SPOT THE DIFFERENCE

What differences can you spot between the following two interviews? Both conversations start in the same place, but there are many differences in technique as well as style.

Here’s the situation: A doctor is concerned about whether a man in his early 80s might be depressed following a mild right hemisphere stroke 2 weeks earlier. A nurse on the ward offers to speak with the patient about his future before he is discharged, keeping in mind the possibility of a referral to the psychiatric liaison service.

Ask yourself: Is this nurse doing MI? How do you know?

***

Example One: Nurse A

CLIENT/PATIENT: I feel worried about going home now. I hardly know where to begin.

INTERVIEWER: Oh, that’s very understandable for someone with your condition. I’m sure you will get much better, you’ll see. It’s only been 2 weeks, and you could get back a lot of functioning in the year ahead. Have you been working with the physical therapist here?

CLIENT: Yes I have, but I live alone, you see, and now I can’t even walk properly. I don’t know how I am going to cope.

INTERVIEWER: Well, we’ve scheduled a physical therapist to come to your home for a while, and we have also arranged for you to see the social worker so you can talk about how things will go at home. From our point of view here on the ward you’re recovering very well, and we think you will keep regaining some of your functioning over the next few months. This is quite likely, and so you’ll gradually find it easier to cope than you can imagine right now.

CLIENT: I miss my friends.

INTERVIEWER: We also have outpatient recovery group meetings where you can meet new friends and talk together about coping with a stroke. I know other stroke patients who have gone there and they have found it very helpful. Do you think you might be interested in that?

CLIENT: I don’t know. I used to go golfing a few times a week and then for a drink at the clubhouse afterward, but now I can’t even walk properly.

INTERVIEWER: Don’t worry; you will get to feeling better bit by bit. The drinking probably wasn’t good for you anyway. The social worker will work with you, and if you need it we’ll also get the occupational therapist to come around to your house and help you cope with all the changes. It’s important that you make yourself try a little harder each day to move around and do...
the normal things like washing and walking and that sort of thing. That will help you feel better, too.

**CLIENT:** Well thanks, but that’s the problem, because I can’t imagine myself doing all this. It all feels like too much.

**INTERVIEWER:** You just take it a day at a time. If you like, we can ask the hospital psychologist to come around and talk to you, because I can see you are feeling pretty down about this all.

**CLIENT:** Wouldn’t you? How could a psychologist help with my situation? I don’t understand.

**INTERVIEWER:** Well, the psychologist can help you to adapt to these changes better and to make the best of your situation. They have a lot of experience in helping people like you. I’m sure you’ll do fine.

**CLIENT:** I just don’t know.

**INTERVIEWER:** Well, wait until you’ve had some time to work with the physical therapist, the social worker, and the psychologist. You’re just getting started, and it takes time to recover from a stroke like you had. You just need to be patient.

**CLIENT:** I just don’t see how it’s possible for me to get my life back.

***

**Example 2: Nurse B**

**CLIENT/PATIENT:** I feel worried about going home now. I hardly know where to begin.

**INTERVIEWER:** It all seems rather overwhelming for you.

**CLIENT:** That’s right. I live alone, you see.

**INTERVIEWER:** And you’re wondering how life will turn out now that you’ve had this stroke.

**CLIENT:** Yes, I like to play a round of golf and have a drink with friends, and now I can’t see how it’s possible to get that life back again when I can’t even walk properly.

**INTERVIEWER:** It seems like a real uphill struggle.

**CLIENT:** Yes, exactly. More like a mountain! The doctor told me I might get a bit better but we’ll have to wait and see.

**INTERVIEWER:** There’s still a lot of time and room for improvement.
CLIENT: That’s what the doctor says. It’s only been 2 weeks.

INTERVIEWER: And you’ve already made good progress. What do you think would help you the most right now?

CLIENT: I don’t know, but thank you. I need to figure out how to get my life back and carry on, even if it’s for my grandchildren. They were here this morning and that was good.

INTERVIEWER: You really enjoy being with them.

CLIENT: I was in tears after they left and I decided that I have to get better, but then the reality hit me that I can’t even get to the toilet on my own!

INTERVIEWER: Your independence is a very precious thing.

CLIENT: Well, I want to go out with my golfing group. It was me who started that foursome 40 years ago.

INTERVIEWER: Wow! You’ve been together for a long time with those friends.

CLIENT: Yes, and they came to see me yesterday. It was good to see them, you know.

INTERVIEWER: I’ll bet they want you back with them one way or another.

CLIENT: I can’t see how it’s possible and that’s what makes me just, well, really upset.

INTERVIEWER: I wonder how you could keep in touch with them while you’re recovering.

CLIENT: They’ll come around to see me, I know, and maybe we can do some other things together.

INTERVIEWER: Like what?

CLIENT: Well, I’ll probably be able to have a drink and play cards with them even if I can’t play 18 holes.

INTERVIEWER: So it feels like you have a mountain climb ahead of you. It looks so difficult that you can’t quite imagine it yet, since this is all so new. And you also have some good friends to go on this journey with you. Is that about right?

CLIENT: Yes, that’s how I feel.

INTERVIEWER: I’ll tell you what. How about if I come back tomorrow morning— I’m on duty then— and I’ll bring us a cup of tea and we can talk again, see how you’re feeling, and think together a bit about getting up that mountain. Would that be all right?
CLIENT: Yes, thank you, that will be good. It helps to talk about this.

***

Was It Motivational Interviewing? Clearly both Nurse A and Nurse B were concerned and trying to be helpful and both conversations took about the same amount of time. It is possible that both nurses thought of what they were doing as MI. But was it? How can you tell?

Here are some questions to consider related to the four processes of MI.

1. **What was engagement like?** To what extent did the nurse seem to be interested in understanding the patient’s perspective? What was the quality of reflective listening? How engaged do you think the patient felt in the conversation? Was a foundation laid for further conversation? In terms of technique, Nurse A asked two closed questions and offered no reflections. Nurse B offered nine reflections and asked three open questions before closing: a 3-to-1 ratio of reflections to questions. Quality listening didn’t take any longer, and it might be argued that it saved time, allowing Nurse B to get closer to the heart of the challenge. Sometimes not listening can prolong the process.

2. **Was there a clear focus?** Both conversations did focus on issues related to recovery from stroke. Nurse B homed in on the patient’s relationship with his golfing friends, a somewhat more specific topic that is of obvious importance to him.

3. **Was the interviewer evoking change talk?** With Nurse A the patient offers only sustain talk, no change talk. Through reflective listening and open questions Nurse B is already evoking change talk (did you spot it?), with the patient seeming more activated and engaged in the conversation. Specifically, Nurse B asked three open questions, the expected answer to which would be change talk: “What do you think would help you the most right now?” “I wonder how you could keep in touch with them while you’re recovering.” “Like what?” [Asking for elaboration or an example]

4. **Was there collaborative planning?** Perhaps the biggest difference between these two conversations was the extent and style of planning. Nurse A jumps right in with advice and solutions (never with permission, by the way). The righting reflex is flagrant, and the patient seems unimpressed with the ideas being provided. No advice was asked for, and none was given by Nurse B. Instead, all three of the open questions listed above were such as to elicit the patient’s own ideas for what to do. With these four considerations in mind, the latter conversation was clearly MI whereas the former was not.

Nurse A’s obvious concern is channeled into a directing style and unilateral problem solving. The well-intentioned reassurance peppered across Nurse A’s conversation clearly falls within Thomas Gordon’s description of a roadblock to listening, to understanding the client’s
predicament. Nurse B’s conversation is much closer to a guiding style. As a dance it has a firm sense of direction, with a gentle and fluid approach to movement. Even in this short exchange the elements of the underlying spirit of MI are apparent. How are the two participants in each of these conversations likely to be feeling?

It can feel comfortable to take the lead as Nurse A does, confident in one’s expertise; and it can also quite soon feel frustrating—a bit like pulling someone across the dance floor, trips and all. One can imagine Nurse B feeling fairly calm, engaged, happy to offer advice when needed, yet trusting of the client’s good judgment. And what about the patient? Defensiveness is apparent in the many “buts” in the first conversation. Discord is also beneath the surface: “Wouldn’t you feel down? You don’t understand.” Nurse B gives him room to say how he feels, and he is likely looking forward to continuing the conversation. Rather than offering him vague reassurances and uninvited solutions, Nurse B finds particular points to affirm.

Who is doing the talking about change? In the first conversation it’s the nurse who gives voice to change while the client states the case against it (sustain talk). In the second conversation the client expresses the desire, reasons, need, and to some extent ability to change. In essence, these two conversations illustrate two very different styles when encountering ambivalence.

In summary, it’s MI when there is a conversation about change in which you are:

(1) Using empathic listening to understand the person’s own perspective and to engage in a collaborative relationship,

(2) Have a clear focus in the form of one or more change goals, and

(3) Are actively evoking the person’s own motivations for change. Planning may or may not ensue but tends to flow naturally from evoking.

## Strategies to Convert Sustain Talk into Change Talk

**September 11, 2013**

Chicago Jobs Council, Chicago, IL

<table>
<thead>
<tr>
<th>Strategy</th>
<th>General Approach</th>
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</thead>
<tbody>
<tr>
<td>Simple Reflection</td>
<td>Rephrasing, repeating, paraphrasing.</td>
</tr>
<tr>
<td>Reframe</td>
<td>Offers a new and positive interpretation of negative information provided by the client.</td>
</tr>
<tr>
<td>Amplified Reflection</td>
<td>A response in which the interviewer reflects back the client’s content with greater intensity than the client had expressed</td>
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<tr>
<td>Double-Sided Reflection</td>
<td>Acknowledges what clients have said but also states contrary things they have said in the past</td>
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<tr>
<td>Looking Forward/Looking Back</td>
<td>Invites client to think about things before a particular behavior or to imagine a future if they change that behavior.</td>
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<tr>
<td>Shifting Focus</td>
<td>Helps the client shift focus from obstacles and barriers while offering an opportunity for the clinician to affirm client’s choices.</td>
</tr>
<tr>
<td>Agreement with a Twist</td>
<td>Agreeing with the client, but with a slight twist that propels the discussion forward. A reflection followed by a reframe.</td>
</tr>
<tr>
<td>Decision Balance</td>
<td>Explores the pros and cons of a specific plan or behavior.</td>
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<tr>
<td>Coming Alongside</td>
<td>Explicitly side with the negative (status quo) side of ambivalence.</td>
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</tbody>
</table>
1. “Yeah, I want a job, but what’s the point of hoping for something when you’re as old as me?”

2. “I applied for a job at a restaurant and they never called back. I just can’t win in this economy.”

3. “You keep saying these mock interviews are important, but why would I waste my time on that when I should be spending my time job-searching?”

4. “Why do you keep bringing up my drinking? I’ve been drinking and working my whole life, and it never caused me problems. The only difference now is that I’m not working.”

5. “I want to work in sales. And there’s nothing out there – no jobs. But I’m good at sales! Really good.”

6. “I can’t think of any solutions. Just tell me what to do.”

7. “I did everything I was supposed to do, ok? Don’t you trust me?”

8. “How can I even think about seeing a psychiatrist when I’m on the verge of being evicted?”
Introduction to Motivational Interviewing

Chicago Jobs Council
September 11, 2013
Sarah A. Suzuki, LCSW, CADC
About me:

• Medical Social Worker at Northwestern Memorial Hospital

• Founder of Chicago Compass Counseling, LLC

• Certified Alcohol and other Drug Counselor (CADC)

• Member of MINT, Inc. – the Motivational Interviewing Network of Trainers
MI is...

- A brief intervention
- Effective in supporting patient engagement, retention and completion of treatment
- Shown to outperform traditional advice giving
- Learnable
- Effective cross-culturally
- Measurable
- Complementary to other treatment approaches
TODAY’s OBJECTIVES

1. To become acquainted with the spirit of MI
2. To learn how to use MI to facilitate behavior change
3. To have direct practice in and experience of MI
Rules for this workshop:

- Personal space
- Role-play: pick topics you are comfortable sharing
- “Parking Lot”
- Remember- these are all just tools
- All activities will include a “debrief”
- It’s not either/or – it’s both/and.
Definitions for this presentation:

- **Case Manager (CM)**
  - Facilitates the conversation
  - Listens carefully
  - Enhances engagement
  - Elicits and conveys respect for the client’s ideas, opinions, reasons to change, and client confidence that change is possible

- **Client**
  - Does everything for a reason
  - Chooses when to make a commitment
  - Collaborates with the case manager
What behaviors do your clients have trouble changing?

**SELF-SABOTAGE:** inflexibility, pessimism, lack of follow-through, and unrealistic expectations

**NETWORKING:** Lack of skill, confidence, knowledge, willingness, or desire to network.

**ORGANIZATION:** planning the job search, achieving objectives, time management

**MENTAL HEALTH:** Unaddressed problem behaviors that affect job-seeking, low self-esteem, lack of self-efficacy, fixation on failures from the past/dashed expectations, unaddressed problem behaviors (drinking, internet addiction, gambling, drug use, severe and persistent mental illness)
What is the most frustrating part of your job?

**SYSTEM ISSUES:** Client works hard and faces a bleak economy, high case-loads and administrative responsibilities, keen awareness that society does not have opportunities for individuals who are in certain circumstances

**PARALYSIS:** Client seems to be stuck, unwilling to meet CM “halfway” in making an effort, doesn’t focus on goals

**INSIGHT:** Clients see themselves as being helpless and lacking the strengths, skills, talents, and abilities to achieve objectives; lack of connection between problem behaviors and negative consequences.
ACTIVITY 1: Helping hands
What is MI?

- A conversation about change
- An evidence-based practice
- A way of being with someone
MI is a Client-Centered Approach

- MI originated in the field of substance abuse treatment

- Original substance abuse treatment involved was to “confronting addicts with reality”

- Counselors became creative

- Dancing versus wrestling
MI is a collaborative conversation to strengthen a person's own motivation for and commitment to change.
What kinds of things can make conversations with clients difficult?

- Your client does not want to talk
- Your client disagrees
- Your client thinks you have a hidden agenda
- Your client says one thing and does another
- Your client does not want to be told what to do
Evidence-Based Practices (EBPs) are:

- Research-validated interventions
- Effective
- Consistent across populations

*Motivational Interviewing is an Evidence-Based Practice.*
More than 200 clinical trials of MI have been published.
Research suggests:

MI is MOST effective when it is added to another active treatment. This suggests a synergistic effect of MI with other treatment methods.
Efficacy reviews and meta-analyses have yielded positive trials for using MI an array of target problems including:

- Cardiovascular rehabilitation
- Diabetes management
- Dietary change
- Hypertension
- Illicit drug use
- Infection risk reduction
- Management of chronic mental disorders
- Problem drinking
- Problem gambling
- Smoking
- Dual disorders
FOUR PROCESSES

ENGAGING: The relational foundation

FOCUSING: The strategic focus

EVOKING: The Transition to MI

PLANNING: The Bridge to Change
Why the Four Processes?

- Creates a roadmap for the conversation
- Helps clinician know where client is “at”
- Clinician becomes a “guide” through the processes
Each step depends on the former
Engaging

- Planning
- Evoking
- Focusing
- Engaging
ACTIVITY 2: “Special Someone”
Common Reactions to Being Listened to:

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Understood</td>
<td>Able to change</td>
</tr>
<tr>
<td>Want to talk more</td>
<td>Safe</td>
</tr>
<tr>
<td>Liking the counselor</td>
<td>Empowered</td>
</tr>
<tr>
<td>Open</td>
<td>Hopeful</td>
</tr>
<tr>
<td>Accepted</td>
<td>Comfortable</td>
</tr>
<tr>
<td>Respected</td>
<td>Interested</td>
</tr>
<tr>
<td>Cooperative</td>
<td>Want to come back</td>
</tr>
</tbody>
</table>
Collaboration, not confrontation.

One elicits and conveys respect for the client’s ideas, opinions, and autonomy.
What is reflective listening?

The skill of “active” listening whereby the counselor seeks to understand the client’s subjective experience, offering reflections as guesses about a person’s meaning.
Reflective listening has a different tone:

- Voice inflection is different
- Voice should have downturn (*statement*) rather than an upward inflection (*question*).

“You’re having a tough time staying sober?”

(*compared with*)

“You’re having a tough time staying sober.”
Understatement v. Overstatement

• **Understatement:** Tends to encourage client to keep talking about a difficult issue.

• **Overstatement:** Client responds by shutting down.

1. “It’s been awhile since you’ve had a full time job, and you’re a bit worried about what it will feel like to start working again.”

1. “It’s been so long since you’ve held a job that you’re terrified – overwhelmed by fears that you’re not going to be able to handle it. You must feel completely helpless.”
Understatement: Metaphors and similes are helpful

• “It’s as though...”
• “Kind of like...”

*It’s as though you’ve been climbing a ladder to get out of a well; you want to reach the light at the end, but for some reason you’re feeling stuck on one of the rungs.*

*It’s kind of like* hitting a home run; once you experience great success, you know that you have it in you to do it again, even if it doesn’t happen at that magnitude every time.”
ACTIVITY 3: Non-verbal listening

- What it was like growing up in my home.
- Ways in which I have changed as a person over the years
- The good things and not so good things about my high school years
- What I hope and plan to do over the next 10 years.
- Describe one of your parents, or someone else close to you.
- How I came to do the kind of work I am doing.
The Righting Reflex:

The irresistible desire to provide a solution when you identify a problem.
Who experiences the Righting Reflex?

- People in the helping professions.
- Service professionals are trained to fix what seems wrong with people.
- It is the natural desire of helpers to set things right, to prevent harm, and to promote client welfare.
Why not give in to the Righting Reflex?

The Righting Reflex, although well-intentioned, can lead to client’s pushing back and being resistant to our well-intentioned advice.

Reactance is the natural human tendency to reassert one’s freedom when it appears to be threatened.
The Righting Reflex

- Give them **Insight** - if you can just make people see, then they will change

- Give them **Knowledge** - if people just know enough, then they will change

- Give them **Skills** - if you can just teach people how to change, then they will do it

- Give them **Hell** - if you can just make people feel bad or afraid enough, they will change
CLIENT: “Did I apply for jobs? Of course I did! I sent my resume to more than 200 companies on Monster.com. And what do I have to show for it? Nothing. There’s no point to even trying. I might as well give up.”

Righting Reflex: “You can’t lose hope now. There are more effective ways to get a job, like talking to people and networking. These companies are flooded with resumes. Everything basically ends up in a trash heap. And – even worse - if you don’t have a cover letter? Forget it. It’s time to stop randomly e-mailing your resume. You need to network.”

MI Response: “You put in a lot of effort – 200 applications is a lot! Which made it all the more discouraging when you didn’t hear anything back. You’re right – Monster.com may not be the right way to get companies to recognize your skills and talents. Would you be interested in learning about some job-seeking strategies that don’t involve the internet?”
ACTIVITY 4: Thinking and forming reflections
Respect for client autonomy and choice

One evokes and foster’s the client’s experience of choice and control and respects the client’s decisions

Client: “I got a haircut, and finally got a suit that kind of fits. I still don’t want to go to that resume class you keep talking about. The thing is, I know it’s time to put myself out there and look for a job.”

CM: “You are really getting serious about this now.”
Motivation is a state, not a fixed character trait. It can ebb and flow, much like emotions.
Engaging

- Process of establishing a mutually trusting and respectful helping relationship
- Incompatible with assessment; rapport comes first
- Case manager learns to let go of the “expert” stance
- Informal chat, or “small talk,” is not helpful
Empathic, active, reflective listening is required.
Express Empathy

- **Empathy**: Understanding what someone else is feeling because you have experienced it yourself or can put yourself in their shoes.
- Counselor makes genuine effort to understand the client’s perspective and an equally genuine effort to convey that understanding to the client.
- Different from **sympathy** (Acknowledging a person's emotional hardships and providing comfort and assurance).
Sympathy v. Empathy

• Sympathy: “I’m sorry you got fired. That totally sucks.”

• Empathy: “Being laid off can be an awful, frightening experience that makes you question your self-worth, even when, in your heart, you know that you are skilled and talented.”
What discussion topics promote engagement?

- **Desires or goals:** What are you hoping for in coming here? What is it that you’re looking for?
- **Importance:** How important is finding a job to you? How much of a priority is it?
- **Positivity:** How do you feel about your experience at our agency? Do you feel welcomed, valued, and respected? Are you treated in a warm and friendly manner?
- **Expectations:** What do you think will happen once you start services with us? How would you respond if we didn’t meet your expectations?
- **Hope:** Do you think that coming here will help you take the next steps in life? Do you believe that our program will help you?
Resistance and Sustain Talk

- Resistance is interpersonal behavior
- Resistance is a signal of dissonance
- Resistance is predictive of non-change
- Sustain Talk has to do with the client’s feelings, while Resistance reveals the quality of your working relationship

**Client:** “You don’t understand what my life is like.”

**Client:** “I don’t have time for your advice.”
ACTIVITY 5: Protagonists
How do we get through these tumultuous waters?

We row with OARS.
OARS

Open-ended questions
Affirmations
Reflections
Summaries
Open-ended questions

- Invites client to think before responding
- Provides opportunity for a variety of answers

**Clinician:** “How do you hope I might help you?”

Reflecting back someone’s answer to an open-ended question encourages the client to continue talking.
Clinician: (Open-ended question) “How do you hope I might help you?”

Client: “I’ve got a criminal background. Every time I try to get a job, my rap sheet pops up and I’m left back where I started – jobless. I’m discouraged. I just want to work, like a normal person, and it feels like society isn’t letting me.”

Clinician: (Reflecting) “You’re trying hard to get a job, and are running into the same roadblock again and again – the criminal background check, which has been preventing you from getting the work you want. It really can feel discouraging. It sounds like the first thing you want to work on is finding a job where this criminal background isn’t going to get in your way, so you can have secure a stable job.”
Close-Ended Questions

- “What is your address?”
- “Are you happy with your weight?”
- “Did you take your medications every day?”
- “How many drinks do you have per week?”

**PRO:** Good for gathering specific information

**CON:** Client can become passive and disengaged.
Closed questions aren’t bad:

• Good for information gathering
• Help you get specific information
• Can focus the conversation
Beware the Question-Answer Trap...

THREE reflections should follow EACH question!
Helpful Closed Questions

CM: (After summarizing client’s concerns). “Did I miss anything?”

Client: “Just that I’m supposed to stop smoking. That’s what my doctor wants, but I can’t imagine wanting to quit.”

CM: (As a reflection) “Wouldn’t it be great if there was a way to want to quit smoking?”
Just remember this general rule...

3:1

Three reflections should be used for every question asked.
Affirmations

- Highlight the positive
- Provide support and encouragement
- Affirm the individual’s worth as a person
- Communicate respect
- Enhance the working relationship
- Facilitate retention in treatment
- Center on the word “you”
- Different from “praise”
Example of an affirmation

Client: “I totally messed up last week. I was doing ok, not drinking after work, and then I slipped on Saturday. I had a beer with my friends, which turned into a bender. I felt so awful afterwards, so I just got back on the wagon. I’m such a failure.”

Clinician: “You really tried hard this week! And this time you were able to get yourself back on track after a slip. You went right back to your goal of not drinking.”
Other benefits of affirmations:

- Client feels engaged
- You experience less frustration by heightening your awareness of the client’s strengths
- Strengthen the working relationship
Reflections

**Simple:** Rephrasing, repeating, paraphrasing. Used most frequently in the beginning stages of conversation

**Complex:** Reflecting back to someone what you think may be the underlying feeling. (This is NOT interpretation)

(Interpretation can create a roadblock if inappropriately timed)
Depth of Reflection

The extent to which a reflection contains more than the literal content of what a person has already said.

Complex Reflections have great depth of reflection.
Summarizing

- Reflections that pull together several things the person has told you
- Helps clients to reflect on their experiences and encourages them to continue
- Invites further exploration of client’s presenting concerns
- Consciously or not, you are choosing to highlight certain aspects of what people say and to pass over other aspects when summarizing
Research indicates...

Your level of empathy directly predicts your client’s commitment to behavior change
Focusing
Focusing

- Involves finding one or more specific goals or intended outcomes that provide direction for consultation
- Sometimes there is a clear single focus. At other times, exploration is needed.
Clear Focus v. Unclear Focus

Scenario 1: Client calls Illinois Smoking Cessation Quitline.

Scenario 2: Client walks through door of JVS.
Agenda Mapping:

A short, “meta”-conversation in which you step back with the client to consider the way ahead.
“What have I missed?”
“Where would you like to start?”
Open-Ended Questions

- “In what ways does this concern you?”
- “What do you see as the problem?”
- “What might your life look like in five years if very little changes?”
- “What are some of your concerns about this new program?”
Evocative, Open-Ended Questions

The practitioner asks open questions that are targeted to change talk areas

**AVOID:** “Why” questions.

- “Why didn’t you write your resume?”
- “Why didn’t you go to the job fair?”
- “Why did you miss your appointment?”
Change Talk:

- Client statements that indicate an inclination or reason for change
- The client, rather than the CM, voices arguments for change
- Change Talk ranges in potency, from strong to weak
- CM can help weak Change Talk to become strong Change Talk
Sustain Talk:

- Client talk that favors the status quo.
- Counters Change Talk
- Indicates that the practitioner should shift focus
Disagreeing: “I don’t think that’s true.”

Arguing: “You’re not being honest with me.”

Persuading: “There are many good reasons for you to feel otherwise.”

Outcome of Discord: Increases client resistance.
Ambivalence

- Refers to client’s experience of conflicting thoughts and feelings about a particular behavior or change
- Advantages versus disadvantages
- Important for the CM to acknowledge and normalize
Ambivalence is Being Pushed and Pulled in Opposite Directions
MIRED IN AMBIVALENCE

Ambivalence is a normal part of behavior change. For you, the CM, it offers an opportunity to guide your client out of the forest of confusion.
Four Flavors of Ambivalence

1. Approach/Approach (+/+)
2. Avoidance/Avoidance (-/-)
3. Approach/Avoidance (+/-)
4. Double Approach/Avoidance (+--/+-+)

Person is torn between two positive choices
“Candy store problem”
Moving toward one option makes the other seem more appealing
A “win-win” situation
“But what if I had chosen the other?”

GENERALLY: Not the ambivalence your clients face.
Avoidance/Avoidance

• The choice is between two unpleasant alternatives
• “Choosing the lesser of two evils”
• “Caught between a rock and a hard place”
• Leaning toward X increases its unpleasantness, but moving away from X means moving toward Y
Approach/Avoidance

- Only one possible choice is being considered
- Choice has both positive and negative aspects

Billy Ray Cyrus: “I’m so miserable without you, it’s almost like you’re here.”
Double Approach/Avoidance

• The most vexing type of ambivalence
• 2 options: X and Y, each of which has VERY positive and VERY negative aspects

Behavior change becomes extremely emotional.
Evoking

Planning

Focusing

Engaging
Evoking

• Change and sustain talk
• One works to evoke the ideas, opinions, reasons to change, and client confidence that change is possible
Best way to evoke:

Ask questions.
Resistance and change-talk: opposite sides of ambivalence

- Arguments for change are “Change Talk”
- Arguments against change are “Sustain Talk”
- Client may use both Change Talk and Sustain Talk to express conflicting feelings
- CM’s job is to accept and sometimes reflect Sustain Talk...
  - while evoking and strengthening Change Talk
Sustain talk is anything said that is in favor of maintaining the status quo.

Sustain Talk is a normal part of the process.
Problem: “My client only uses sustain talk.”

Possible strategies:

* Amplified Reflection
* Double-sided Reflection
* Shift focus
* Reframe
* Look Forward/Look Back
* Come alongside
* Agreement with a twist
* Decisional balance
*Amplified Reflection*

Reflects the client’s statement in an exaggerated form that is extreme, but without sarcasm.

**Client:** “I don’t know why my wife is worried about this. I don’t drink any more than any of my friends.”

**CM:** “So your wife is worrying needlessly.”
*Double-Sided Reflection*

Acknowledges what clients have said but also states contrary things they have said in the past

**Client:** Maybe I should give up drinking completely, but I’m not going to do that!

**CM:** You’ve been charged with DUIs 2 times this past year, which concerns you, but quitting altogether clearly is not what you want to do.
*Shift focus*

Helps the client shift focus away from the obstacles and barriers while offering an opportunity for the CM to affirm the client’s choices.

**Client:** “I can’t see a mental health counselor with all of the stress I’m dealing with now.”

**CM:** “You’re way ahead of me. We’re exploring your job interests. We’re not ready to talk about that yet.”
*Reframe

Offers a positive, educational interpretation of negative information.

**Client:** “I know I don’t have an alcohol problem. I’m known for being able to ‘hold my liquor.’”

**CM:** “There is some evidence that ‘holding your liquor’ can also be a sign of tolerance, which, I imagine, could actually be a red flag.”
*Look Forward or Look Back:

**CM:** “How do you remember feeling about yourself back when you did have a job? What was different?” (looking back)

**CM:** “What may happen if things continue as they are?” (looking forward)
*Coming alongside:

Explicitly side with the negative (status quo) side of ambivalence.

**Client:** “I was stupid to get black-out drunk and end up in the hospital. But one bad incident doesn’t mean that I should just stop drinking.”

**CM:** “Perhaps drinking is so important to you that you won't give it up, no matter what the cost.”
*Agreement with a twist*

Agreeing with the client, but with a reframe that propels the discussion forward.

**Client:** “Why are you and my girlfriend always on my case about my drinking? So what if I have a few drinks now and then? What about all of my girlfriend’s problems? You’d turn to alcohol, too if your girlfriend was yelling all the time.”

**CM:** “You’ve got a good point, and that’s important. There is a bigger picture here, and maybe I haven’t been paying enough attention to that. It’s not as simple as one person’s drinking habits. I agree with you that we shouldn’t be placing blame here. Lifestyle changes like these involve the whole family.”
*Decisional balance*

Explores the pros and cons of a specific plan or behavior.

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Exercise 7:

Converting Sustain into Change Talk.

No.

Yes.
Evoking Change Talk

Evocative questions increase client Change Talk.

When client responds with both Change Talk and Sustain Talk, selectively attend to and respond to Change Talk.

*3 Reflections: 1 Question*
Preparatory Change Talk

DARN!

Desire: “I _want_ to get a job.”

Ability: “I _think I can_ get a job.”

Reasons: “I’d _be feel better about myself_ if I made some money.”

Needs: “_I’ve got to_ get a job.”
What if you get stuck?

Client: “I don’t know if I have what it takes to score an interview. I want to work, and I know that my family depends on me to make some money. Hell – my LIFE depends on getting a job. I just keep spinning my wheels.”
How You Can Elicit Preparatory Change Talk

• Why would you want to make this change? *(Desire)*

• How might you go about it, in order to succeed? *(Ability)*

• What’s the best reason for you to do it? *(Reasons)*

• How important is it for you to make this change? *(Need)*

*D.A.R.N.*
Desire

Key words:

- “I want to....”
- “I would like to...”
- “I wish I were...”
- “I hope to....”
Ability

Key words:

- “I’ve tried, but I don’t think I can...”
- “I can manage on my own...”
- “I could...”
- “I would be able to...”
Reasons

Key Words:

- “I would probably...”
- “It would help me...”
- “I’d be...”
- “I want to be...”
Needs

Key Words:

- “I need to...”
- “I have to...”
- “I must...”
- “I’ve got to...”
- “I can’t keep on like this.”
- “Something has to change.”
Planning

Planning

Evoking

Focusing

Engaging
Planning

- Your expertise
- You direct the show
- You are the expert
- You complete your objectives
Signs of Readiness to Plan

- Increased Change Talk
- Decreased Sustain Talk
- Resolve
- Envisioning
- Taking Steps
  - Client: “I went to the library last week and finally took a look at that CareerBuilder site.”
  - CM: “Really? Good for you! How did you find the time for that?”
- Questions about change
Test the Waters

- **CM:** “Would it make sense to consider sitting down together and thinking of a list of people who are in your network?”

- **CM:** “Are you willing to think about how you might sign up for a networking event, or is that getting ahead of things?”
Summarize

• Create a “bouquet” of the Change Talk the client has used

• Minimize the amount of Sustain Talk you reflect (Remember – too many leaves obscure the flowers in a bouquet!)
Ask the Key Question:

- **CM:** “So where does all of this leave you?”

- **CM:** “So what are you thinking about drinking alcohol at this point?”

- **CM:** “I wonder what you might decide to do.”
Developing a Change Plan

• Go from general to specific
• Elicit the change plan
  ▫ “What would be a first step?”
  ▫ “When do you think you’ll go?”
  ▫ “How would you get ready?”
  ▫ “When could you do that?”
• Let the client be the advocate for change
• Does the person believe the plan will work?
• Bring up the possible obstacles/setbacks
Strengthening Commitment

- Evoke intention
- Continue being supportive
- Scaling (Confidence Ruler, Goal Scaling)
  1------------------------5-------------------------10

- Explore reluctance
- Break it down into steps
  - Step: “I will apply for a job in-person today.”
  - Ultimate goal: “I will get a full-time job.”
Self-Efficacy

- Affirm
- Reframe imperfection as partial progress
- “What now?” following a setback
- “What else?” if an approach is not working
- Resist the Righting Reflex
Activity 8: OARS

ROUND ROBIN
Applying Theory to Practice

“In theory there is no difference between theory and practice. In practice, there is.”

-Dean Fixsen*

*Implementation Scientist
Practice Issues

1. How do I know I’m doing MI?

2. How do the four processes fit together in practice?

3. How brief can MI be?

4. What about my own inner experience?
1. How do I know I’m doing MI?

ENGAGING:

• How well do I understand how this person perceives the situation or dilemma?
• Could I give voice to what this person is experiencing?
• How many of my responses are reflective listening statements?
• How engaged in our conversation does the person seem to be?
1. How do I know I’m doing MI?

FOCUSING:

- Do I have a clear sense of focus?
- Do I know the direction in which I hope change occurs?
- What goal(s) do we have for change, and to what extent do we agree about them?
1. How do I know I’m doing MI?

EVOKING:

• What do I know about this person’s own motivations for change?
• Am I hearing change talk?
• What am I doing intentionally to evoke and strengthen change talk?
• What concerns, goals, or values does this person hold that would encourage this change?
1. How do I know I’m doing MI?

**PLANNING:**

- Am I hearing Change Talk?
- Would it be premature to discuss a plan?
- To what extent am I evoking mobilizing change talk from the person rather than providing solutions myself?
- Am I providing information and advice with permission?
2. How do the four processes fit together in practice?

**Ask yourself** – which process needs emphasis at present?

**Example:** A passive, young man finds himself unhappy at work to the point of wanting to call in sick to avoid the discomfort. His doctor referred him, concerned about apparent depression.

1. Engaging
2. Focusing
3. Evoking
4. Planning
2. How do the four processes fit together in practice?

Example: A passive, young man finds himself unhappy at work to the point of wanting to call in sick to avoid the discomfort. His doctor referred him, concerned about apparent depression.

Engaging: “How have you been feeling when you’re at work?”
2. How do the four processes fit together in practice?

**Example:** A passive, young man finds himself unhappy at work to the point of wanting to call in sick to avoid the discomfort. His doctor referred him, concerned about apparent depression.

**Focusing:** “What change do you think might make the biggest difference for you?”
2. How do the four processes fit together in practice?

**Example:** A passive, young man finds himself unhappy at work to the point of wanting to call in sick to avoid the discomfort. His doctor referred him, concerned about apparent depression.

**Evoking:** “What do you think could be some advantages if you were to express yourself more assertively at work?”
2. How do the four processes fit together in practice?

**Example:** A passive, young man finds himself unhappy at work to the point of wanting to call in sick to avoid the discomfort. His doctor referred him, concerned about apparent depression.

**Planning:** “How might you approach a meeting with your boss?”
3. Time pressure: How brief can MI be?

- In health care, there is always pressure and urgency “to get on with it,” whether it is a short chat or a longer consultation
- Temptation under pressure is to take a “directing style”
- Can MI be “done” in a few minutes?
  - If “done” means “provided,” then answer is surely “Yes.”
  - If “done” means “completed enough to result in change,” then the answer is “Often”
3. Time pressure: How brief can MI be?

Research indicates that MI can be used in brief interventions effectively to trigger significant change.*

*(e.g., Bernstein et al, 2005; Nock & Kazdin, 2005; Rubak et al., 2005, Senft, Polen, Freeborn, & Hollis, 1997; Soria, Legido, Escolano, Lopez Yeste, & Montoya, 2006).
4. What about my own inner experience?

- The harder you try to use MI “as a technique,” the harder it will be.
- MI is an approach.
- MI is best done with an “uncluttered mind.”
4. What about my own inner experience?
4. What about my own inner experience?

Distressing news, conflicts at home or work, or time pressures can mean that you are far away from the ideal emotional state. Just remember:

- Listen and reflect
- Be sure to affirm what the person is doing well
- Listen for change talk
- Call upon the person’s own motivation and wisdom
- Resist the Righting Reflex
Tools from today

- Know where your client is in the process so that you move them forward
- Convert sustain statements into change statements
- Selectively reinforce Change Talk when summarizing
Interested in learning more?

Thank you.

motivationalinterview.org
sarahsuzuki.com