Motivational Interviewing

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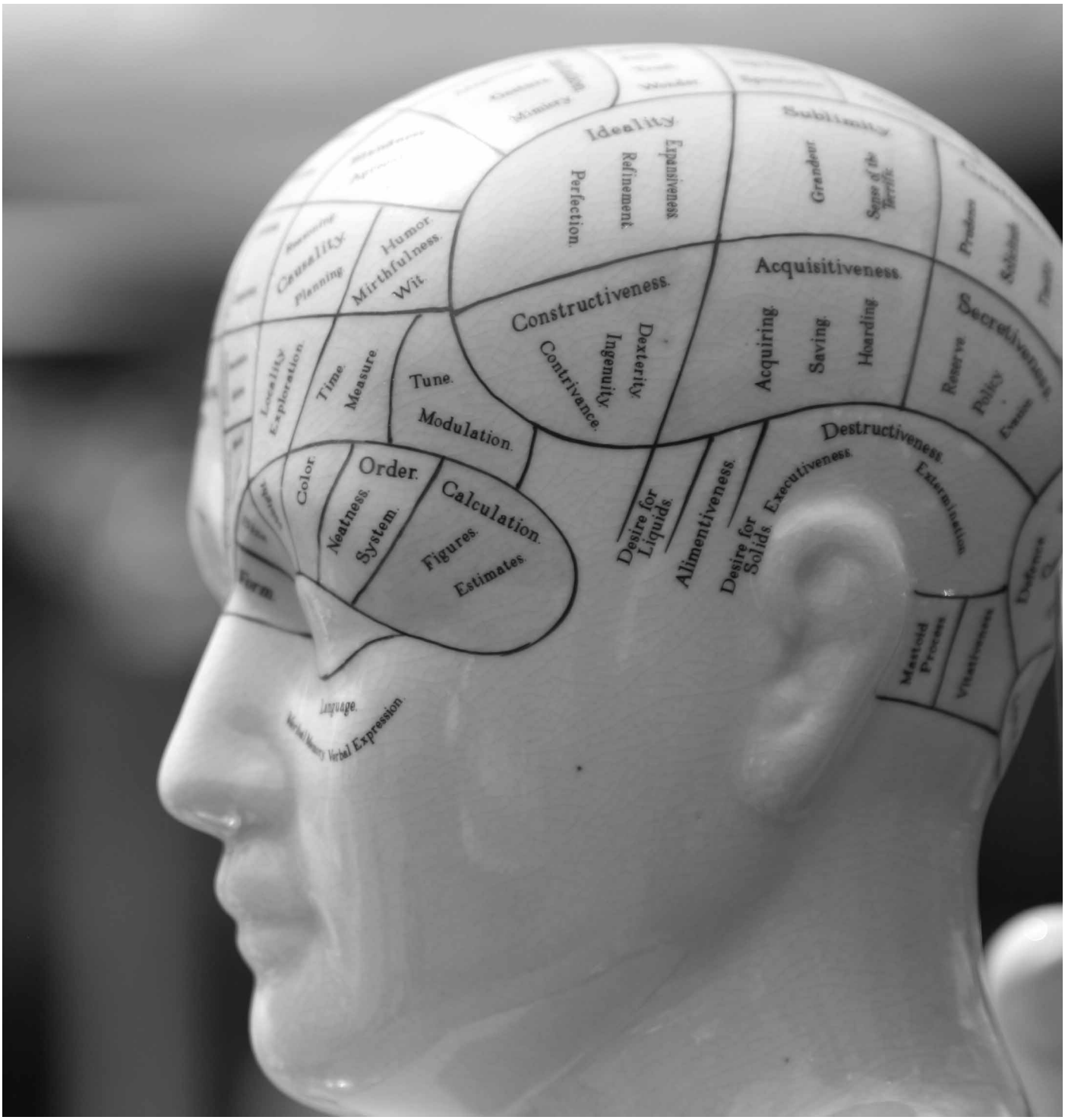
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Mastoid Process
Vitativeness
Form
Language
Verbal Memory
Verbal Expression

Eight Tasks in Learning Motivational Interviewing

1) Overall Spirit of MI	Openness to a way of thinking and working that is collaborative rather than prescriptive, honors the client's autonomy and self-direction, and is more about evoking than installing. This involves at least a willingness to suspend an authoritarian role, and to explore client capacity rather than incapacity, with a genuine interest in the client's experience and perspectives.
2) OARS: Client-Centered Counseling Skills	Proficiency in client-centered counseling skills to provide a supportive and facilitative atmosphere in which clients can safely explore their experience and ambivalence. This involves the comfortable practice of open-ended questions, affirmation, summaries, and particularly the skill of accurate empathy as described by Carl Rogers.
3) Recognizing Change Talk and Sustain Talk	Ability to identify client "change talk" and commitment language that signals movement in the direction of behavior change, as well as client sustain talk. Preparatory change talk includes desire, ability, reasons, and need for change, which favor increased strength of commitment (D.A.R.N).
4) Eliciting and Strengthening Change Talk	Ability to evoke and reinforce client change talk and commitment language. Here the client-centered OARS skills are applied strategically, to differentially strengthen change talk and commitment.
5) Rolling with Sustain Talk and Resistance	Ability to respond to client sustain talk and resistance in a manner that reflects and respects without reinforcing it. The essence is to roll with rather than opposing it.
6) Developing a Change Plan	Making the transition into Phase 2 of MI. Ability to recognize client readiness, and to negotiate a specific change plan that is acceptable and appropriate to the client. This involves timing as well as negotiation skills.
7) Consolidating Commitment	Ability to elicit increasing strength of client commitment to change, and to specific implementation intentions.
8) Transition and Blending	Ability to blend an MI style with other intervention methods and to transition flexibly between MI and other approaches.

The Spririt of Motivational Interviewing (MI)

Here are some points that are normally included in an introduction to the method and spirit of MI:

Ambivalence as a normal step toward change. (In the transtheoretical model of change, this is the contemplation stage.) People can remain stuck in ambivalence for a long time.

Purpose of MI: For the specific purpose of helping people to move toward change by working through ambivalence.

Definition of MI: A person-centered, goal-directed counseling method for helping people to change by working through ambivalence.

Three aspects of the underlying spirit of MI: Collaboration, Evocation, Autonomy Support

Four principles of MI: Empathy, Discrepancy, Resistance, Self-Efficacy

Twelve Roadblocks to Listening

1. Ordering, directing, or commanding
2. Warning or threatening
3. Giving advice, making suggestions, or providing solutions
4. Persuading with logic, arguing, or lecturing
5. Moralizing, preaching, or telling clients what they "should" do
6. Disagreeing, judging, criticizing, or blaming
7. Agreeing, approving, or praising
8. Shaming, ridiculing, or labeling
9. Interpreting or analyzing
10. Reassuring, sympathizing, or consoling
11. Questioning or probing
12. Withdrawing, distracting, humoring, or changing the subject

Reactance Theory

Reactance is a motivational reaction to offers, persons, rules, or regulations that threaten or eliminate specific behavioral freedoms. Reactance occurs when a person feels that someone or something is taking away his or her choices or limiting the range of alternatives. Psychological reactance occurs in response to threats to perceived behavioral freedoms. An example of such behavior can be observed when an individual engages in a prohibited activity in order to deliberately taunt the authority who prohibits it, regardless of the utility or disutility that the activity confers. An individual's freedom to select when and how to conduct their behavior, and the level to which they are aware of the relevant freedom and are able to determine behaviors necessary to satisfy that freedom affect the generation of psychological reactance. It is assumed that if a person's behavioral freedom is threatened or reduced, they become motivationally aroused. The fear of loss of further freedoms can spark this arousal and motivate them to re-establish the threatened freedom. Because this motivational state is a result of the perceived reduction of one's freedom of action, it is considered a counterforce, and thus is called "psychological reactance".

There are four important elements to reactance theory: perceived freedom, threat to freedom, reactance, and restoration of freedom. Freedom is not an abstract consideration, but rather a feeling associated with real behaviors, including actions, emotions, and attitudes. Reactance also explains denial as it is encountered in addiction counselling. According to William R. Miller, "Research demonstrates that a counselor can drive resistance (denial) levels up and down dramatically according to his or her personal counseling style". Use of a "respectful, reflective approach" described in

motivational interviewing and applied as motivation enhancement therapy, rather than by argumentation, the accusation of "being in denial", and direct confrontations, lead to the motivation to change and avoid the resistance and denial, or reactance, elicited by strong direct confrontation.

Reactance can occur when someone is heavily pressured to accept a certain view or attitude. Reactance can cause the person to adopt or strengthen a view or attitude that is contrary to what was intended, and also increases resistance to persuasion. People using reverse psychology are playing on at least an informal awareness of reactance, attempting to influence someone to choose the opposite of what they request.

Reactance theory assumes there are "free behaviors" individuals perceive and can take part in at any given moment. For a behavior to be free, the individual must have the relevant physical and psychological abilities to partake in it, and must know they can engage in it at the moment, or in the near future.

"Behavior" includes any imaginable act. More specifically, behaviors may be explained as "what one does (or doesn't do)", "how one does something", or "when one does something". It is not always clear, to an observer, or the individuals themselves, if they hold a particular freedom to engage in a given behavior. When a person has such a free behavior they are likely to experience reactance whenever that behavior is restricted, eliminated, or threatened with elimination.

There are several rules associated with free behaviors and reactance: When certain free behaviors are threatened or removed, the more important a free behavior is to a certain individual the greater the magnitude of the reactance.

The level of reactance has a direct relationship to the importance of the eliminated or threatened behavioral freedom, in relationship to the importance of other freedoms at the time.

With a given set of free behaviors, the greater the proportion threatened or eliminated, the greater will be the total level of reactance.

When an important free behavior has been threatened with elimination, the greater will be the threat, and the greater will be the level of reactance.

When there is a loss of a single free behavior, there may be by implication a related threat of removal of other free behaviors now or in the future.

A free behavior may be threatened or eliminated by virtue of the elimination (or threat of elimination) of another free behavior; therefore a free behavior may be threatened by the relation of the elimination of (or threat to) another person's free behavior.

Motivational Interviewing Strategies and Techniques: Rationales and Examples at a glance:

ASKING PERMISSION

Rationale: Communicates respect for clients. Also, clients are more likely to discuss changing when asked, than when being lectured or being told to change.

Examples of Asking Permission

• "Do you mind if we talk about [insert behavior]?"
• "Can we talk a bit about your [insert behavior]?"
• "I noticed on your medical history that you have hypertension, do mind if we talk about how different lifestyles affect hypertension?" (Specific lifestyle concerns such as diet, exercise, and alcohol use can be substituted for the word "lifestyles" in this sentence.)

OPENED-ENDED QUESTIONS

Rationale: When therapists use open-ended questions it allows for a richer, deeper conversation that flows and builds empathy with clients. In contrast, too many back-to-back closed- or deadended questions can feel like an interrogation (e. g., "How often do you use cocaine?" "How many years have you had an alcohol problem?" "How many times have you been arrested?").

Open-ended questions encourage clients to do most of the talking, while the therapist listens and responds with a reflection or summary statement. The goal is to promote further dialogue that can be reflected back to the client by the therapist. Open-ended questions allow clients to tell their stories.

Examples of Open-Ended Questions

• "Tell me what you like about your [insert risky/problem behavior]."
• "What's happened since we last met?"
• "What makes you think it might be time for a change?"
• "What brought you here today?"
• "What happens when you behave that way?"
• "How were you able to not use [insert substance] for [insert time frame]?"
• "Tell me more about when this first began."
• "What's different for you this time?"
• "What was that like for you?"
• "What's different about quitting this time?"

REFLECTIVE LISTENING

Rationale: Reflective listening is the primary way of responding to clients and of building empathy. Reflective listening involves listening carefully to clients and then making a reasonable guess about what they are saying; in other words, it is like forming a hypothesis. The therapist then paraphrases the clients' comments back to them (e.g., "It sounds like you are not ready to quit smoking cigarettes.").

Another goal in using reflective listening is to get clients to state the arguments for change (i.e., have them give voice to the change process), rather than the therapist trying to persuade or lecture them that they need to change (e.g., "So, you are saying that you want to leave your husband, and on the other hand, you worry about hurting his feelings by ending the relationship.
\
That must be difficult for you. How do you imagine the two of you would feel in 5 years if things remain the same?"). Reflections also validate what clients are feeling and doing so communicates that the therapist understands what the client has said (i.e., "It sounds like you are feeling upset at not getting the job."). When therapists' reflections are correct, clients usually respond affirmatively. If the guess is wrong (e.g., "It sounds like you don't want to quit smoking at this time."), clients usually quickly disconfirm the hypothesis (e. g. "No, I do want to quit, but I am very dependent and am concerned about major withdrawals and weight gain.").

Examples of Reflective Listening (generic)

• "It sounds like…."
• "What I hear you saying…"
• "So on the one hand it sounds like …. And, yet on the other hand…."
• "It seems as if…."
• "I get the sense that…."
• "It feels as though…."

Examples of Reflective Listening (specific)

• "It sounds like you recently became concerned about your [insert risky/problem behavior]."
• "It sounds like your [insert risky/problem behavior] has been one way for you to [insert whatever advantage they receive]."
• "I get the sense that you are wanting to change, and you have concerns about [insert topic or behavior]."
• "What I hear you saying is that your [insert risky/problem behavior] is really not much of a problem right now. What you do think it might take for you to change in the future?"
• "I get the feeling there is a lot of pressure on you to change, and you are not sure you can do it because of difficulties you had when you tried in the past."

ELICITING/EVOKING CHANGE TALK

Rationale: Change talk tends to be associated with successful outcomes. This strategy elicits reasons for changing from clients by having them give voice to the need or reasons for changing.

Rather than the therapist lecturing or telling clients the importance of and reasons why they should change, change talk consists of responses evoked from clients. Clients' responses usually contain reasons for change that are personally important for them. Change talk, like several

MotivationalInterviewing (MI) strategies, can be used to address discrepancies between clients' words and actions (e.g., saying that they want to become abstinent, but continuing to use) in a manner that is nonconfrontational. One way of doing this is shown later in this table under the Columbo approach. Importantly, change talk tends to be associated with successful outcomes.

Questions to Elicit/Evoke Change Talk

• "What would you like to see different about your current situation?"
• "What makes you think you need to change?"
• "What will happen if you don't change?"
• "What will be different if you complete your probation/referral to this program?"
• "What would be the good things about changing your [insert risky/problem behavior]?"
• "What would your life be like 3 years from now if you changed your [insert risky/problem behavior]?"
• "Why do you think others are concerned about your [insert risky/problem behavior]?"

Elicit/Evoke Change Talk For Clients Having Difficulty Changing: Focus is on being supportive as the client wants to change but is struggling.

• "How can I help you get past some of the difficulties you are experiencing?"
• "If you were to decide to change, what would you have to do to make this happen?"

Elicit/Evoke Change Talk by Provoking Extremes: For use when there is little expressed desire for change. Have the client describe a possible extreme consequence.

• "Suppose you don't change, what is the WORST thing that might happen?"
• "What is the BEST thing you could imagine that could result from changing?"

Elicit/Evoke Change Talk by Looking Forward: These questions are also examples of how to deploy discrepancies, but by comparing the current situation with what it would be like to not have the problem in the future.

• "If you make changes, how would your life be different from what it is today?"
• "How would you like things to turn out for you in 2 years?"

EXPLORING IMPORTANCE AND CONFIDENCE. THE READINESS TO CHANGE RULER

Rationale: As motivational tools, goal importance and confidence ratings have dual utility: (a) they provide therapists with information about how clients view the importance of changing and the extent to which they feel change is possible, and (b) as with other rating scales (e.g., Readiness to Change Ruler), they can be used to get clients to give voice to what they would need to do to change.

Examples of How to Explore Importance and Confidence Ratings

• "Why did you select a score of [insert #] on the importance/confidence scale rather than [lower #]?"
• "What would need to happen for your importance/confidence score to move up from a [insert #] to a [insert a higher #]?"
• "What would it take to move from a [insert #] to a [higher #]?"
• "How would your life be different if you moved from a [insert #] to a [higher #]?"
• "What do you think you might do to increase the importance/confidence about changing your [insert risky/problem behavior]?"

NORMALIZING

Rationale: Normalizing is intended to communicate to clients that having difficulties while changing is not uncommon, that they are not alone in their experience, or in their ambivalence about changing. Normalizing is not intended to make clients feel comfortable with not changing; rather it is to help them understand that many people experience difficulty changing.

Examples of Normalizing

• "A lot of people are concerned about changing their [insert risky/problem behavior]."
• "Most people report both good and less good things about their [insert risky/problem behavior]."
• "Many people report feeling like you do. They want to change their [insert risky/problem behavior], but find it difficult."
• "That is not unusual, many people report having made several previous quit attempts."
• "A lot of people are concerned about gaining weight when quitting."

DECISIONAL BALANCING

Rationale: Decisional balancing strategies can be used anytime throughout treatment. A good strategy is to give clients a written Decisional Balance (DB) exercise at the assessment session and ask them to bring the completed exercise to their first session. The DB exercise asks clients to evaluate their current behaviors by simultaneously looking at the good and less good things about their actions.

The goal for clients is two fold: To realize that (a) they get some benefits from their risky/problem behavior, and (b) there will be some costs if they decide to change their behavior. Talking with clients about the good and less good things they have written down on their DB can be used to help them understand their ambivalence about changing and to move them further toward wanting to change. Lastly, therapists can do a DB exercise with clients by simply asking them in an openended fashion about the good and less good things regarding their risky/problem behavior and what it would take to change their behavior.

Examples of How to Use a Decisional Balance Exercise

• "What are some of the good things about your [insert risky/problem behavior]? [Client answers] Okay, on the flipside, what are some of the less good things about your [insert risky/problem behavior]."

After the clients discuss the good and less good things about their behavior, the therapist can use a reflective, summary statement with the intent of having clients address their ambivalence about changing.

DEVELOPING DESCREPANCY & THE COLUMBO APPROACH

Rationale: The Columbo approach can also be characterized as deploying discrepancies. The goal is to have a client help the therapist make sense of the client's discrepant information The approach takes its name from the behavior demonstrated by Peter Falk who starred in the 1970s television series Columbo. The Columboesque approach is intended as a curious inquiry about discrepant behaviors without being judgmental or blaming and allows for the juxtaposing in a nonconfrontational manner of information that is contradictory. In other words, it allows the therapist to address discrepancies between what clients say and their behavior without evoking defensiveness or resistance.

Developing Discrepancy:

When deploying discrepancies, when possible, as shown in the example below try to end the reflection on the side of change as clients are more likely to elaborate on the last part of the statement.

• "It sounds like when you started using cocaine there were many positives. Now, however, it sounds like the costs, and your increased use coupled with your girlfriend's complaints, have made you think about quitting. What will your life be like if you do stop?"

Examples of How to Use the Columbo Approach:

While the following responses might sound a bit unsympathetic, the idea is to get clients who present with discrepancies to recognize them rather than being told by their therapists that what they are saying does not make sense.

• "On the one hand you're coughing and are out breath, and on the other hand you are saying cigarettes are not causing you any problems. What do you think is causing your breathing difficulties?"

• "So, help me to understand, on the one hand you say you want to live to see your 12-year old daughter grow up and go to college, and yet you won't take the medication your doctor prescribed for your diabetes. How will that help you live to see your daughter grow up?"

• "Help me understand, on the one hand I hear you saying you are worried about keeping the custody of your children. Yet, on the other hand you are telling me that you are using crack occasionally with your boyfriend. Since you also told me you are being drug screened on a random basis, I am wondering how using cocaine might affect your keeping custody of your children."

STATEMENTS SUPPORTING SELF-EFFICACY

Rationale: Eliciting statements that support self-efficacy (self-confidence) is done by having clients give voice to changes they have made. Because many clients have little self-confidence in their ability to change their risky/problem behaviors, the objective is to increase their selfconfidence that they can change. Self-confidence statements can be sought from clients using scaling techniques (e. g, Readiness to Change Ruler, Importance and Confidence related to goal choice).

For example, when using a Readiness Ruler, if clients' readiness to change goes from a lower number (past) to a higher number (now), therapists may follow-up by asking how they were able to do that and how they feel about their change.

Examples of Eliciting Statements Supporting Self-Efficacy

• "It seems you've been working hard to quit smoking. That is different than before. How have you been able to do that?"
• "Last week you were not sure you could go one day without using cocaine, how were you able to avoid using the entire past week?"
• "So even though you have not been abstinent every day this past week, you have managed to cut your drinking down significantly. How were you able to do that?"
• "Based on your self-monitoring logs, you have not been using cannabis daily. In fact, you only used one day last week. How were you able to do that?" Follow-up by asking, "How do you feel about the change?"

After asking about changes clients have made, it is important to follow-up with a question about how clients feel about the changes they made.

• "How do you feel the changes you made?"
• "How were you able to go from a [# 6 months ago] to a [# now]?" [Client answers] "How do you feel about those changes?"

READINESS TO CHANGE RULER

Rationale: Assessing readiness to change is a critical aspect of MI. Motivation, which is considered a state not a trait, is not static and thus can change rapidly from day to day. Clients enter treatment at different levels of motivation or readiness to change (e.g., not all are ready to change; many are ambivalent about changing). In this regard, if therapists know where clients are in terms of their readiness to change, they will be better prepared to recognize and deal with a client's motivation to change. The concept of readiness to change is an outgrowth of the Stages of Change Model that conceptualizes individuals as being at different stages of change when entering treatment. While readiness to change can be evaluated using the Stages of Change Model, a simpler and quicker way is to use a Readiness to Change Ruler.

This scaling strategy conceptualizes readiness or motivation to change along a continuum and asks clients to give voice to how ready They are to change using a ruler with a 10-point scale where 1 = definitely not ready to change and 10 = definitely ready to change. A Readiness Ruler allows therapists to immediately know their client's level of motivation for change. Depending on where the client is, the subsequent conversation may take different directions. The Readiness to Change Ruler can also be used to have clients give voice to how they changed, what they need to do to change further, and how they feel about changing.

Examples of How to Use a Readiness to Change Ruler

• Therapist (T): "On the following scale from 1 to 10, where 1 is definitely not ready to change and 10 is definitely ready to change, what number best reflects how ready you are at the present time to change your [insert risky/problem behavior]?"

Client (C): "Seven."
T: "And where were you 6 months ago?"
C: "Two."
T: "So it sounds like you went from not being ready to change your [insert risky/problem behavior] to thinking about changing. How did you go from a '2' 6 months ago to a '7' now?"
• "How do you feel about making those changes?"
• "What would it take to move a bit higher on the scale?"

Clients with lower readiness to change (e.g., answers decreased from a "5" 6 months ago to a "2" now)

• "So, it sounds like you went from being ambivalent about changing your [insert risky/problem behavior] to no longer thinking you need to change your [insert risky/problem behavior]. How did you go from a '5' to a '2'?"
• "What one thing do you think would have to happen to get you to back to where you were 6 months ago?"

AFFIRMATIONS

Rationale: Affirmations are statements made by therapists in response to what clients have said, and are used to recognize clients' strengths, successes, and efforts to change. Affirmative responses or supportive statements by therapists verify and acknowledge clients' behavior changes andattempts to change. When providing an affirmation, therapists should avoid statements that soundoverly ingratiating (e.g., "Wow, that's incredible!" or "That's great, I knew you could do it!").

While affirmations help to increase clients' confidence in their ability to change, they also need tosound genuine.

Example of Affirmative Statements

• "Your commitment really shows by [insert a reflection about what the client is doing]."
• "You showed a lot of [insert what best describes the client's behavior—strength, courage, determination] by doing that."
• "It's clear that you're really trying to change your [insert risky/problem behavior]."
• "By the way you handled that situation, you showed a lot of [insert what best describes the client's' behavior—strength, courage, determination]."
• "With all the obstacles you have right now, it's [insert what best describes the client's behavior—impressive, amazing] that you've been able to refrain from engaging in [insert risky/problem behavior]."
• "In spite of what happened last week, your coming back today reflects that you're concerned about changing your [insert risky/problem behavior]."

ADVICE/FEEDBACK

Rationale: A frequently used MI strategy is providing advice or feedback to clients. This is a valuable technique because clients often have either little information or have misinformation about their behaviors. Traditionally, therapists and other health care practitioners have encouraged clients to quit or change behaviors using simple advice [e.g., "If you continue using you are going to have (insert health consequence)."]. Research has shown that by and large the effectiveness of simple advice is very limited (e.g., 5% to 10% of smokers are likely to quit when simply told to quit because smoking is bad for their health). The reason simple advice does not work well is because most people do not like being "told what to do." Rather, most individuals prefer being given choices in making decisions, particularly changing behaviors.

What we have learned from MI is that how information is presented can affect how it is received. When relevant, new information should be presented in a neutral, nonjudgmental, and sensitive manner that empowers clients to make more informed decisions about quitting or changing a risky/problem behavior. One way to do this is to provide feedback that allows clients to compare their behavior to that of others so they know how their behavior relates to national norms (e.g., percentage of men and women drinking at different levels; percentage of population using cannabis in the last year; see Appendices 4.2c and 4.2d for examples of such feedback). Presenting personalized feedback in a motivational manner allows clients to evaluate the feedback for personal relevance ("I guess I drink as much as my friends, but maybe we are all drinking more than we should.").

When therapists ask clients what they know about how their risky/problem behavior affects other aspects of their life (e.g., health—hypertension) clients typically say, "Well not much" or they might give one or two brief facts. This can be followed-up by asking if they are interesting in learning more about the topic and then being prepared to provide them with relevant advice feedback material that the therapist has prepared or has available. Lastly,

whenever possible, focus on the positives of changing. A good example of providing positive information about changing is evident with smoking. Within 20 minutes of stopping smoking an ex-smoker's body begins a series of changes ranging from an immediate decrease in blood pressure to 15 years after quitting the risk of coronary heart disease and death returns to nearly that of those who have never smoked [http://www.lungusa.org/site/pp.asp?c=dvLUK9O0E&b=33568].

What is interesting with this example is that many smokers are not aware of the multiple benefits that occur soon after quitting.

In this regard, therapists can ask, "What do you know about the benefits of quitting smoking?" and follow-up with asking permission to talk about the client's smoking ("Do you mind if we spend a few minutes talking about your smoking?").

Remember that some clients will not want information. In these cases, if the therapist uses scare tactics, lectures, moralizes, or warns of disastrous consequences, most clients are not likely to listen or will pretend to agree in order to not be further attacked.

Examples of How to Provide Advice/Feedback (often this can start by asking permission to talk about the client's behavior)

- "Do you mind if we spending a few minutes talking about….? [Followed by] "What do you know about….?" [Followed still by] "Are you interested in learning more about…..?" [After this clients can be provided with relevant materials relating to changing their risky/problem behavior or what affects it has on other aspects of their life.]
- "What do you know about how your drinking affects your [insert health problem]?"
- "What do you know about the laws and what will happen if you get a second drunk driving arrest?"
- "Okay, you said that the legal limit for drunk driving is 0.08%. What do you know about how many drinks it takes to get to this level?"
- "So you said you are concerned about gaining weight if you stop smoking. How much do you think the average person gains in the first year after quitting?"
- "I've taken the information about your drinking that you provided at the assessment, calculated what you report drinking per week on average, and it is presented on this form along with graphs showing levels of drinking in the general population. Where do you fit in?"
- "On one of the questionnaires you filled out, the Drug Abuse Screening Test, you scored a 7. This form shows how scores on that measure are related to drug problem severity. Where do you fit in?" [use with Appendix 4.2d]

SUMMARIES

Rationale: Summaries are used judiciously to relate or link what clients have already expressed, especially in terms of reflecting ambivalence, and to move them on to another topic or have them expand the current discussion further. Summaries require that therapists listen very carefully to what clients have said throughout the session. Summaries are also a good way to either end a session (i.e., offer a summary of the entire session), or to transition a talkative client to the next topic.

Examples of Summaries:

- "It sounds like you are concerned about your cocaine use because it is costing you a lot of money and there is a chance you could end up in jail. You also said quitting will probably mean not associating with your friends any more. That doesn't sound like an easy choice."
- "Over the past three months you have been talking about stopping using crack, and itm seems that just

recently you have started to recognize that the less good things are outweighing the good things. That, coupled with your girlfriend leaving you because you continued to use crack makes it easy to understand why you are now committed to not using crack anymore."

THERAPEUTIC PARADOX

Rationale: Paradoxical statements are used with clients in an effort to get them to argue for the importance of changing. Such statements are useful for clients who have been coming to treatment for some time but have made little progress.

Paradoxical statements are intended to be perceived by clients as unexpected contradictions. It is hoped that after clients hear such statements clients would seek to correct by arguing for change (e.g., "Bill, I know you have been coming to treatment for two months, but you are still drinking heavily, maybe now is not the right time to change?"). It is hoped that the client would counter with an argument indicating that he/she wants to change (e.g., "No, I know I need to change, it's just tough putting it into practice.").

Once it is established that the client does want to change, subsequent conversations can involve identifying the reasons why progress has been slow up to now. When a therapist makes a paradoxical statement, if the client does not respond immediately by arguing for change, the therapist can then ask the client to think about what was said between now and the next session. Sometimes just getting clients to think about their behavior in this challenging manner acts as an eye-opener, getting clients to recognize they have not made changes.
Therapeutic paradoxes involve some risk (i.e., client could agree with the paradoxical statement rather than arguing for the importance of change), so they are reserved for times later in treatment when clients are not making changes and may or may not be aware of that fact. Such clients often attend sessions regularly but make no significant progress toward changing the risky/problem behavior for which they sought treatment. Another reason for caution is such statements can have a negative effect on clients. Lastly, the therapist must be sure to sound genuine and not sarcastic.

When using the therapeutic paradox, the therapist should be prepared that clients may decide that they do not want to change at this time. In such cases the reasons can be discussed, and the therapist can suggest that perhaps it might be a good idea to take a "vacation" from treatment.

In such instances, therapists can tell clients that they will call them in a month or so to see where they are in terms of readiness to change. Another way to think about what a therapeutic paradox is doing is reflecting the person's behavior in an amplified manner.

Examples of How to Use a Therapeutic Paradox

- "Maybe now is not the right time for you to make changes."
- "You have been continuing to engage in [insert risky/problem behavior] and yet you say that you want to [insert the behavior you want change—e.g., get your children back; get your driver's license returned; not have your spouse leave]. Maybe this is not a good time to try and make those changes."
- "So it sounds like you have a lot going on with trying to balance a career and family, and these priorities are completing with your treatment at this time."

What is Motivational Interviewing?

The best current definition is this:
Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.

Ambivalence is defined as:
1:
a : simultaneous and contradictory attitudes or feelings (as attraction and repulsion) toward an object, person, or action
2
a : continual fluctuation (as between one thing and its opposite)
b : uncertainty as to which approach to follow

In other words, Ambivalence describes an internal struggle manifesting in anxiety and indecision. The consequence of ambivalence is either chronic anxiety or cognitive dissonance. In simple terms, cognitive dissonance is a term to describe the psychological justification of a behaviour. You know the kind of thing.... 'Smoking is my only vice'.....

Motivational is a counselling style that motivates and supports clients to make decisions in favour of health behaviours and away from destructive or maladaptive behaviours that may have significant consequences for the health, wellbeing or lone-term survival.

Compared with nondirective counselling, it is more focused and goal-directed. The examination and resolution of ambivalence is its central purpose, and the counselor is intentionally directive in pursuing this goal.

The spirit of motivational interviewing
Motivation to change is elicited from the client, and not imposed from without. Other motivational approaches have emphasized coercion, persuasion, constructive confrontation, and the use of external contingencies (e.g., the threatened loss of job or family). Such strategies may have their place in evoking change, but they are quite different in spirit from motivational interviewing which relies upon identifying and mobilizing the client's intrinsic values and goals to stimulate behaviour change.

It is the client's task, not the counsellor's, to articulate and resolve his or her ambivalence. Ambivalence takes the form of a conflict between two courses of action (e.g., indulgence versus restraint), each of which has perceived benefits and costs associated with it. Many clients have never had the opportunity of expressing the often confusing, contradictory and uniquely personal elements of this conflict, for example, "If I stop smoking I will feel better about myself, but I may also put on weight, which will make me feel unhappy and unattractive." The counsellor's task is to facilitate expression of both sides of the ambivalence impasse, and guide the client toward an acceptable resolution that triggers change.

Direct persuasion is not an effective method for resolving ambivalence. It is tempting to try to be "helpful" by persuading the client of the urgency of the problem about the benefits of change. It is fairly clear, however, that these tactics generally increase client resistance and diminish the probability of change (Miller, Benefield and Tonigan, 1993, Miller and Rollnick, 1991).

The counselling style is generally a quiet and eliciting one. Direct persuasion, aggressive confrontation, and argumentation are the conceptual opposite of motivational interviewing and are explicitly proscribed in this approach. To a counsellor accustomed to confronting and giving advice, motivational interviewing can appear to be a hopelessly slow and passive process. The proof is in

the outcome. More aggressive strategies, sometimes guided by a desire to "confront client denial," easily slip into pushing clients to make changes for which they are not ready.

The counsellor is directive in helping the client to examine and resolve ambivalence. Motivational interviewing involves no training of clients in behavioural coping skills, although the two approaches not incompatible. The operational assumption in motivational interviewing is that ambivalence or lack of resolve is the principal obstacle to be overcome in triggering change. Once that has been accomplished, there may or may not be a need for further intervention such as skill training.

The specific strategies of motivational interviewing are designed to elicit, clarify, and resolve ambivalence in a client-centred and respectful counselling atmosphere.

Readiness to change is not a client trait, but a fluctuating product of interpersonal interaction. The therapist is therefore highly attentive and responsive to the client's motivational signs. Resistance and "denial" are seen not as client traits, but as feedback regarding therapist behaviour. Client resistance is often a signal that the counsellor is assuming greater readiness to change than is the case, and it is a cue that the therapist needs to modify motivational strategies.

The therapeutic relationship is more like a partnership or companionship than expert/recipient roles. The therapist respects the client's autonomy and freedom of choice (and consequences) regarding his or her own behaviour. Viewed in this way, it is inappropriate to think of motivational interviewing as a technique or set of techniques that are applied to or (worse) "used on" people. Rather, it is an interpersonal style, not at all restricted to formal counselling settings. It is a subtle balance of directive and client-centred components. shaped by a guiding philosophy and understanding of what triggers change. If it becomes a trick or a manipulative technique, its essence has been lost (Miller, 1994).

There are, nevertheless, specific and trainable therapist behaviours that are characteristic of a motivational interviewing style. Foremost among these are:

1) Seeking to understand the person's frame of reference, particularly via reflective listening
2) Expressing acceptance and affirmation
3) Eliciting and selectively reinforcing the client's own self motivational statements expressions of problem recognition, concern, desire and intention to change, and ability to change
4) Monitoring the client's degree of readiness to change, and ensuring that resistance is not generated by jumping ahead of the client.
5) Affirming the client's freedom of choice and self-direction

Preparing for an MI session

Doing MI really starts before you see your client. It starts with an attitude, frame of reference, or philosophy that you have about seeing clients. This is called “Spirit” in MI. It is really an attitude of extreme respect for your client. You respect your client’s wisdom, knowledge and ability to make decisions for his or her own life. You also come to an MI session with an attitude about your own role in the encounter. That role is not as an expert who tries to persuade your client to see things from your perspective. Instead, the MI Spirit is to strive to work in partnership and see things from your client’s perspective. Your role is not to motivate your client or to fix a problem, but to explore your client’s own motivation and draw out his or her own solutions. You may need to impart information and may even offer some advice, but you are always aware that the client, and the client alone, is responsible for making decisions about his or her life. The Spirit of MI is usually summed up with the words “collaboration,” “evocation,” and “autonomy.” Another word to sum up the Spirit is “respect.”

So the first step in using MI with a client is to keep the Spirit in mind. Imagine that you are about to see a very important person. Be prepared to see this important

person by knowing that you are going to work together to find solutions to whatever problems are presented, that the client has wisdom, knowledge and motivation already without you having to "instil" any, and that it is ultimately the client's decision to change or not to change his or her own behaviour.

Preparing Your Mind

In the MI approach, you want to accomplish four things with your clients which should be on your mind as you prepare for the session. You want to resist the tendency to tell your clients what to do or try to "fix" their problems. You want to uncover and understand your client's own motivations and solutions. You want to be empathetic and listen carefully, striving to understand your client's perspectives. Finally, you want to empower your clients and encourage their hope and optimism. These four "principles" of MI can be remembered by using the acronym RULE: Resist, Understand, Listen, Empower. (Sometimes the principles are taught as: Expressing Empathy, Developing Discrepancy, Rolling with Resistance, and Supporting Self-Efficacy, but EDRS isn't a very catchy acronym.)

It takes a high level of concentration to follow the principles of MI, especially listening effectively and empathetically. "A practitioner who is listening, even if it is for just a minute, has no other immediate agenda than to understand the other personÂs perspective and experience." (Rollnick, Miller, and Butler, 2008, pg. 66.) So, if your mind is somewhere else, thinking about dinner, income taxes, the weather, or the score of the ballgame, you are not going to be able to listen very well or to follow any of the other principles of MI. A second step in preparing for an MI session, then, is to put distractions out of your mind so that your energy is freed up to concentrate well.

Checklist: Preparing for the Session

■ Remember the Spirit of MI: Collaboration, Evocation, Autonomy.
■ Anticipate that this client is a very important person deserving of your respect and appreciation.
■ Put other concerns out of your mind or on hold until after the session so that you can devote all of your attention to your client.
■ Free the environment of clutter and distractions.
■ Anticipate and plan for interruptions.

Act I: Openings and Beginnings

Goals

Starting a session is pretty much the same if it is the first session or the 50th. (Although, of course, in reality, it would be highly unlikely that you would be doing 50 MI sessions with a client. MI is thought of as a "brief" intervention and, indeed, much can be accomplished to move a person toward healthy behaviour change in as little as one session.) The beginning of a session is important for setting the tone for working with your client. Goals of the first few minutes certainly include establishing rapport. The beginning of a session is also a good time to express appreciation for the client coming in or keeping the appointment, even if it is in some way "mandatory" that the client be there. It is also important to structure the session, to let the client know what to expect. Remember, this is an important person you are talking to and you don't want to waste his or her time. At the same time, allow enough flexibility so that the client can address, and you can respond to, his or her own issues or concerns.

Specific Tools Used in the Beginning of a Session

The specific MI tools and techniques that are recommended for the beginning of a session include the micro-skills of MI, namely:

Open questions (sometimes called open-ended questions),
Affirmations,
Reflections, and
Summaries.

(The acronym for remembering the micro-skills is: OARS.) In fact, these are the tools used throughout entire MI sessions. Let's take each of these techniques and see how they can be used in the beginning of an MI session.

Open Questions

We've already seen how beginning a session with an open question is useful in inviting the client to begin to talk about what is on his or her mind. Other types of open questions can be used in the beginning part of the session forgathering information, beginning to identify a target behaviour and beginning to elicit change talk. Depending on the purposes of the meeting, possible open questions could include:

"Tell me a bit about your life growing up."
"How does alcohol fit into your life?"
"What do you already know about hypertension?"
"What kinds of things do you do now for relaxation?"
"Tell me how your novel is coming along."
"How has PTSD affected your life?"
"Tell me a little about your combat experience."
"What is your experience of depression?"

Compare these open questions to closed questions such as:

"Where did you grow up?"
"How much alcohol do you drink in a day?"
"Do you know that high blood pressure is a risk factor for heart disease?"
"Do you use any kind of relaxation exercise to deal with your stress?"
"Have you kept to your writing schedule every day?"
"Has PTSD affected your relationships with others?"
"Was your combat experience traumatic?"
"Are you feeling depressed?"

As you read these examples, the advantages of open questions may become obvious to you. Open questions leave plenty of room for your client to talk about what is on his or her mind, whereas the closed questions just call for short, simple answers, usually just "yes" or "no" or some factual detail. Additionally, open questions put the responsibility for moving the conversation along on your client's shoulders rather than on yours. Answers to open questions also often reveal details of a problem or direction to go that you might not have thought about otherwise.

Closed Questions

Of course, there will be plenty of closed questions to ask in the beginning of a session as well. You might need to know specific facts such as how old your client is, for example, or the name of the referring physician, types of medication your client is taking, etc. So, in MI, closed questions are not banned entirely and you don't need to rely exclusively on open questions. But it is generally thought to be better practice to ask more open questions than closed questions in the beginning of, and, indeed, throughout an MI session.

You will know if the ratio of open to closed questions you are using is appropriate by your client's responses and reactions. If you are getting simple one word answers and it seems to be a lot of work for you to keep the conversation going in the session, you are likely asking too many closed questions. Your ratio of open to closed questions is appropriate if your client is speaking openly and giving you lots of useful information and the session seems to be moving along smoothly with your client doing most of the talking.

Querying Commands and Useful Closed Questions

You'll notice that not every statement above is followed by a question mark. If you say, "Tell me about your life growing up," you are not technically asking a question. The effect, however, is the same as if you were asking an open question. Sometimes these kinds of statements are called "querying commands" and they are counted as open questions in MI coding systems.

A certain type of closed question sometimes has the same effect as asking an open question. "Can you tell me about your life growing up?" is technically a closed question in that it can be answered simply with a "yes" or "no," but people generally respond to this type of closed question as though it were an open question. Although it would be scored as a closed question in MI coding systems, sometimes, depending on your voice inflection and general demeanour, these kinds of questions can seem a bit more polite and respectful than querying commands. Hear the difference between: "Tell me a little about your life growing up," (command) and "Would you mind telling me a little about your life growing up?" (closed question).

Again, you will know which questions fit your style better and are effective because your client will either open up and continue the conversation or close down and become more resistant in response to your queries.

The Problem with Questions

If you rely too much on questions, though, there is the danger of falling into the "question-answer trap." This is a situation in which you, as the counsellor, are asking one question after another and your client is just answering them and waiting for the next question. This usually happens when the counsellor is relying mostly on closed questions rather than mixing in open questions. The drawback of this trap is that the client becomes more passive while the counsellor feels more pressure to come up with the "expert" questions. To avoid the question answer trap it is advisable to not only ask more open questions than closed questions but to follow up answers to open questions with reflective listening.

Reflections

Reflections are, in fact, the most useful tool in MI and have many purposes. Generally, reflections are statements made to the client that mirror, give back, repeat, rephrase, paraphrase, or otherwise make manifest what you hear the client saying or see the client doing, such as smiling or looking sad, for example. Reflections are really guesses or hypotheses about what is going on in the client's mind and heart, so you are reflecting what you think the client means by what he or she says and what you think your client feels emotionally as well.

Keys to good reflections are that they are delivered confidently as statements with your voice inflection going down rather than up at the end. And they stand alone and don't need to be followed by a question such as "Is that right?"

It is thought that a good way of using reflections early in a session is to rely more on simple reflections, such as repeating and rephrasing what you are hearing. More complex reflections, such as paraphrasing, double-sided reflections, using metaphors, and reflecting feelings, are typically used later a the session progresses. The purposes of using reflections in the early part of a session are to convey that you are hearing and understanding what your client is telling you, gathering information, and building rapport. Here are some examples of simple reflections to client statements early in a session:

Client: "I'm not sure why I'm here. My doctor just told me to come."
Reflection: "You're not sure why your doctor referred you to me."
Client: "I've been concerned about my drinking for awhile. I don't think I'm an alcoholic but I'm worried that I might be drinking too much."
Reflection: "You're worried that you might be drinking too much."
Reflection: "It sounds like you want to help your fellow veterans."

Sometimes, when you are first learning how to do reflections, it helps to use

Stems

"stems" to start your reflective statements. Some stems to use include:
It sounds like....
That makes me think...
If I understand you correctly...
What I am hearing....

Listening to your client as you attempt reflections will give you all the information you need to get better at reflective listening. If you reflect adequately, the client will generally keep talking and the session progresses smoothly with some momentum, even if your reflection is not accurate. It is an interesting observation that inaccurate reflections do not slow the conversation down. Your client will just correct you gently and continue with the conversation. This happens because, as you reflect well, the client feels your interest and wants to be understood so an inaccurate reflection is just another chance for your client to correct a misinterpretation and be better understood. If, on the other hand, you are asking a lot of questions in a row, or responding in some other non-MI manner, such as arguing or trying to persuade with logic, you will know because the conversation will feel disjointed and jerky without a smooth flow and your client may start to withdraw and become resistant.

Summaries

Summaries are just long reflections during which you reflect some of what you've heard your client say during a significant portion of the session. There are several uses for summaries. When you get to a point where you seem to have exhausted a particular topic, you can summarize to transition on to a new topic. You may want to highlight or reinforce some significant client motivational statements and you can do so with a summary. You might want to connect different things you've heard during a session with a summary. Early in a session you can use a summary to make sure that you are understanding what the client wants or expects during the session. A great use of summaries at any time during a session is when you feel "stuck" and are not sure which direction to take.

Rather than relying on questions, try a summary and wait to see if your client adds anything or clarifies anything for you. While you are hearing yourself summarizing, you may get unstuck. Often, summaries are followed by an open question which moves the conversation along to a new level or on to a different topic. Here is an example of a summary followed by an open question that you might hear early in a session. "So, let me see if I understand everything you've been saying. You are here because you want to find out if you have a drinking problem. You've noticed that your drinking has increased slowly over time such that, where you used to only have a glass of wine with dinner, you now have a drink when you come home from work, a couple of glasses of wine with dinner, and a nightcap before bed. This change in your drinking pattern has you worried because your father was an alcoholic and, even though you haven't gotten to that point yet, you don't want to. You'd like to take care of this problem now and that's why you've come to see me. So, how can I help you?"

Summaries are one of the easiest things to get feedback on from your client. If you just pause after summarizing, your client will likely tell you if you got it right or if you missed something. Just like with reflections, it doesn't matter much how accurate you are because your client will generally correct you gently in the same way your

client will correct you if your reflection is off. With a summary, though, you can ask your client for feedback directly, whereas you wouldn't want to do so with a reflection. You could ask:
"Have I got it right so far?
"What did I miss?"
"Does that pretty much describe where you are right now?"
"How am I doing?"

Affirmations

Affirmations are statements that you make to your client that recognize your client's strengths, accomplishments and positive behaviour. Affirmations help to build self-efficacy by pointing out what your client is accomplishing or has accomplished. In the beginning of a session, affirmations demonstrate respect and appreciation for your client and help to build rapport. Affirmations that could be used in the beginning of a session include statements such as:
"Thank you for coming in today."
"You seem like a person who can accomplish what she sets her mind to."
"You've demonstrated commitment to your health just by coming in today."
"You feel confident that you could do it if it were important to you."

Target Behaviour

You may hear the client identify a target behaviour, some behaviour he or she seems to want to change, almost immediately. Actually, in some settings, the target behaviour is pretty obvious. People who check into a substance abuse clinic generally want to reduce substance abuse. It is, however, worth being patient and exploring the apparent target behaviour to see if this is truly what the client wants. For example, a client may say that he wants to change a particular behaviour, but as you reflect you hear that it is really someone else who wants him to change the behaviour. "I want to do something about my drinking" might actually mean "I want my wife to quit nagging me about my drinking." With patience, open questions, and even just a little bit of reflective listening, the true target behaviour, whatever it might be, will present itself. Some possible questions that you could ask to begin to identify the target behaviour include:
"What kinds of changes do you want to make in your life?
"How would you like things to be different for you?
"What things in your life would you like to be different?"
"What goals do you have for changing your behaviour?"

Assessing Motivation

Once you've established rapport, expressed empathy, and established the target behaviour, and before moving into the middle part of the session, where it is important to listen for change talk and begin to become strategic with your client, you may want to assess your client's level of motivation. A good way to assess motivation is by the use of scaling questions. In addition, follow-up questions to the scaling questions can be designed to elicit change talk and strengthen motivation, thus moving you from the first phase of expressing empathy and establishing rapport to beginning to become directive with your client.

Scaling Questions

Two important scaling questions you can ask in order to gauge a client's motivation are:
"On a scale of 0 to 10, where "0" is not important at all and "10" is crucially important, how important it is for you to make this change?"

"On a scale of 0 to 10 where "0" is no confidence at all and "10" is completely confident, how confident are you that you can make the change?"

These questions, in themselves, can give you a good measure of client motivation, and together, can reveal some interesting aspects about your client's challenges in changing behaviour. Imagine a person who is high on the importance scale but low on the confidence scale. This client recognizes the importance of behaviour change but does not feel confident that he or she can make the change. You might get this kind of pattern from someone who has tried to quit smoking several times, for example, and ends up picking up cigarettes again after a short while, or a person who has tried dieting to lose weight, only to repeatedly regain more weight later

Two follow-up questions to ask after each of the above questions, if you want to begin to elicit change talk, are:

"Why did you pick _____ and not a lower number?"

"What would it take to move it to a higher number?"

When asking these follow-up questions about the importance rating that your client gave you, you will begin to elicit speech that favours movement in the direction of change or "change talk" (more about change talk later). You will begin to hear why the behaviour change is important.
"I have to do it because of my health."
"I want to be able to be active with my grandchildren."

This is exactly the kind of speech you want to get from your client and when you hear it you want to reinforce it and strengthen it with reflections. If you ask, in relation to the confidence number you get, "Why isn't your confidence a lower number?" you will likely hear change talk about the client's ability.
"I've done it before."
"When I put my mind to something, I don't give up until it's done."
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Checklist: The Beginning of the Session

■ Greet your client warmly, express appreciation, introduce yourself and your role.
■ Begin to negotiate an agenda by explaining your goals and details that must be attended to.
■ Explicitly state client autonomy. Explore client concerns, as well as what your client wants to talk about first.
■ Ask an inviting open question.
■ Follow-up with reflections and summaries, using mostly simple reflections at first.
■ Continue to ask more open questions than closed questions.
■ Affirm when appropriate to establish rapport and acknowledge client strengths.
■ Avoid the righting reflex, counsellor advocacy responses and roadblocks.
■ Be patient.
■ When a target behaviour becomes evident, do an assessment of your clientÂs motivation by asking scaling questions.
■ Follow up the scaling questions with open questions designed to strategically elicit change talk.

ACT 2: The Middle of the Session

As the session progresses, you gain a deeper understanding of your client's motivation. Your focus is on listening for change talk and ambivalence and your goal is to elicit and reinforce your clientÂs arguments for change. You amplify these arguments with the proficient use of OARS skills and artfully guide the conversation toward a commitment for action. You explore ambivalence, bringing it to the table through the strategic use of reflections and summaries.

Once ambivalence is explored your responses tend to get more directive by selectively responding only to specific types of speech from the client. The few questions that you ask also tend to have a strategic element to them. You select specific questions, out of all the questions that might be asked, with the purpose of either eliciting change talk or exploring the client's ambivalence. You rely more on reflective, empathic listening than on questioning.

Ambivalence

Ambivalence just means feeling two ways about a decision or a potential change in behaviour. Ambivalence is wanting and not wanting something or wanting two incompatible things at the same time. It is a natural state that we all pass through as we decide to take action to change behaviour in some way.

Thinking about making a decision implies that there are forces both for making the change and for not making the change. Many people can make some changes easily after briefly considering both sides of ambivalence, but some people, most likely the clients you are seeing, get stuck in the ambivalent state with equal forces operating to both encourage and discourage change.

Ambivalence produces anxiety and we all try to avoid anxiety and the discomfort it produces. This avoidance, though, just perpetuates ambivalence and keeps people stuck. So, you want to be able to hold your client in the anxiety producing ambivalent state long enough to explore both sides thoroughly and until your client begins to tip the balance toward healthy behaviour change. How you do this is again with the use of OARS skills.

You do not want to argue for change with an ambivalent client. People resist persuasion and believe what they hear themselves saying. So, if you argue for change, your client, resisting your arguments, may argue for the status quo. Hearing his or her own arguments, your client may then become less motivated to change and more entrenched in continuing old, unhealthy behaviours.

Change Talk

Change talk is simply client speech that favours movement in the direction of behaviour change or, to put it another way, client's arguments for change. There are five types of change talk that are particularly important for you to tune your ears for. These include client speech that expresses desire, ability, reason, need, or commitment to change. An acronym useful for remembering these five types of change talk is: DARN-C.

Desire change talk consists of expressions of "wanting," "wishing," and "hoping for."
"I want to be healthy for my grandchildren."
"I wish my life were different."
"I don't want to end up an alcoholic like my father."

Ability change talk includes expressions of *"I can," "I'm going to," "I'm able."*
"I know I can quit smoking with the right system."
"I'm going to learn how to deal with these symptoms of PTSD."
"I'm able to check my blood glucose levels when I remember to do it."
"I could do these back exercises every day."

Reason change talk includes benefits for change.
"I'd have more energy if I exercised regularly."
"I'd be able to enjoy a night out if I weren't so hyper-vigilant all the time."
"There would be more room in my house if I could get rid of all this stuff."
"I'd save money if I quit smoking."

Need change talk includes "need to," "got to," "have to" and problems with the current situation.
"I need to be better organized."
"I can't continue to be hung over every morning."
"I've got to make more money."
"I have to learn to be more sensitive to my wife's needs."

Commitment change talk, the most predictive of change, implies action.
"I am going to start counting my calories tonight."
"I intend to go to the next AA meeting I can find."
"I plan on making it to my next appointment on time."
"I will complete all the homework this week."

Specific Tools Used in the Middle of a Session

Just like in the beginning of the session, the specific tools used in the middle part of the session are the OARS. But now the purpose changes as you become more directive. The open questions are more targeted and are used in conjunction with specific strategies. The reflections are more complex and selective. The affirmations serve a purpose beyond establishing rapport. The summaries become strategic and are structured to move the client toward making a commitment. During this part of the session other issues might present themselves such as client resistance and the need to deliver information and advice. Let's see how you could use the OARS in the middle part of an MI session and how to deal with other issues that may arise.

Strategic Open Questions

In this second phase of an MI session, open questions take on a more strategic purpose than simply inviting a client to talk about what is on his or her mind. One purpose for strategic open questions is to elicit change

talk. You've already started this if you asked the follow-up questions to the scaling questions correctly. (Remember that asking, "Why isn't it a lower number?" assures change talk while asking, "Why isn't it a higher number?" ensures sustain talk.) Here are six additional ways to elicit change talk by using open questions.

1. Asking for it. You can use what are called "evocative questions" to get change talk. Evocative questioning just means using open questions to ask directly for the kind of change talk you want. Some examples are:
"Why would you want to exercise?" (evoking desire talk)
"How do you know that you could do it if you tried?" (evoking ability talk)
"What are the three best reasons to take your pills?" (evoking reason talk)
"In what ways does your smoking concern you?" (evoking need talk)
"How will you do it?" (evoking commitment talk)

2. Asking for elaboration. You help to clarify change talk you've already heard by using an open question to ask for more information. These usually take the form of "Tell me more...." Here are some examples:
"Tell me more about how you overcame difficulties in the past."
"What other success have you had with changing habits?"
"You said you've been able to lose 20 pounds and keep it off for a year. How did you do it?"

3. Querying Extremes. You can ask about the best and worst things that could happen if the client could change the behavior or, alternatively, didn't change the behavior (using open questions, of course).
"What's the best thing that could happen if you started to exercise regularly?"
"Tell me about the worst situation you can imagine happening if you continue to smoke cigarettes."

4. Looking Back. Ask about a time in the past when things were different.
"What were things like in your life before you started using drugs?"
"What goals did you have for yourself when you were younger?"
"What did you want to be when you grew up?"

5. Looking Forward. Ask about an imagined time in the future if a change occurs or, alternatively, if there is no change.
"If you are able to achieve your goals, where will you be in five years?"
"Describe what your life would be like in five years if you didn't make a change."

6. Exploring Values and Goals. Ask about how the target behaviour fits with the client's values and goals.
"What are some of your goals for the future? How does smoking marijuana fit with these goals?"
"What do you value most in life? What are you doing now that is inconsistent with your values? How can you change your behaviour to be more consistent with your values?"

You know if you are using open questions skillfully to get change talk by paying attention to the types of responses you are getting from your client. If
these responses are change talk, congratulations! If you are not getting change talk it is time to reexamine your approach. Are you trying to push your own agenda? Are you moving too quickly? Are you using roadblock responses or other non-MI types of interventions? Let your client be your guide.

The Decisional Balance

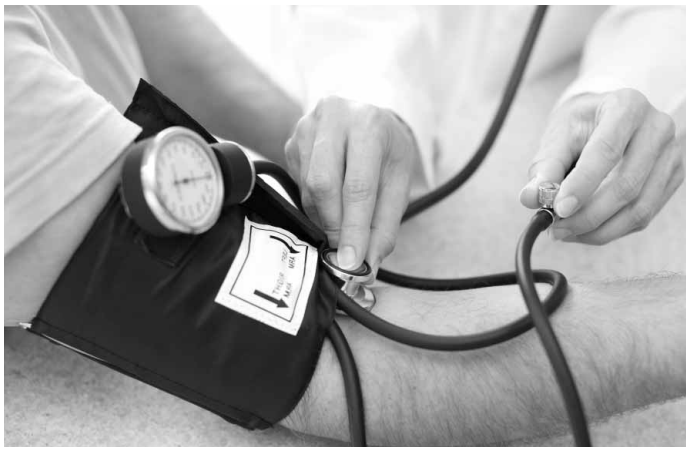
Open questions are used during the middle phase of an MI session to explore ambivalence, as well as to elicit change talk. One way to use open questions to explore and help resolve ambivalence is by using a decisional balance worksheet. The decisional balance basically asks four open questions:

1) "What are the advantages of changing?"
2) "What are the disadvantages of changing?"
3) "What are the advantages of the status quo?"
4) "What are the disadvantages of the status quo?"

Of course, you would use elaboration questions (What else? Tell me more?) to get complete answers to the four questions. You could use a worksheet to write down your client's answers. This technique makes your client's ambivalence to change conscious, observable and concrete. Some of the techniques listed above as ways to elicit change talk will also elicit ambivalence. Exploring values and goals, for example, will often reveal discrepancies between your client's current behavior and his values and goals. If you can amplify this discrepancy, you can actually create some motivation. Discrepancy between values and goals and your client's current behaviour produces anxiety that is resolved, ideally, by changing behaviour to be more consistent with goals.

Questions vs. Reflections

Being able to respond to your client's statements with clear, accurate reflections is one of the most important and powerful techniques of motivational interviewing and probably more useful during the middle part of a session than even well crafted open questions. Reflections, though, seem to be one of the most difficult skills for students in a workshop to master. In some ways, why reflections are so difficult is a bit of a mystery, since reflective listening is taught in any number of basic counsellor training classes. Part of the explanation for this is that in normal practice of all kinds in which some form of counselling is appropriate, people tend to rely more on questioning than they do on reflective



listening. The thinking is "I need to get some information from my client, so I need to ask her questions." In studies of reflective listening, though, it is actually the case that you can get more, and more accurate, information by using reflections than you can by asking questions. There are other advantages to relying more on reflections than on questions. Reflections create momentum. Skilful reflecting reinforces and creates more change talk, guiding the client to argue more for change. In MI, we want the client to be responsible for change. This is difficult to do if you rely only on questions. So, in the middle part of a session, you will want to use more reflections than questions. In MI, it is usually thought that reflecting twice for every question you ask is approaching a high level of competence.

Complex Reflections

The middle of a session is marked by a deepening of the conversation you are having with your client produced by more complex reflections. Complex reflections include: double-sided reflections, paraphrasing, using metaphor, continuing the paragraph, reflecting feeling, and generally taking more risky "guesses" as to what the client is meaning by what is being said. In the middle part of the session, you begin to use complex reflections strategically to reinforce change talk and highlight ambivalence.

At first, you may not notice much change talk or you might miss some and only realize it later, when it is too late to comment on it. With practice, though, you will "tune in" and get better at recognizing change talk

immediately when you hear it. But, in the meantime, your purpose is to reflect as much change talk as you can. You may notice your client giving you change talk naturally, easily, and spontaneously. This is likely to occur when the client is already highly motivated to make a change and just needs some guidance as to how to go about doing it. If you do not hear clear, spontaneous change talk, though, asking strategic open questions like those above is not the only way to elicit change talk.

You can actually use reflections to elicit change talk. If the client isn't giving you clear speech in the direction of change but seems tentative, you can reflect back change talk that you assume the client is meaning to say. If your client agrees with your reflection, you have change talk. Here is an example. A client might say something like:
"I've been advised to do something about addressing my depression but I'm not sure I even have depression. My doctor referred me for an evaluation, so he doesn't even know. I do seem to be sadder than normal, though. But I'm not even sure what normal is."

There is no clear change talk, no statement of desire, ability, reason, need, or commitment, to reflect in this statement. But, you could say something like,
"You want to feel better than you've been feeling recently." *(desire)*
If the client agrees, you have change talk. You have to be careful not to be "putting words in the client's mouth" with this approach, but sometimes you can get a client to agree to a reflection of change talk without them actually giving it to you in the first place. Some other examples of reflections to the above statement that assume change talk are:
"You think you could feel better if you knew what was wrong." (ability)
"You might feel more normal if you got some help." (reason)
"Things can't keep going on like they are." (need)

One of the most powerful uses of a particular kind of reflection in the middle part of a session is to use double-sided reflections to explore and resolve ambivalence. In MI, it is thought that simply making the ambivalence obvious, by pointing it out, and holding your client in the anxiety-producing ambivalent state for awhile, is sufficient to allow a person to begin to resolve the ambivalence on his or her own. Double-sided reflections do just that. To use the double-sided reflection skilfully, you repeat back to the client the ambivalence that you hear, the forces for change and the forces for the status quo, both in one statement, separating both sides of the ambivalence with the word "and." Some examples of double-sided reflections are:

"On one hand, you want to watch reality shows on TV, and on the other you want to write your book."
"You want to quit using alcohol and you are worried what your friends will think of you if you do."
"It sounds like getting things done at the last minute is kind of exciting to you and, at the same time, you want to quit procrastinating."
"On one hand, you think you'd like to retire and, on the other, you need to work to support your family."
"You want to be healthy and taking your medication is difficult and confusing to you."

All of these are examples of double-sided reflections that hold out and present both sides of an ambivalent situation to a client. Delivered nonjudgmental, and using the client's words as much as possible, double-sided reflections can be a powerful way to call your client's attention to the struggle she is in with herself and her conflicting emotions.

Another way to make your reflections more complex, and something you may want to do in the middle part of a session to deepen the conversation, is to reflect how you think your client is feeling. Here are some examples:
"You are really angry at your parents for making you come here today."
"That makes me think that you are frustrated with your attempts to quit."
"You're worried that you couldn't change even if you wanted to."

Reflecting feelings is important because change is unlikely if your client's emotions aren't engaged. When you tap into your client's emotions, you tap into energy that can be used to help motivate change. Sometimes, these feelings are hidden just below the surface and a reflection of what you think your client might be feeling is enough to bring the emotion to the forefront. You might be surprised at how quickly a conversation deepens when you begin to reflect feelings.

Reflections are also used to reinforce change talk and since you will likely hear most of your client's change talk in the middle part of the session, this is where you will be using a lot of reflections. It is a simple matter of mirroring back to the client the change talk that you hear. This way your client hears himself saying change talk, then hears you saying it again. If done skilfully, reinforcing change talk in this way produces more change talk.

The more change talk you hear, the more likely the client will move toward change. Here are some examples:
"I'm hearing you say that in order to be able to play soccer, you'll need to give up smoking."
"If I hear you correctly, you are telling me that you want to do something about your PTSD so that you can be more emotionally available to your grandchildren."
"I'm hearing some real emotion in your voice. You really want to make things better for yourself and your family."

As you listen to your clients, they will let you know how well you are doing in the middle part of the session. If you are getting increasing amounts of change talk, you are likely reinforcing with reflections well and asking good, eliciting, open questions. If you are not getting change talk you need to observe your own behaviour. Are you using complex reflections and taking the conversation to deeper levels or are you relying on simple reflections and feeling like you are just going around in circles? If you are getting change talk, you are doing MI well, if not, see what you can change.

Affirm to Strengthen Confidence

Affirmations should be used judiciously throughout an MI session to be encouraging and engage your client's hope and optimism. Affirmations are a good way to do this because they are statements of something positive that you see in your client. Reminding your client of these positive attributes or showing that you notice them by affirming them helps to build hope and optimism and, as a result, build confidence.

In the first part of the session, you learned about your client's level of confidence by asking a particular scaling question. Now, if your client's confidence is low, you want to help to build it up. People's confidence isn't the same for all tasks. Someone may not have any confidence that he can lose weight, for example, while being very confident that he can manage people effectively at work. Affirming accomplishments, strengths and other positive behaviour can increase a person's confidence overall.

Making the connection that your client can succeed in one area and may be able to apply some of the same strategies to succeed in another is a form of affirmation that can help to build confidence in changing behavior in a healthy direction. Calling attention to past

attempts to change the target behavior, and reframing those attempts as persistence, for example, or successes, rather than failures, can also help to increase confidence levels. Here are some examples of affirmations used in this way: *"Trying to quit smoking so many times demonstrates a lot of persistence."*
"You are going to keep trying until you find a method that works for you."
"You've been able to lose weight in the past and keep it off for a long time."
"Despite your struggles with PTSD, you have progressed well in your career."
"You already know a lot about what works for you."

Your client will let you know if your affirmations are having any effect. If you hear more confident statements, you are likely affirming appropriately. You might even decide at some point to ask the confidence scaling question again to assess whether or not your client's confidence to change behavior has increased. One thing to be wary of is overdoing affirmations. As long as these statements are honest and you are being genuine, your client will respond. As soon as the statements seem fake or artificial in some way or if you are trying to convince your client that he can do something he clearly feels incapable of, you'll start to lose the momentum.

Summarize Strategically

One of the best and easiest ways to become directive in your responses is to start with summaries. A summary, remember, is reflecting back to your clients a portion of what you've heard them say over a significant part of the session. It is a collection of reflections. But because you do not summarize everything you've heard and you get to select what to summarize, you can become directive. You can decide to summarize only change talk, for example, while ignoring sustain talk. Ideally, this has the effect of focusing your client's attention in the direction of change. Summarizing only change talk works well as your client's ambivalence becomes resolved. As there is less sustain talk, and more change talk, you accelerate your client's motivation by concentrating only on change talk while ignoring the sustain talk. If ambivalence hasn't been examined sufficiently yet, you might get more arguments for the status quo with summaries.

For example, if your client is ambivalent about starting an exercise program because she doesn't have the time and you summarize all the arguments you've heard her give for exercising without acknowledging her difficulties, she may feel compelled to give you "yes buts...."
"Yes, what you say is all true, I'd like to start exercising. I need to for my health. I'd feel better and lose weight. But I just don't know where I'll find the time. I have too many other priorities."
A response like this tells you that you are becoming directive too early and you need to go back and explore the ambivalence some more.

Handling Resistance

Sometimes, clients come into a session already somewhat resistant, maybe because of expectations that they have from interacting with previous health care providers, maybe because they've been ordered or mandated or required in some way to see you, maybe because they are just naturally resistant to talking about painful subjects. Whatever the reason, clients have varying degrees of resistance upon first meeting you, just like they have varying degrees of motivation. Resistance is just the flip side of motivation so, as one increases, the other

decreases. Your job is to lower resistance while raising motivation. Like motivation, resistance can be modified by what happens in the session. In other words, you can increase or decrease your client's resistance to change by what you say and how you act in the session, just like you can influence your client's motivational level. The roadblocks and advocacy responses, mentioned above as some things not to do in a session, will generally increase a person's resistance to change. Maintaining the spirit of MI, and using the OARS skilfully can reduce a person's resistance.

Just as it is important to recognize increasing motivation in your clients, it is also important to be able to recognize increasing resistance. Both situations inform your actions in the session. Increasing motivation requires that you attend to and reinforce the change talk that you hear. Increasing resistance is a signal that something is amiss in the relationship. You may be responding to your client in a way that is increasing resistance. If so, you must change your approach.

One of the biggest sources of resistance in an MI session is premature focus or the righting reflex. I've already mentioned this briefly above, but it bears repeating. The righting reflex is a situation in which the solution to the client's issue becomes clear to you before it becomes clear to the client and you feel compelled to offer this solution, usually in the form of some kind of advice. It usually takes the form of just telling the client what she needs to do such as:

"You would feel better and your cholesterol levels would drop if you could lose some weight."

"I'm writing you a referral to the physical medicine doctors to see about injections for your back pain."

"My suggestion is that you complete one CBT homework sheet every day this week and bring them in next session for review."

"Your doctor wants you to take one pill, three times a day, ideally with meals."

"Have you ever thought about going back to school?"

"I've found that when my clients confront their fears, they get some relief from PTSD symptoms."

Most of these statements can be appropriate and effective if delivered at the right time and in an MI coherent manner, but when they are delivered before the client is ready, they are likely to produce resistance.

So, how do you know if you are dealing with a resistant client? This may seem like a silly question. We have all had resistant clients and we recognize them pretty well. They are the ones that aren't doing what they are "supposed" to be doing, not completing their homework assignments, not flossing their teeth, not taking their medication as prescribed. There are also subtle signs of resistance that might be that you feel like you are arguing or wrestling with your clients or are working harder than your clients. "Resistance can result in feelings of insecurity, incompetence, frustration, hopelessness, stress, and burnout." (Mitchell, 2009, pg. 3). These could all be signs that you are struggling unsuccessfully with resistant clients.

In MI, we welcome resistance as a signal that we are moving too fast or the timing is off, somehow. The solution is usually to back off, examine what you are doing, ask yourself if you are moving too quickly or engaging in the righting response or telling your client what to do without permission. Take a breath and go back to the basics of MI. Remember to convey the Spirit of MI by remaining warm, caring, concerned and curious about your client.

Do not argue or meet resistance with any of the roadblocks or advocacy responses. Especially, do not try to persuade your client with logic or argue for your point of view. Reengage your reflective listening. Reflecting back the resistance you hear tends to lower the resistance. Other specific techniques for dealing with resistance include acknowledging your client's autonomy.

"Many people in your life would like to see you change your behaviour, but you are the only one who can make a change. It is up to you and nobody else to decide what is right for you."

Another technique is to shift focus.

"Since it sounds like you are here just because your parents sent you here, and you aren't interested in talking about your

drug use, what would you like to talk about? What would be useful for you?"

Giving Advice and Information

In MI, the focus is on helping clients find their own internal motivation to pursue the solutions or behavior changes that they already know are important. People generally know, for example, that cigarette smoking is unhealthy, that to lose weight they need to watch what they eat and exercise more, that drinking too much alcohol can cause problems, and so on. Often clients know what they need to do to reach the desired goal and once their ambivalence is resolved, they can move on and be successful. There are also many clients, though, who donAt have the solution to their problem

and may need some information or advice. I've already mentioned that advice giving can be a roadblock, sometimes increasing resistance to change, so how do you provide necessary advice or information in the MI way?

First of all, make sure that the client is really asking for advice or at least has come to some impasse and lack of knowledge without which he cannot continue to pursue his goal. Make sure it is not that you have just thought of a brilliant solution to your client's problem and cannot contain yourself. Resist the urge to engage the righting reflex, but if you determine that information or advice is necessary, timing is crucial. If you are too early, you can generate resistance.

Listen to your client and learn from the responses you are getting. If you are getting resistance, back off and know you are jumping in too quickly. If your client truly needs information or advice, you want to deliver it in an MI coherent manner. Keeping in mind the Spirit of MI, of collaboration, evocation, and autonomy and the great deal of respect that you hold for your client, one way to give advice is to ask permission first. Here are some examples:

"Do you mind if I tell you what other clients have done in similar situations?"

"Would you be willing to hear my take on what you might do next?"

"Would it be OK for me to give you some advice at this point?"

If your client is interested in your information and gives you permission to deliver it, he or she will likely accept it without becoming resistant. It is always better, and more consistent with the Spirit of MI, to be straightforward and ask if your clients want your information or advice before you give it to them.

Of course, your client could refuse your offer, in which case you cannot give them advice or information. Sometimes, though, because of your job role, your own values and responsibility, or requirements of the situation, you are not willing to accept "no" as an answer. You have to or are required to give the information, no matter what. What do you do then? Remember that in MI we actively endorse and explicitly acknowledge our clients' autonomy in all situations as much as we are able. But depending on the circumstances, a person's autonomy may be limited by extenuating factors. Your job requirements might be such that certain information needs to be presented.

For example, a probation officer is required to give the terms of probation to his clients. The client/probationer doesn't have the choice not to hear this information. He does have the choice, however, of complying with it. You may be required to give a certain amount of medical information to people who are in danger of deteriorating

health or even death if they don't act on the information. They, of course, have the option to act or not to act on that information. So how do you present information in an MI way in these circumstances?

The old saying, "honesty is the best policy" applies here and openness is always the best approach in an MI style. When you are required to give a certain amount of information, it is best to just say this to the client. But, you can also be aware of the MI Spirit and give the client as many options as you can or give him the chance of talking about something else that he wants to talk about first or in addition to hearing the information you have to give. Remember, in setting the agenda, you want, as much as possible, to acknowledge the client's autonomy.

This not only builds rapport, but also short circuits any resistance that may come up were you to just jump in and start the session. The same principle applies when you need to give information or advice. An MI approach, then, might go something like this: *"As your probation officer, I'm required to give you some information, including reading the terms of probation to you. But before we jump into that, is there something else you'd rather discuss first?"*
Here it is clear that you have a certain agenda, in this case, prescribed by law, and you are also giving the client as much autonomy as you can. The same approach can work in other situations:
"As your doctor, I feel that I need to talk to you about your smoking, but before I do, are there other issues that you'd like to discuss first?"
"You've been referred to me so that I can share some information about diet and exercise, but before we get into that, what other concerns are on your mind?"

With this approach, you are clearly acknowledging to your client that the session is for your client's needs, not for the needs of completing a particular task, filling out papers, or entering data on a computer. This builds rapport, reinforces a mutually respectful relationship, and allows the client to hear the information you have without resistance.

Checklist: The Middle of the Session

■ Continue to listen to your client and start to use more complex reflections.
■ Take more guesses about what is on the client's mind and heart, based on
what you are hearing, and reflect these back.
■ Deepen the conversation by reflecting feelings.
■ Listen for ambivalence and reflect both sides back to the client using doublesided reflections.
■ Listen for change talk and reinforce it by reflecting it back when you hear it.
■ Use open questions and specific strategies to elicit change talk.
■ Follow up your client's answers to your questions with reflective listening.
■ Listen for resistance and if you hear it, use it as a signal to check in with yourself to see if you are resorting to resistance-producing responses.
■ Ask permission and acknowledge your client's autonomy when giving required advice or information.

Act 3: Commitment

Summary and Key Question

So, all has gone well in the session so far. Maintaining the Spirit of MI and having a great deal of respect for your client, you were able to make your client comfortable coming in to see you. You've used reflections and open questions, as well as affirmations and summaries to get some information, establish rapport, and express empathy. Together, you've settled on a target behaviour. You've assessed your client's level of readiness to change by asking scaling questions about importance and confidence. In your follow-up questions to the scaling questions you started to get some change talk. You quickly recognized, however, that your client hasn't made any change in behaviour because she is ambivalent.

You explored both sides of ambivalence by using a decisional balance worksheet and skillful double-sided reflections. You had some ideas about what the client could do to solve her problem and prematurely presented them to her. But you were quick to notice her resistant response, so you backed off and went back to exploring

the clientAs concerns using your OARS skills and employing several specific techniques to elicit change talk. Paying close attention to your client's speech, you were eventually able to focus mostly on change talk and less on sustain talk and noticed that she was arguing for change herself. It looks to you like your client is ready to make a commitment to a change plan. So, what's your next step? The MI approach is to summarize all the change talk youAve heard up to this point and then ask a key question. Examples of key questions include:

"What is your next step?"
"Where does this all leave you?"
"What are you willing to do about _____?"
"What are your options at this point?"
"Where do you see yourself going from here?"
"How are you going to do it?"

These are all called "key questions" because they move the client into another phase of the MI session, the commitment phase. Here is an example of a summary followed by some key questions:

"You've come here somewhat reluctantly today, mostly to please your wife who has been concerned about your drinking. As we've talked, it has become clear that you are also wondering whether or not you have been drinking too much recently. Alcohol has some advantages for you but you also see how it has been interfering with your relationship with your wife, which is important to you. You also wake up more often than you'd like with a hangover and have a hard time concentrating for the first few hours of the day. Your father was an alcoholic, and you don't want to end up like him. You're pretty sure that if you put your mind to it you would be able to control your drinking. You aren't sure that you need to quit entirely, but you are aware that something needs to be done. So where does this leave you? What's your next step?"

Once you get an answer to the key question, you follow up with reflective listening to work out a change plan. Depending on the issues involved, the type of treatment you are providing and other factors, this plan could be long and detailed or short and sweet.

Checklist: Ending the Session

■ Summarize change talk and ask a "key question."
■ Negotiate a change plan
■ Ask for commitment to the change plan.
■ End the session expressing confidence and appreciation.

Ten Strategies for Evoking Change Talk

1. Ask Evocative Questions – Use Open-Ended Questions
Examples:
- Why would you want to make this change? (Desire)
- How might you go about it, in order to succeed? (Ability)
- What are the three best reasons for you to do it? (Reasons)
- How important is it for you to make this change? (Need)
- So what do you think you'll do? (Commitment)

2. Ask for Elaboration
When a change talk theme emerges, ask for more detail:
- In what ways?
- How do you see this happening?
- What have you changed in the past that you can relate to this issue?

3. Ask for Examples
When a change talk theme emerges, ask for specific examples.
- When was the last time that happened?
- Describe a specific example of when this happens.
- What else?

4. Looking Back
Ask about a time before the current concern emerged:
- How have things been better in the past?
- What past events can you recall when things were different?

5. Look Forward
Ask about how the future is viewed:
- What may happen if things continue as they are (status quo).
- If you were 100% successful in making the changes you want, what would be different?
- How would you like your life to be in the future?

6. Query Extremes

Ask about the best and worst case scenarios to elicit additional information:

- What are the worst things that might happen if you don't make this change?

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

7. Use Scaling questions Rulers

Ask open questions about where the client sees themselves on a scale from 1 – 10.

- On a scale where one is not at all important, and ten is extremely important, how important (need) is it to you to change _____?

-Follow up: Explain why are you at a ___ and not (lower number)?

- What might happen that could move you from ____ to a _____[higher number]?

- How much you want (desire),

- How confident you are that you could (ability),

- How committed are you to ____ (commitment).

8. Explore Goals and Values

Ask what the person's guiding values are.

- What do they want in life?

- What values are most important to you? (Using a values card sort can be helpful here).

- How does this behavior fit into your value system?

- What ways does _____ (the behavior) conflict with your value system

9. Reactance techniques

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

- Perhaps _____ is so important to you that you won't give it up, no matter what the cost.

- It may not be the main area that you need to focus on in our work together.

Identifying Change Talk D.A.R.N - C.A.T.

Desire,

Ability,

Reason,

Need,

Commitment – Actively taking steps (Glycemic Control)

1. 'I think I'm doing about as well as I can at this point'.
2. 'I certainly don't want to go blind'.
3. 'I've just always disliked exercise'.
4. 'I really hate pricking my finger'!
5. 'Well, I wouldn't mind cutting down on stress in my life'.
6. 'I probably could exercise more'.
7. 'Yes, I'm going to take my medication every day'.
8. 'It's really hard to stay on a strict diet'.
9. 'But I love chocolate'!
10. 'I used to exercise regularly'.
11. 'I've got to get my blood sugar under control'!
12. 'I'm going to get my blood sugar under control'.
13. 'I'm willing to take oral medication, but I don't want to take insulin shots'.
14. 'There's no way I want to take insulin'.
15. 'I would like to lose some weight'.
16. 'I don't think I really have diabetes'.
17. 'I wouldn't mind checking my blood sugar once or twice a day'.
18. 'I don't like watching what I eat. I mean I guess I have to, but I don't like feeling restricted'.
19. 'I wish I could have less stress in my life'.
19. 'I might be able to cut down on sweets'.
20. 'I'm not much on eating vegetables. I guess I'll eat more of them, but I don't enjoy them'.
21. 'It's pretty scary thinking about losing my feet'.
22. 'I'll think about eating more fruit'.
23. 'I heard that taking chromium can help with blood sugar levels'.
24. 'I hope to take off about twenty pounds'.
25. 'I certainly don't want to wind up on dialysis'.
26. 'I started keeping track of what I ate this week'.
27. 'I bought a glucose monitor and read the manual'.
28. 'What kinds of things do I have to eat'?
29. 'There's no way I'm joining a gym'.
30. 'I don't mind walking, but I'm not going to a gym'.
31. 'I want to be a better parent'.

Some of the finer points of reflection:

1. Repeating. The simplest reflection simply repeats an element of what the speaker has said.

2. Rephrasing. Here the listener stays close to what the speaker said, but substitutes synonyms or slightly rephrases what was offered.

3. Paraphrasing. This is a more major restatement, in which the listener infers the meaning in what was said and reflects this back in new words. This adds to and extends what was actually said. In artful form, this is like continuing the paragraph that the speaker has been developing ? saying the next sentence rather than repeating the last one.

4. Reflection of feeling. Often regarded as the deepest form of reflection, this is a paraphrase that emphasizes the emotional dimension through feeling statements, metaphor, etc.

Recognising reflections & recognising change talk (observations of role play)

A. Simple Reflection - essentially a repetition or slight rewording of what the client said
B. Complex Reflection - the counselor moves beyond what the client said, by paraphrasing meaning, continuing the paragraph, or otherwise reflecting a level of content or feeling beyond that which the client voiced
C. Summary Reflection - the counselor pulled together two or more client statements into a summary (bouquet), including material that had not been voiced by the client immediately before

Observer Sheet
2: Client Readiness Level
As you follow the interview, determine where you think the client is in readiness to change the target behavior, from 1 (not at all ready) to 7 (very ready for change) When you perceive a change in the client's level of readiness for change, note what the counselor did just before it happened.

□ Level of client readiness for change at the beginning of the interview

1	2	3	4	5	6	7

□ Level of client readiness for change at the end of the interview

1	2	3	4	5	6	7

Listen for examples of the five kinds of client change talk. Make notes of examples of each type of change talk that you heard.

Desire,	
Ability,	
Reason,	
Need,	
Commitment	

Using Reflections & Open-Ended Questions

A 36-year-old man tells you: 'My neighbour really makes me mad. He's always over here bothering us or borrowing things that he never returns. Sometimes he calls us late at night after we've gone to bed, and I really feel like telling him to get lost'.

Simple or complex reflection?

1. He makes you pretty mad.
2. He's not very considerate.
3. Sometimes he wakes you up.
4. You wish he would find himself.
5. He's really a pest.
6. You wish he weren't your neighbor.
7. He really bothers you.
8. You hold your temper in.
9. You want to tell him to get lost.
10. You're a fairly passive person.
11. You hate that he borrows things without returning them.
12. This guy really gets under your skin.
13. You wish he would just stay away.
14. But he's your neighbor.
15. He doesn't return your things.

Open or closed question?

16. Why don't you?
17. Are you going to?
18. How often does he come over?
19. Does he borrow expensive things?
20. Why do you suppose he does these things?
21. Do you feel like hurting him?
22. Have you ever offended him?
23. Can you think of a time when he did return something?
24. How late does he call?
25. What else might you do besides telling him off?
26. What do you think you would say if you did?
27. On a scale of one to ten, how mad does he make you?
28. Why are you telling me this?
29. Don't you think it's time you tried something different?
30. Does he remind you of anyone else?

Using Reflections & Open-Ended Questions

A 41-year-old woman says: "Last night Joe really got drunk and he came home late and we had a big fight. He yelled at me and I yelled back and then he hit me hard! He broke a window and the TV set, too. It was like he was crazy. I just don't know what to do!

For each of the following responses:
Is it a reflection? If so, simple or complex?
Is it a question? If so, open or closed?
Or is it something else?

1. You've got to get out of there for your own safety
2. Sounds pretty scary.
3. Did you call the police?
4. I don't see a bruise. How badly did he hurt you?
5. It seemed like he was out of his mind.
6. You're feeling confused.
7. How can you put up with a husband like that?
8. I'm worried about you and your kids.
9. That's the first time anything like this happened.
10. This is just going to get worse if you don't take action.
11. Sounds to me like he's an alcoholic.
12. What is it that makes you stay in this relationship?
13. You really got into it.
14. So now your TV is broken.
15. You're about at the end of your rope.

Some of the finer points of reflection:

1. Repeating. The simplest reflection simply repeats an element of what the speaker has said.

2. Rephrasing. Here the listener stays close to what the speaker said, but substitutes synonyms or slightly rephrases what was offered.

3. Paraphrasing. This is a more major restatement, in which the listener infers the meaning in what was said and reflects this back in new words. This adds to and extends what was actually said. In artful form, this is like continuing the paragraph that the speaker has been developing ? saying the next sentence rather than repeating the last one.

4. Reflection of feeling. Often regarded as the deepest form of reflection, this is a paraphrase that emphasizes the emotional dimension through feeling statements, metaphor, etc.

Notes

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