MI can make
a helper’s job
more enjoyable.

being privileged witnesses to the human capacity for transcending the status quo toward change and growth. Our hope is that MI will continue to humanize services for those who receive and those who provide them.

PERSONAL PERSPECTIVE: Studying MI

Although I began learning a person-centered approach quite early in my predoctoral training, the predominant orientation in the clinical psychology program where I received my PhD in the 1970s was behavioral, and even more so a commitment to empirical science. I never really bought into either behaviorism or positivism as a way of understanding people, but I do agree that psychological assertions should be empirically replicable. This was long before I learned that Carl Rogers had made this same commitment to clinical science, that the processes and outcomes of practice should be observable and measurable, and hypotheses specified so as to be verifiable.¹¹⁴

It was our own unexpected research findings that led to MI. I became curious when we *didn't* find what we had expected, as was often the case, and following the data led us in important new directions.¹¹⁵ Why did accurate empathy of counselors matter so much in how clients respond to behavior therapy? Why do clients given brief intervention and self-help materials improve quickly, whereas those randomly assigned to a waiting list change not at all? Why does sustain talk often matter more than change talk in predicting outcome? Why do counselors have such different client outcomes when delivering the same manual-guided treatment method? To me, such findings are much more interesting than horse-race studies of whether brand-name psychotherapies or treatment manuals yield statistically significant differences, although I have participated in plenty of those myself. As in working with clients, curiosity has been what keeps me going in research, and I am satisfied if the primary result of a quest is knowing how to ask better questions.

—BILL

KEY CONCEPTS

- Client–treatment matching
- Contraindication
- Mediator
- Meta-analysis
- Supportive significant other
- Systematic review

KEY POINTS

- Clinical trials and meta-analyses usually report significant small-to-medium average effects of MI, but an important part of the story is the *variability* of outcomes across providers, sites, and studies.
- The effectiveness of MI varies with who provides it, and differences in outcome are attributable in part to the quality/fidelity of MI delivered.
- Adding MI to another evidence-based treatment often improves client outcomes.
- With substance use disorders, the clearest effects of MI are with alcohol, tobacco, and cannabis.
- In health care MI has been used effectively in managing chronic conditions, to promote health screening, dietary change, medication adherence, physical activity weight loss, and improved oral health care in adults and children.
- There is ample evidence for the efficacy of MI, and there are now more fruitful research questions than comparing MI with no intervention or in competition with other treatments.

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Glossary of Motivational Interviewing Concepts

Ability language—a form of *preparatory change talk* that reflects perceived personal capability of making a change; typical words include can, could, and able.

Acceptance—one of four central components of the underlying *spirit* of MI by which the interviewer communicates nonjudgmental understanding of people as they are.

Accurate empathy—the skill of perceiving and reflecting back a person’s meaning so that both understand more clearly.

Activation language—a form of *mobilizing change talk* that expresses a disposition toward action but falls short of *commitment*; typical words include ready, willing, and consider.

Agenda mapping—selecting from a menu of possibilities the topic(s) to be discussed in a consultation.

Ambivalence—the simultaneous presence of competing motivations for and against change.

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Amplified reflection—a response in which the interviewer reflects back the person's content with greater intensity than the person had expressed; one form of response to *sustain talk* or *discord*.

Analogy—a form of *reflection* that offers a metaphor or simile.

Apology—a way of responding to *discord* by taking partial responsibility.

Ask-offer-ask (AOA)—an information exchange process that begins and ends with exploring the person's own experience to frame whatever information is being provided.

Autonomy support—an interviewer response that acknowledges and honors the person's freedom of choice and self-determination.

Beginner's mind—entering an interaction with curiosity and openness, knowing that you don't know.

Bubble sheet—a paper sheet with circles containing a variety of options such as possible topics for conversation.

CATs—an acronym for three subtypes of *mobilizing change talk*: *commitment*, *activation*, and *taking steps*.

Change talk—any speech that favors movement toward a particular change goal.

Client-treatment matching—the attempt to discover which kinds of clients benefit differentially from certain types of treatment.

Closed question—a question that limits the range of answers, such as asking for yes/no, a short answer, or specific information.

Coming alongside—a response to persistent *sustain talk* or *discord* in which the interviewer adopts and reflects the person's perspective.

Commitment language—a form of *mobilizing change talk* that conveys intention or agreement to carry out change; common verbs include will, do, am going to.

Compassion—one of four central components of the underlying *spirit* of MI; a benevolent intention toward the person's well-being.

Complex affirmation—an appreciative statement that highlights or infers an enduring positive attribute.

Complex reflection—an interviewer *reflection* that adds additional or different meaning beyond what the person has already said; a guess as to what the person may have meant.

Computer-automated coding—using artificial intelligence to identify specific counselor or client responses.

Confidence language—change talk that implies or bespeaks *ability* to change.

Confidence ruler—a scale (typically 0–10) that rates level of confidence in one’s ability to make a particular change.

Confront response—an MI-inconsistent response such as warning, disagreeing, or arguing.

Continuing the paragraph—a method of *reflective listening* in which the counselor offers what might be the next (as yet unspoken) sentence in the person’s paragraph.

Contraindication—a situation or characteristic that makes a particular approach ill advised.

Cultivating change talk—responding in a manner that increases the depth, strength, or momentum of a person’s language in favor of change.

DARN—an acronym for four subtypes of *preparatory change talk*: *desire*, *ability*, *reason*, and *need*.

Decisional balance—the relative strength of positive and negative motivations toward change; an intervention that equally explores the pros and cons of a change or plan.

Deliberate practice—intentional time and effort devoted to strengthening skills outside normal performance.

Desire language—a form of *change talk* that reflects a preference for change; typical verbs include *want*, *wish*, and *like*.

Developing ambivalence—cultivating perceived discrepancy between the status quo and a client’s important goals and values.

Directing—a natural communication style that involves telling, leading, providing advice, informing, or instructing.

Directional—favoring movement toward a particular change.

Directional question—a strategic question the natural answer to which is change talk.

Directional reflection—a strategic reflection focused on change talk.

Discord—interpersonal behavior that reflects dissonance in the working

relationship; *sustain talk* does not in itself constitute *discord*; examples include arguing, interrupting, discounting, or ignoring.

Double-sided reflection—an interviewer *reflection* that includes both *sustain talk* and *change talk*, usually with the conjunction *and*.

Embedded change talk—*change talk* that is expressed in combination with *sustain talk*.

Empathy—the extent to which an interviewer communicates accurate understanding of the person's perspectives and experience; most commonly manifested as *reflection*.

Empowerment—helping people realize and utilize their own strengths and abilities.

Engaging task—the first of four fundamental tasks in MI designed to establish a mutually trusting and respectful helping relationship.

Envisioning—speech that reflects the person imagining having made a change.

Evidence-based treatment (EBT)—a therapeutic method for which there is sufficient scientific evidence of efficacy according to specified criteria.

Evoking task—the third of four fundamental tasks of MI designed to elicit the person's own motivations for a particular change.

Experiencing—speaking about oneself in first-person, present-tense, emotionally engaged language.

Expert trap—assuming and communicating that the counselor has the best answers to the person's problems.

Fidelity drift—decreased adherence to a treatment approach over time.

Fixing reflex—the natural desire of helpers to prevent harm and promote a person's welfare by trying to correct or repair perceived problems.

Focusing task—the second of four fundamental tasks of MI designed to identify shared goals or direction for change.

Following—a natural communication style that involves listening to and following along with the other's experience without inserting one's own material.

Genuineness—being your authentic and natural self.

Guiding—a natural communication style for helping others find their way, combining some elements of both directing and following.

Implementation science—the study of how a particular product or service is adopted and applied in practice.

Importance ruler—a scale (typically 0–10) to rate the importance of making a particular change.

Interrater reliability—the extent of agreement between two observers in rating or classifying responses.

Key question—a particular form of question offered following a summary of *change talk*, which asks, in essence, “What’s next?”

Learning community—a group of practitioners engaged in *deliberate practice* together to strengthen their skills.

Lending change talk—tentatively offering a reflection of change talk that a client has not yet voiced directly but that seems to follow from what the client has been saying.

Mediator—in research, a variable that explains the relationship between two other variables.

MET—an acronym for *motivational enhancement therapy*.

Meta-analysis—a method for combining the results of separate studies to examine size and trends in effect.

MINT—the Motivational Interviewing Network of Trainers, founded in 1997 and incorporated in 2009 (<https://motivationalinterviewing.org>).

MIPC—the Motivational Interviewing Process Code.

Mirroring—seeking to accurately reflect what a person is saying and experiencing.

MISC—the Motivational Interviewing Skills Code; the original system for coding client and interviewer utterances within MI.

MISTS—the Motivational Interviewing Supervision and Training Scale.

MITI—the Motivational Interviewing Treatment Integrity coding system, simplified from the *MISC* and focusing only on interviewer responses, to document fidelity in MI delivery.

Mobilizing change talk—a subtype of *change talk* that expresses or implies action to change; examples are *commitment*, *activation*, and *taking steps*.

Motivational enhancement therapy (MET)—a combination of MI with *assessment feedback*, originally developed and tested in Project MATCH.

Motivational interviewing—a particular way of talking with people about change and growth to strengthen their own motivation and commitment

Need language—a form of *preparatory change talk* that expresses an imperative for change without specifying a particular reason. Common verbs include *need*, *have to*, *got to*, and *must*.

Neutrality—an interviewer's intentional decision not to influence the direction of choice or change.

Norm correction—an intervention offering information on what is actually average behavior based on reliable survey or other normative data.

OARS—an acronym for four basic person-centered communication skills: *open question*, *affirmation*, *reflection*, and *summary*.

Open question—a question that offers the person broad latitude in how to respond; compare with *closed question*.

Overstating—a *reflection* that adds intensity to the content or emotion that was expressed; see also *amplified reflection*.

Partnership—one of four central components of the underlying *spirit* of MI by which the interviewer functions as a partner or companion, collaborating with the person's own expertise.

Pendulum approach—a strategy for eliciting *change talk* in which the interviewer first reflects perceived good things about the status quo in order to then query the less good things.

Permission—obtaining assent before providing advice or information.

Person-centered—an approach introduced by psychologist Carl Rogers in which people explore their own experience within a supportive, empathic, and accepting relationship; also called *client-centered*.

Persuasion response—attempts to change a person's opinions, attitudes, or behavior using methods such as logic, compelling arguments, self-disclosure, or facts.

Persuasion trap—communication that attempts to convince.

Planning task—the fourth fundamental process of MI designed to identify a path to accomplish a particular change.

Preparatory change talk—a subtype of change talk that expresses motivations for change without stating or implying specific intent or commitment to do it; examples are *desire*, *ability*, *reason*, and *need*.

Psychological reactance—the natural human tendency to assert one's freedom when it appears to be threatened.

Quality assurance—measuring the fidelity of services provided.

Rapid engaging—an initial period of exclusive listening without investigative questions, problem solving, or interruptions.

Real play—a skill-practice method in which the person being interviewed is relating their own experience.

Reason language—a form of *preparatory change talk* that describes a specific if-then motive for change.

Reflection—an interviewer statement intended to mirror the meaning (explicit or implicit) of what a person has said; see also *simple reflection* and *complex reflection*.

Reframing—an interviewer statement that invites the person to consider a different interpretation of what has been said.

Role play—a skill-practice method in which the “client” being interviewed is portrayed by an actor.

Seeking collaboration—an interviewer response that communicates sharing power or acknowledging the person's expertise.

Self-affirmation—statements that recognize a person's own positive efforts or attributes.

Self-disclosure—sharing something of oneself that is true when there is good reason to expect that it will be helpful to the person.

Self-regulation—the ability to develop a plan of one's own and to implement behavior in order to carry it out.

Shared decision making—a process whereby people are offered the best available evidence about options and are supported to choose how to proceed.

Shifting attention—a way of responding to discord by redirecting attention and discussion to a less contentious topic or perspective.

Simple affirmation—an appreciative statement that recognizes a specific positive action, statement, effort, or intention.

Simple reflection—a *reflection* that contains little or no additional content beyond what the person has already said.

Softening sustain talk—responding to *sustain talk* or *discord* in a manner that diminishes its depth, strength, or momentum.

Spirit of MI—the underlying set of mind and heart within which MI is practiced, including *partnership*, *acceptance*, *compassion*, and *empowerment*.

Stages of change—within the *transtheoretical model* of change, a sequence of steps through which people pass in the change process: precontemplation, contemplation, preparation, action, and maintenance.

Status quo—the current state of affairs without change.

Summary—a *reflection* that draws together content from two or more prior statements.

Supportive significant other—a person who supports a client's movement toward change.

Sustain talk—any speech that favors *status quo* rather than movement toward change.

Systematic review—an ordered summary of research findings on a particular topic.

Taking-steps language—a form of *mobilizing change talk* that describes an action or step already taken toward change.

Time trap—resorting to hurried or unhelpful communications in response to felt time pressure.

TNT—an acronym for the Training of New Trainers of MI; begun in 1993 and now organized by MINT.

Understating—a *reflection* that diminishes or understates the intensity of the content or emotion expressed by a client.

Value-behavior discrepancies—conflicts between a person's actions and their core goals or standards that provide meaning and direction in life.

Vertical ambivalence—the simultaneous presence of competing motivations for and against change, with the person consciously aware of one motivation but unaware of an opposing motive.

Wandering trap—listening with insufficient attention to directional movement.

Working alliance—the quality of the collaborative relationship between client and counselor, which tends to predict retention and outcome.

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