



**Motivational  
Interviewing:**

**What It Is,  
How It Works,  
How To Learn It**

William R. Miller, Ph.D.

**You would think . . .**

- ▣ that having had a heart attack would be enough to persuade people to quit smoking, change their diet, exercise more, and take their medication
- ▣ that hangovers, damaged relationships, an auto crash, and memory blackouts would be enough to convince people to do something about their drinking



**Motivational  
Interviewing**

STEINWAY & SONS

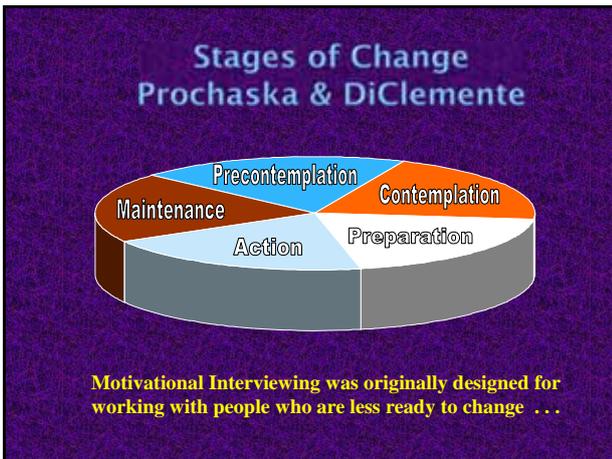
**You would think . . .**

- ▣ that the very real threats of kidney failure, blindness, amputations and other complications from diabetes would be enough to motivate weight loss and glycemic control
- ▣ that time spent in the dehumanizing conditions of prison would dissuade anyone from re-offending

**What  
really  
motivates  
people to  
change?**



**and yet so often it is not  
enough**

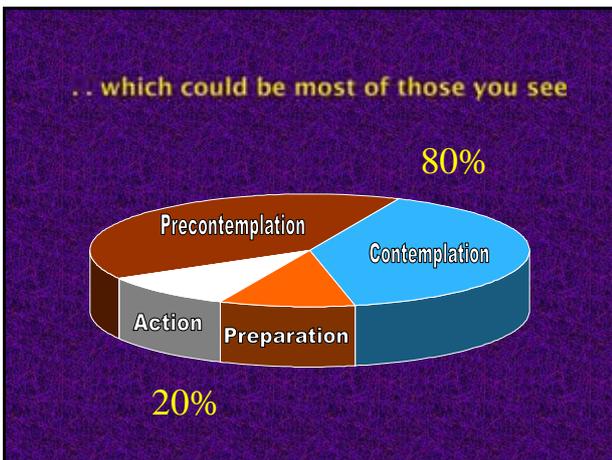


Practice 1

## Speaker's Topic

- Something about yourself that you
  - want or need to change
  - have been thinking about changing but you haven't changed yet

Some specific examples:  
 Increase: Exercise, Healthy Eating, Sleep  
 Decrease: Computer/TV time, coffee, sugar



Practice 1

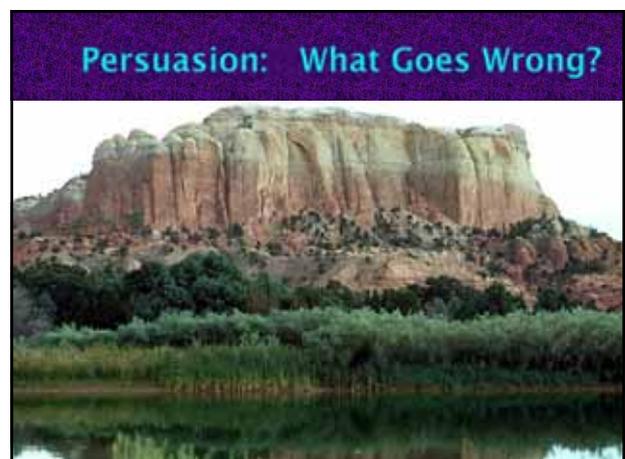
## Helper

- Find out what change the person is considering
- Explain *why* the person should *want to* make this change
- Give at least three good *reasons* to make the change
- Tell the person *how* it could be accomplished
- Emphasize how *important* it is to change
- Tell the person to do it.
- If you meet resistance, repeat the above.

**Note: This is *NOT* motivational interviewing**

## Practice #1

- Work with one other person
- One will be the speaker
- One will be a helper
- 5 minute conversation
- Then switch roles



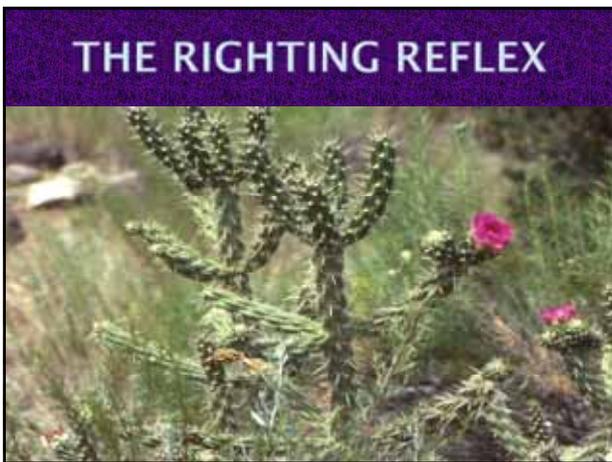
**The Trap**

**Ambivalence**  
The Dilemma of Change



**Normal Human Reactions to the Righting Reflex (Teach/Direct)**

Invalidated	Resisting	Withdraw
Not respected	Arguing	Disengaged
Not understood	Discounting	Disliking
Not heard	Defensive	Inattentive
Angry	Oppositional	Passive
Ashamed	Denying	Avoid/leave
Uncomfortable	Delaying	Not return
Unable to change	Justifying	




Making people feel bad doesn't help them to change



**A Continuum of Practice Styles**

Directing <=> Guiding <=> Following

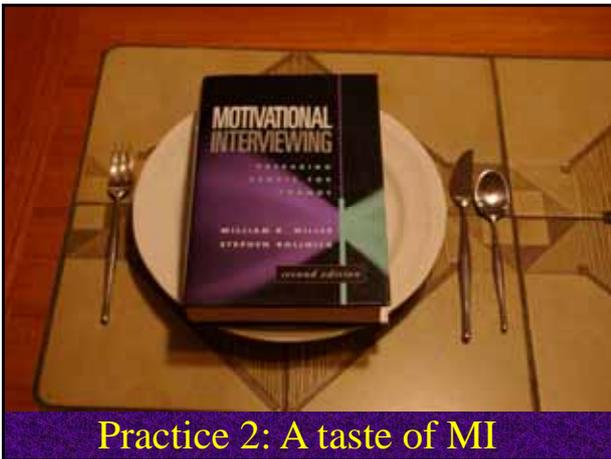




How MI began

## Listener Practice 2

- ▣ Listen carefully with a goal of understanding the dilemma; Give no advice
- ▣ Ask these open questions and listen:
  - Why would you want to make this change?
  - How might you go about it, in order to succeed?
  - What are the three best reasons for you to do it?
  - On a scale from 0 to 10, how important would you say that it is for you to make this change?
    - ▣ Follow-up: And why are you at \_\_ and not zero?
- ▣ Give a short summary/reflection of the speaker's motivations for change
- ▣ Then ask: "So what do you think you'll do?"
  - and just listen with interest



Practice 2: A taste of MI

## Normal Human Responses to a Listen/Evoke/Empathic Style

Affirmed	Accepting	Approach
Understood	Open	Talk more
Accepted	Undefensive	Liking
Respected	Interested	Engaged
Heard	Cooperative	Activated
Comfortable/safe	Listening	Come back
Empowered		
Hopeful/Able to change		

## Practice 2

### Speaker: Same Topic

- ▣ Something about yourself that you
  - want to change
  - need to change
  - should change
  - have been thinking about changing

but you haven't changed yet

i.e. – something you're ambivalent about

## Which people would you rather work with?

Open	Defensive
Cooperative	Oppositional
Listening	Arguing
Engaged	Disengaged
Active	Passive
Empowered	Powerless
Hopeful	Unable to change
Liking	Disliking

## A Change of Role

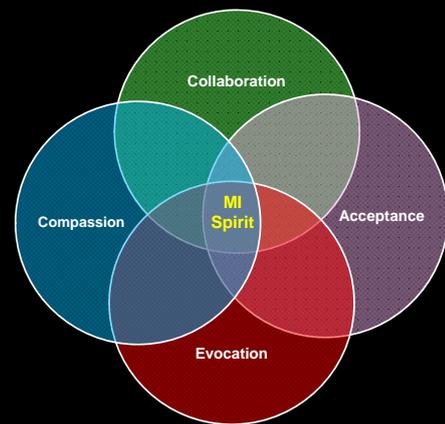
- ▣ You don't have to *make* change happen.  
**You can't**
- ▣ You don't have to come up with all the answers  
**You probably don't have the best ones**
- ▣ You're not wrestling  
**You're dancing**

## The Underlying Spirit of MI



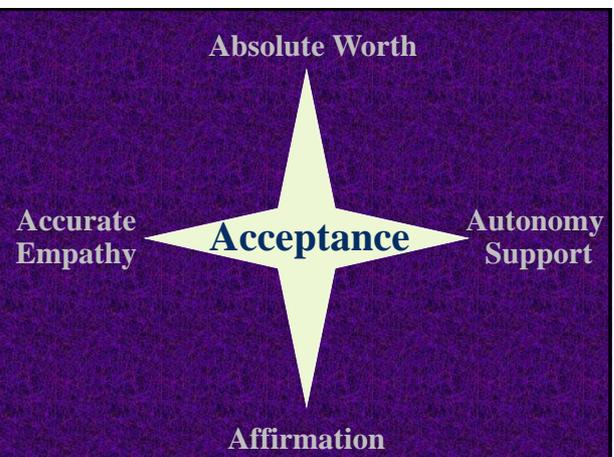
## A SIMPLE DEFINITION (WHAT'S IT FOR?)

Motivational interviewing is a collaborative conversation style for strengthening a person's own motivation and commitment to change



## A CLINICAL DEFINITION (HOW WOULD I USE IT?)

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



### Basic Skills in MI

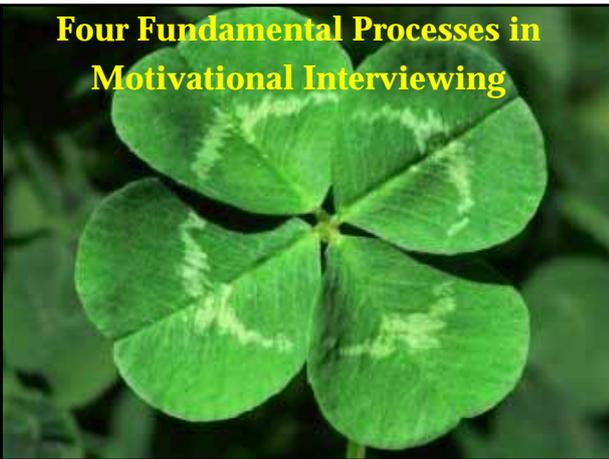
- Asking open questions
- Affirming
- Reflecting
- Summarizing
- Offering Information and Advice

### The 4 processes are somewhat linear..

- ▣ Engaging necessarily comes first
- ▣ Focusing (identifying a change goal) is a prerequisite for Evoking
- ▣ Planning is logically a later step

Engage ➡ Focus ➡ Evoke ➡ Plan

### Four Fundamental Processes in Motivational Interviewing



### ... and yet also recursive

- ▣ Engaging skills (and re-engaging) are used throughout MI
- ▣ Focusing is not a one-time event; re-focusing is needed, and focus may change
- ▣ Evoking can begin very early
- ▣ During planning you may discover a need for more evoking, re-focusing, or re-engaging

#### Relational Foundation

#### Motivational Interviewing

1. Engaging
2. Focusing
3. Evoking
4. Planning

#### Four Foundational Processes

#### Planning

#### Evoking

#### Focusing

#### Engaging



## 4 FUNDAMENTAL PROCESSES IN MI

1. **Engaging – The Relational Foundation**  
 Person-centered style - learn this first  
 Ask open questions  
 Reflect – understand the dilemma  
 Affirm

## What is Accurate Empathy?

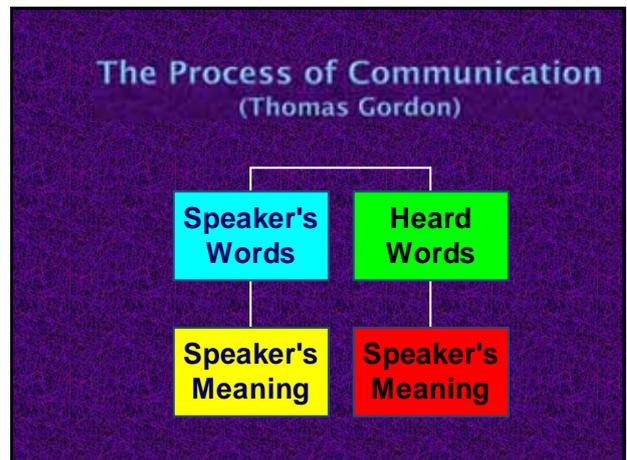
- ☐ Empathy *is not*:
  - Having had the same experience or problem
  - *Identifying* with your client
  - “Let me tell you my story”
- ☐ Empathy *is*:
  - The ability to accurately understand your client’s meaning
  - And to reflect that accurate understanding back to your client

### Engaging with a mandated client

A contrast example

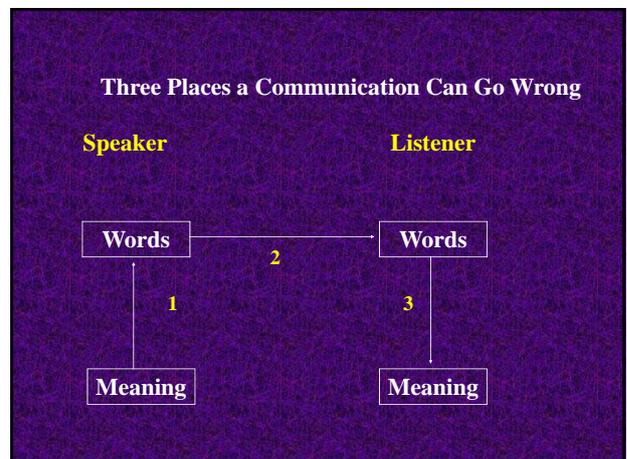
“I just want my daughter back”  
(Dr. Carolina Yahne)

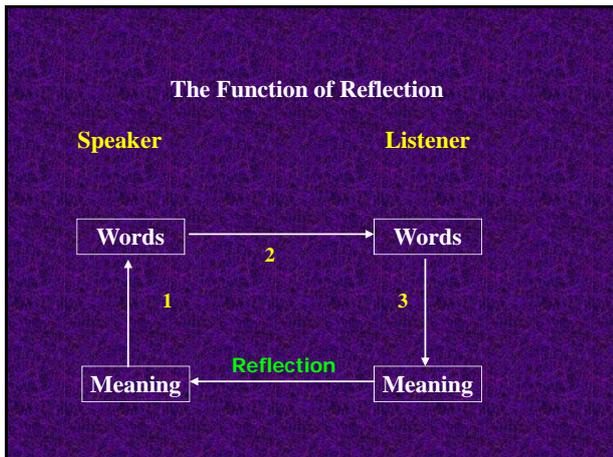
[www.changecompanies.net/motivational\\_interviewing.php](http://www.changecompanies.net/motivational_interviewing.php)



## Empathy in Addiction Counseling

- ☐ Counselors who show high levels of empathic skill have clients who are:
  - Less resistant
  - More likely to stay in treatment
  - More likely to change
  - Less likely to relapse
- ☐ Empathy is the single best predictor of a higher success rate in addiction counseling





Practice 4

## Listeners

- First, *think* (but don't speak) this question:
  - Do you mean that you \_\_\_\_\_?
- Erase any words that make it a question ("Do you ...? Are you ...? Is it ...?")
- With your voice tone, make it a statement
- And you've got a reflection
- It makes a *guess* about what the person means
- **The speaker then replies: essentially yes or no, and elaborate a bit what you do mean**
- And now the listeners reflect the new information
- Rotate when . . .

Practice 3: Guessing Game  
Groups of Three

## SPEAKER

Something you should understand about me is that I am \_\_\_\_\_ (adjective)

Some examples: Adventurous, Blessed, Cautious, Cheerful, Compassionate, Complex, Compulsive, Courteous, Curious, Diligent, Energetic, Faithful, Forward-looking, Friendly, Generous, Grateful, Imaginative, Lucky, Moody, Optimistic, Organized, Patient, Pensive, Persistent, Resourceful, Strong, Thrifty, Unconventional, Wild, Winsome

Practice 4

## When to Rotate Roles

- When the listeners have offered at least five reflections and have a sense that they understand what the speaker meant
- Then the next person becomes the speaker and you repeat the exercise
- Go around again if there is time

Practice 3

## Listeners

- Ask: Do you mean that you \_\_\_\_\_?
- The speaker may answer only "Yes" or "No" (no elaboration)
- When the listeners have asked at least five questions and you have some sense of what the speaker meant, rotate: the next person (to the speaker's right) becomes the speaker.
- Go around again if there is time (10 minutes)

## Levels of Reflection

**Simple Reflections . . .**  
add little or nothing to what the person has said: repeat or slight rephrase

**Complex Reflections . . .**  
make a guess about meaning that has not been directly stated: paraphrase, metaphor, reflection of feeling, continuing the paragraph, etc.

## Getting Moving: "OARS"

### OPEN Questions

AFFIRM

REFLECT

SUMMARIZE



## Which Are *Open* Questions?

- ❑ What brings you here today?
- ❑ Was your family religious?
- ❑ Tell me about your drinking; what are the good things and the not-so-good things about it?
- ❑ If you were to quit smoking, how would you do it?
- ❑ When is your court date?

## Closed Questions

- ❑ Have a short answer (like Yes/No)
  - Did you drink this week?
- ❑ Ask for specific information
  - What is your address?
- ❑ Might be multiple choice
  - What do you plan to do: Quit, cut down, or keep on smoking?
- ❑ They limit the client's answer options



## Which Are *Open* Questions?

- ❑ Don't you think it's time for a change?
- ❑ What do you think would be better for you: medication or counseling?
- ❑ What do you like about cocaine?
- ❑ What do you already know about how alcohol affects an unborn child?
- ❑ Is this an open question?

## Open Questions:

- ❑ Open the door, encourage the person to talk
- ❑ Do not invite a short answer
- ❑ Leave open space for how to respond



## Some Guidelines with Questions in Conversations about Change

- ❑ Ask fewer questions!
- ❑ Don't ask three questions in a row
- ❑ Ask more open than closed questions
- ❑ Offer two reflections per question asked
- ❑ Think engagement rather than fact-gathering as your first task

## Getting Moving: OARS

OPEN Questions  
**AFFIRM**  
 REFLECT  
 SUMMARIZE

## Getting Moving: OARS

OPEN Questions  
 AFFIRM  
 REFLECT  
**SUMMARIZE**

## Affirmations

- ❑ Appreciate a strength or positive action
- ❑ Should be both true and genuine
- ❑ Express positive regard and caring
- ❑ Strengthen working alliance
- ❑ Diminish defensiveness

## Summaries can:

- ❑ *Collect* material that has been offered
  - So far you've told me that . . .
- ❑ *Link* content with something discussed earlier.
  - That sounds a bit like what you told me about that lonely feeling you get sometimes.
- ❑ *Transition* to a new task by drawing together what has happened
  - Before I ask you the questions I mentioned earlier, let me summarize what you've told me so far and see if I've missed something important. You came in because you were feeling really sick, and it scared you . . . . .

## Affirmations include:

- ❑ Commenting positively on an attribute
  - You're a strong person, a real survivor.
- ❑ A statement of appreciation
  - I appreciate your openness and honesty.
- ❑ Catch the person doing something *right*
  - Thanks for coming in today!
- ❑ A compliment or encouragement
  - I like the way you said that.
  - That's a good idea!
- ❑ An expression of hope, caring, or support
  - I hope this weekend goes well for you!

## Practice 5

## Nondirectional Use of Listening Skills

- ❑ Work in groups of 3
  - ❑ In each round there is:
    - One speaker
    - One listener
    - One observer
- 10 minutes

Practice 5

## Speaker's Topic

- Something that you feel two ways about
- For example:
  - Some change that you might make
  - A political issue
  - A person
  - A social or ethical issue
  - Motivational interviewing
  - A decision that you need to make



## 4 FUNDAMENTAL PROCESSES IN MI

1. Engaging – The Relational Foundation
2. **Focusing – The Strategic Direction**

**Possible sources of focus:**

- The client
- The context
- The clinician



Practice 5

## Listener

Use only open questions, reflection, and affirmation, and summary

Offer no opinion or advice – keep out of it

Make no attempt to influence or “fix” it

Seek only to understand the ambivalence

Try to keep your balance; don't take sides

## Three Focusing Scenarios

Clear Direction	Several Options	Unclear Direction
Proceed to Evoking	Agenda Mapping	Formulation

Practice 5

## Observer

- Count instances of
  - Open questions
  - Reflections
  - Affirmation
  - Summary
- Make notes of particularly good examples of each

## Agenda Mapping

Living with Diabetes  
(Dr. Steve Rollnick)

**The outcome of focusing might be:**

- ▣ A single goal
- ▣ A set of goals to be prioritized
- ▣ A first step toward a goal
- ▣ A set of changes toward a longer-term goal

**Formulation**

**The Confused Artist**

Practice 6

**3-Month Priorities**

- ▣ Interviewer: Using open questions, reflection, affirmation and summaries, help the speaker develop a list of priorities for the next 3 months in his or her life
- ▣ Focus on goals, not evoking or planning
- ▣ Are some things more/most important?
- ▣ Stop when you have a clear set of priorities
- ▣ Discuss what was helpful



**Evoking: The Heart of Motivational Interviewing**

**Formulation**  
when direction is unclear

- ▣ More than a list of discrete concerns
- ▣ A collaborative process
- ▣ Moving from general to specific
- ▣ Identifying urgent issues
- ▣ Developing a clear shared picture
- ▣ Hypotheses about interrelationships of concerns (possible source of priorities)

**Relational  
Motivational  
Foundation  
Interviewing**

Engaging

Focusing

**Evoking**

Planning



## What is Unique to MI?

- ❑ Intentional, differential evoking and strengthening of client change talk
- ❑ Strategic goal-directed use of client-centered counseling methods (open questions, reflection, summary)

## SO IT'S MI WHEN . .

1. The communication style and spirit involve person-centered, empathic listening (Engage)  
AND
2. There is a particular identified goal for change that is the topic of conversation (Focus)  
AND
3. The interviewer is evoking the person's own motivations for change (Evoke)

## When is it MI?



## Change Talk Skills: How to . .

- Recognize Change Talk
- Evoke Change Talk
- Respond to Change Talk

## CAN IT BE MI WITHOUT . . .

Engaging ?	No
Focusing ?	No
Evoking ?	No
Planning ?	Yes

## Recognizing Change Talk

- ❑ Change talk is any client speech that favors movement in the direction of change
- ❑ Previously called “self-motivational statements” (Miller & Rollnick, 1991)
- ❑ Change talk is by definition linked to a particular behavior change goal

### Preparatory Change Talk Four Examples

- ▣ **D**ESIRE to change (want, like, wish . . .)
- ▣ **A**BILITY to change (can, could . . .)
- ▣ **R**EASONS to change (if . . . then)
- ▣ **N**EED to change (need, have to, got to . . .)

## CHANGE TALK AND SUSTAIN TALK

Opposite Sides of a Coin



### Mobilizing Change Talk Reflects resolving of ambivalence

- ▣ **C**OMMITMENT (intention, decision, promise)
- ▣ **A**CTIVATION (willing, ready, preparing)
- ▣ **TAKING STEPS**

### Sustain Talk The other side of ambivalence

▣ I really like smoking	(Desire)
▣ I don't see how I could quit	(Ability)
▣ Smoking is the only way I can relax	(Reason)
▣ I don't need to quit	(Need)
▣ I intend to keep smoking and nobody can stop me	(Commitment)
▣ I'm not ready to quit	(Activation)
▣ I bought four packs today	(Taking Steps)



**MI Hill**

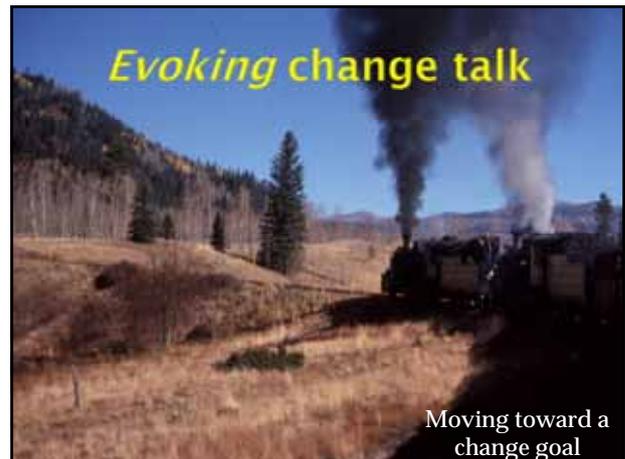
(Pre-) Contemplation      Preparation      Action

Practice 7

## Change Talk Challenge

### Listening for Change Talk

- The change target is **improved glycemic control** for a person with diabetes (non-insulin)
- Possible health behaviors:
  - Dietary change
  - Exercise
  - Medication
  - Glucose monitoring



### Listening for Change Talk

If it's **Preparatory** change talk (DARN)  
**Drum!**

If it's **Mobilizing** change talk (CATs)  
**Applaud!**

If it's **not** change talk,  
**Keep quiet!**

### Evoking Change Talk

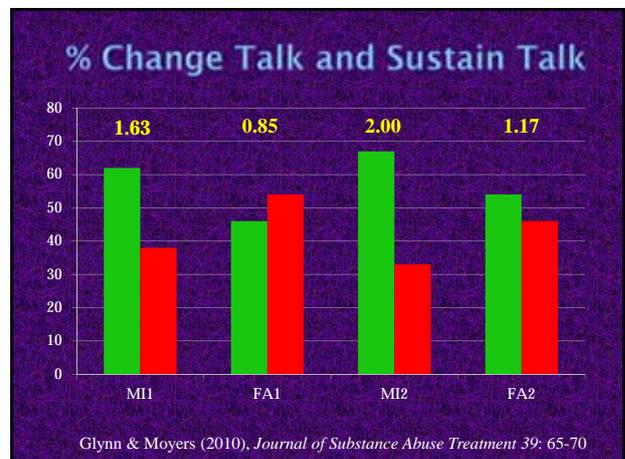
Glynn & Moyers (2010), Journal of Substance Abuse Treatment 39: 65-70

- 9 counselors switched every 12 minutes between:
  - MI: Seeking to evoke change talk and
  - FA: Functional analysis of drinking
- in conversations with 47 people about drinking concerns
- Coded change talk (CT) and sustain talk (ST)

Practice 8

### Find the Change Talk

The Confirmed Smoker  
(Dr. Theresa Moyers)



## Some Ways to Elicit Change Talk: MI Becomes Directive

- ▣ Asking Evocative Questions
- ▣ Using The Importance Ruler
- ▣ Querying Extremes
- ▣ Looking Back / Looking Forward
- ▣ Exploring Goals and Values

- ▣ Right. *And then there's a part that says, "You really don't want to, or you shouldn't."* And it has nothing to do with people saying you can't. *It's the fact that after a period of time you start – the flavor of the taste, the problems becomes an issue.*
- ▣ **Mm hmm. On the one hand you really like it, and it's good for you – helps you, and on the other hand you're noticing some things you don't like about it, like you have to go out at night and get it, you have to look for a break, and then there's also something about the flavor and the taste, you said.**

## What was she thinking?

- ▣ A closer look at The Confirmed Smoker

- ▣ *Yeah. You just get to a point where it's not enjoyable anymore. You're just doing it strictly out of habit, probably because of the nicotine that you want, but it's really not because you want it.* It's because it gets to a point where you have to have it. And I've never tried to quit. I mean, I've been smoking for a long time and I never once said, "You know what, I'm going to quit smoking. . . I've had people tell me they can't even imagine me without a cigarette, can't imagine what I'd look like without a cigarette.
- ▣ **And you can't even imagine yourself without a cigarette.**

- ▣ If I could have a cigarette right now I would.
- ▣ **It's that much a part of your life, that you feel like you would have one even right now.**
- ▣ Absolutely. And I think *you find yourself going out at 10 o'clock, 11 o'clock at night to go to the store to grab a pack of cigarettes when you smoke because it's what you need, physically need it, but you also like it because you enjoy it.*
- ▣ **Right. There's a part of you that really enjoys smoking.**

- ▣ No, so you just . . . it becomes who you are. *But at the same time you know some things are happening. One is you know that the taste isn't there anymore. The cost is getting really really high, so now you're finding yourself going to these lesser brands, or making this run to the rez so you can bypass . . . I mean you have to do so much to smoke a cigarette and to maintain that desire that it gets really ridiculous, quite frankly.*
- ▣ **Smoking used to be carefree for you, but now it's actually causing you a lot of trouble.**

- ▣ *It's a challenge now. It's not just go get a pack of cigarettes. It's now, "How much do they cost? Which ones are the cheaper ones? Did you pick up a carton at the reservation 'cause it's so much cheaper with no taxes. Did you burn that hole in your clothes? Oh my God, that shirt - I burned a hole." I mean, you start running into more and more issues. Then you start wondering, "What's the return of this? What is the value?"*
- ▣ **You're smoking more and enjoying it less, and not only that, but then here come all of these sort of burdens or costs.**

- ▣ You have to . . . There's a physical part of that, and then there's a mental part, so both of those have got to mesh at the same time before you finally say, "*OK, I don't care if I have to go through ten days. I've got to quit.*" And I think that when finally those two . . . for me anyway, when those two roads collide , or when those two roads intersect with each other, I think that's when you're finally able to make that choice.
- ▣ **And how is that going to happen for you?**

- ▣ I would be a terrible smoke commercial. A terrible commercial.
- ▣ **It's almost like if you were trying to convince yourself to smoke, you'd have a hard time doing it.**

- ▣ I think constantly reinforcing in your mind that you want to quit. I think you know constantly saying to yourself, "*Gee, this is getting to be a pain.*" Or *maybe it could be just that one time when you are sneaking out of the house on a cold winter night at 11:30 with ice on the road, and you're driving to go get a pack of cigarettes, you finally go. "Wait a minute. This is insane! This is really insane."*
- ▣ **Well, I get the feeling that it's coming for you.**

- ▣ It would be like the old saying, "Smoke less and enjoy more," but *it's just the opposite: smoke more and enjoy less, so it would be a terrible advertising campaign. You just get to the point where you finally decide for yourself, you know, somewhere along the line you know in the back of your mind, somewhere in the back of your mind you're saying, "You know there's gonna come a time when I'm gonna put these down."*
- ▣ **You're thinking about it.**

- ▣ *It is.*
- ▣ **It's on the way.**
- ▣ *Right, it is on the way, because it's time. You just know somehow.*
- ▣ **It's time right now.**
- ▣ *It's time.*
- ▣ **And you know.**

- ▣ *And you know it's time, and the body is saying it's time, and the mind is saying it.* That's why I say I think the two roads have to intersect, and when they do, you'll do it.
- ▣ **And when you look ahead, right – if you look ahead, say, a year, do you see those two roads coming together?**
- ▣ *I think I see it sooner than a year. I think I see it sooner.*
- ▣ **Even sooner.**



- ▣ Yes. *I think there comes a time when you just have to just finally say . . . I just gave you the reasons why it's so bad to smoke. . . When I get serious, and I start making that decision to do something, I'm going to move in that direction. It may be in inches, it may not be quickly, but it is going to eventually happen.*
- ▣ **It's slow, but you're getting there.**

## Responding to Change Talk

- ▣ Elaborating: Asking for elaboration, more detail, in what ways, an example, etc.
- ▣ Affirming – commenting positively on the person's statement
- ▣ Reflecting, continuing the paragraph, etc.
- ▣ Summarizing – collecting bouquets of change talk



- ▣ It's a subconscious thing that *you know you're going to quit.* It's just you don't know exactly when, how, and where.
- ▣ **You know you're going to quit.**
- ▣ *Absolutely. I know it.*

## Preparation

Practice 9

- ▣ Write down a few statements about some change that you are thinking about making within the next six months:
  - ▣ D: Why you *want* to make this change
  - ▣ A: How you *could* do it
  - ▣ R: A good *reason* for making the change
  - ▣ N: How *important* is it, and why
  - ▣ C: What you *intend* to do
  - ▣ A: What you are *ready* or *willing* to do
  - ▣ T: What you have *already done*
- "I \_\_\_\_\_"

Practice 9

## Easy as 1-2-3: Groups of 6

- ▣ Sit or stand in a circle of 6
- ▣ 1. One speaker offers a change talk statement
- ▣ 2. Person to the right (listener) responds *once* by:
  - Evoking elaboration, example, etc. or
  - Affirming or
  - Reflecting
- ▣ The original speaker gives a natural reply
- ▣ Then the listener becomes the next speaker
- ▣ (10 minutes – Keep going around)

## Snatching Change Talk from the Jaws of Ambivalence

- ▣ **I really don't want to stop smoking, but I know that I should. I've tried before and it's really hard.**
  - 1. You really don't want to quit
  - 2. It's pretty clear to you that you ought to quit.
  - 3. You don't think that you *can* quit

Practice 9

## One observer:

- ▣ Observer is not a speaker or listener
- ▣ For each 1-2-3 sequence record:
  - ▣ 1. Was it change talk? (+/-)
  - ▣ 2. How did the listener respond?
    - Elaborate Affirm Reflect or Other
  - ▣ 3. Was the speaker's reply change talk? (+/-)

Example: +R+

- ▣ **See, the thing is, all my friends drink. Some of them probably drink way too much, too, but if I quit drinking, I don't have any friends. I just stay home.**
  - ▣ That would be pretty lonely.
  - ▣ Quitting would cause a new problem for you.
  - ▣ And at the same time you recognize that you, and probably some of your friends, are drinking way too much.

## Snatching Change Talk from the Jaws of Ambivalence

- ▣ Change talk often comes intertwined with sustain talk; that's the nature of ambivalence
- ▣ Selective reflection of change talk

- ▣ **I know you're worried that I'm getting addicted, and I guess I can see what you mean, but I really need more pain medicine. I don't know how I would get through the day without it. If you won't prescribe it, then I'll find someone else who will.**
  - ▣ You understand my worry about dependence.
  - ▣ It's hard to imagine how you would get along without more medicine.
  - ▣ One way or another, you're going to get more medicine.

## Using Summaries to Collect Change Talk



### Summary 1

Well, it sounds like your life is pretty stressful. When you wake up in the morning you often feel bad. You have a stressful commute in traffic in the morning, and you put in a lot of time at work. By the time you get home, you're exhausted. You're a single Mom now, and there's a constant battle with your ex about getting time with your kids. You really miss them when they're not with you, but you also feel kind of helpless to do anything about it. Mostly what you do in the evening is watch TV, and alcohol helps you to relax. Have I got it right?

### Bouquets: Making Change Talk Summaries



- ▣ Collecting flowers
- ▣ Small bouquets along the way:
  - \_\_ and \_\_ and \_\_. What else?
- ▣ Larger bouquets
  - For summary of a session or segment
  - For transition
  - Recapitulation (for transition to Planning)



### Summary 2

Let me tell you what I hear so far. Because of some lab tests, Dr. Clark is concerned that you are drinking too much, and asked you to talk to me. You're wondering what the lab test means, and you don't understand how you could still have been legally drunk that morning, though some mornings you do feel pretty bad. On the other hand, alcohol helps you to relax, and you don't think you really drink that much. You certainly don't think you're an alcoholic, and you don't want to be lectured about drinking. Is that about right?

## DR. CLARK'S REFERRAL



### Summary 3

So here's what you've told me so far. Dr. Clark noticed a blood test elevated that often is a warning about drinking too much, and she was concerned enough to call you personally. That scared you a little. You were also surprised that there was still enough alcohol in your bloodstream for you to be arrested for drunk driving if you had been stopped, even though you had not had anything to drink in the morning. If that happened, you could lose your job. When you wake up in the morning you often feel pretty bad - headache, tired, nervous. That may happen more when the kids aren't with you, and you drink more at night. What else have you noticed?

### Summary 4

Well, I'd say you have a serious problem with alcohol. You say you don't drink that much, but you're drinking enough at night that you're still legally intoxicated in the morning when you're driving to work or taking your kids to school. The way you're feeling bad in the morning sounds a lot like alcohol withdrawal to me. You're using alcohol like a drug to relax you and help you forget about the stresses in your life. Your husband thinks you have a problem and doesn't want the children to be with you. So you watch television and drink, and deny that you have a problem. Sure sounds like alcoholism to me!

### Observer

Practice 10

	Change Talk	Counselor Response
D		
A		
R		
N		
C		
A		
T		

Practice 10

### Evoking Change Talk

Groups of 3

Speaker topic: A change that you *want* or *hope* to make within the next six months, but haven't done yet

Decide who will be the speaker

### Counseling with Neutrality

- ▣ Neutrality is not a therapist attribute (like equanimity: composure, balance, emotional stability)
- ▣ Neutrality is the conscious clinical decision to try *not* to influence a client's direction of choice or change

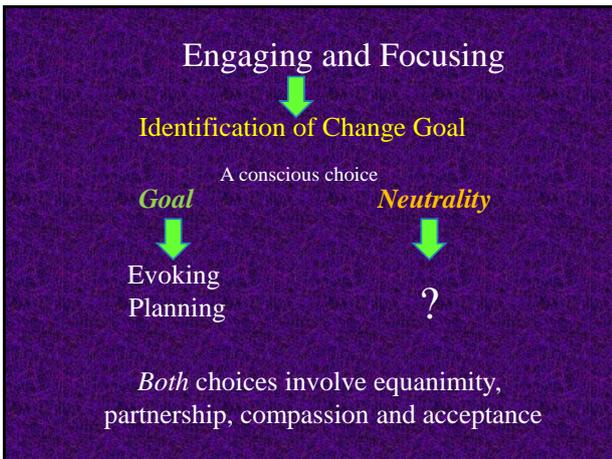
### Ask open questions about:

- ▣ *Desire* for change
- ▣ *Ability* to change
- ▣ *Reasons* to change
- ▣ *Need/importance* for change
- ▣ *Taking steps* toward change
  - What have you already done? What would be a step?
- ▣ *Willingness* to change
  - What are you willing to do?
- ▣ *Commitment* to change
  - What do you think you will do?

Elaborate, Affirm, Reflect, and Summarize

### Some Scenarios

- ▣ A couple deciding whether to have children
- ▣ A woman deciding whether to stay in an abusive relationship
- ▣ An adolescent considering whether to use condoms
- ▣ A man injecting heroin and methamphetamine
- ▣ A drunk driver
- ▣ A depressed soldier playing "Russian roulette"
- ▣ A sex offender contemplating new victims



- ### Sustain Talk and Discord
- **Sustain Talk** is about the change goal
    - I really don't want to stop smoking
    - I have to have my pills to make it through the day
  - **Discord** is about your relationship
    - You can't make me quit
    - You don't understand how hard it is for me
  - **Both** are highly responsive to counselor style

### 2 x 2 Decisional Balance Grid

	Status Quo or Option A	Change or Option B
Advantages	Good things about <i>Status Quo</i> or Option A	Good things about <i>Change</i> or Option B
Disadvantages	Less-good things about <i>Status Quo</i> or Option A	Less-good things about <i>Change</i> or Option B

- ### What is Discord?
- Observable behavior
  - Interpersonal (It takes two to have discord)
  - A signal of dissonance in your relationship
  - Predicts (non)change
- 



- ### Some Discord Signals
- Defensiveness
  - Arguing
    - Challenging Discounting Hostility
  - Interrupting
    - Talking over the counselor
  - Ignoring
    - Inattention Changing the subject

## Responding to Sustain Talk and Discord: "Roll with it"

### Reflective Responses

- ▣ Simple Reflection
- ▣ Amplified Reflection
- ▣ Double-Sided Reflection

## Responding to sustain talk and discord: Terri and the "Rounder"

## Responding to Sustain Talk and Discord: Other Examples

- ▣ Shifting Focus
- ▣ Apology
- ▣ Emphasizing Personal Control

Practice 11

## RESPONDING TO SUSTAIN TALK AND RESISTANCE:

## BATTING PRACTICE

## Removing the Dam

Don't worry about taking down the whole thing. Just remove a few rocks (and don't add any more), and then get out of the way. The water will do the rest.  
- Cleve Sharp, M.D.



Practice 11

## Batting Practice

- ▣ Write down five "resistant" statements (sustain talk and discord) that you hear from those you serve
- ▣ Each person takes a turn to bat
- ▣ The others in the group are pitchers, throwing out client statements

### ▪ Demonstration



Practice 11

## Batting Practice



- ❑ Stand up in a circle of 6-7
- ❑ Each batter takes three pitches
- ❑ For each pitch, the batter gives **one** response
- ❑ Just get a little wood on it:
  - Simple or complex reflection or
  - Amplified reflection or
  - Emphasize personal choice and control
  - No sarcasm!
- ❑ After three pitches, the next person is at bat
- ❑ When everyone has batted, sit down

## Eliciting and Strengthening Confidence

- ❑ Evocative Questions
- ❑ The Confidence Ruler
- ❑ Reviewing Past Successes
- ❑ Personal Strengths and Supports
- ❑ Brainstorming
- ❑ Giving Information and Advice

## Differentiating Motivational Obstacles to Change

### Importance

### Confidence

	HIGH	LOW
HIGH	High Importance High Confidence	Low Importance High Confidence
LOW	High Importance Low Confidence	Low Importance Low Confidence

## Responding to Confidence Talk

- ❑ Elaborating
- ❑ Affirming
- ❑ Reflecting
- ❑ Summarizing
- ❑ Raising possible problems and challenges

## Alternative to Cheerleading

- ❑ The righting reflex for building confidence:
  - You can do it!
  - You're a smart person!
  - I have confidence in you.

Practice 12

## Evoking Confidence



## Speaker

Practice 12

- ▣ Topic: Something that you:
  - hope to do
  - would like to do
  - have reason to do
- and/or
- ▣ But also you are not sure whether:
  - you *can* do it
  - you have the ability to do it
  - You have the time/energy to do it, etc.



## 4 FUNDAMENTAL PROCESSES IN MI

1. Engaging – The Relational Foundation
2. Focusing – The Strategic Focus
3. Evoking – The Transition to MI
4. **Planning – The Bridge to Change**
  - Negotiating a change plan
  - Consolidating commitment

## Listener

Practice 12

Listen carefully with a goal of understanding the dilemma, and give no advice

Ask these four open questions, and listen:

- On a scale from 0 to 10, how confident are you that you could make this change if you decided to?
  - ▣ Follow-up: And why are you at \_\_\_ and not zero?
- What is there about you (strengths, abilities, talents) that would help you do this?
- How might you go about it, in order to succeed?
- What have you done successfully in the past that was like this in some way?

Reflect, affirm, elaborate, and summarize confidence talk  
[10 minutes – switch roles if there is time]

## Recognizing Readiness

- ▣ Diminished sustain talk
- ▣ Decreased discussion about the problem
- ▣ Resolve
- ▣ Increased change talk
- ▣ Questions about change
- ▣ Envisioning
- ▣ Taking steps

## Evoking Strengths

- ▣ A structured method for evoking strengths
- ▣ “Characteristics of successful changers”
- ▣ The person chooses from a list of positive traits some that describe himself or herself
- ▣ Then interview the person about five of these

The confused artist

## The Planning Process

It's time for the Planning process when:  
there is sufficient engagement

AND

a clear shared change goal

AND

sufficient client motivation for the change

Often a “testing the water” strategy such as recapitulation and key question

## Three Planning Scenarios

Clear Plan	Several Options	Unclear Plan
Proceed to Commitment	Action Mapping	Formulation

## What Happens in Planning? Interviewer Self-Ratings (1-5)

**1 = Not at all 5 = A lot**

- I gave advice
- I felt my righting reflex
- I needed to do some evoking
- I heard change/confidence talk
- I reflected
- I felt discord
- I heard sustain talk
- We arrived at a clear plan

## Evoking a Change Plan

- Setting Goals**
- Considering Change Options**
- Arriving at a Plan**
- Strengthening Confidence**
- Eliciting Commitment**

## What Happens in Planning? Speaker Self-Ratings (1-5)

- I felt understood
- I felt uncomfortable
- I arrived at a clear plan
- I received helpful advice
- I felt pressured
- I felt confident of my ability to change
- I intend to carry out the plan

## Practice 13

### On the Threshold of Planning

- Groups of 2: Speaker and interviewer
- Speaker: From your priorities list in Practice Exercise 6, choose one change topic that you very much want to do something about. Discuss how you will do it.
- Interviewer: Use Open questions, Affirmation, Reflections, and Summaries (OARS) to facilitate planning.

[10 minutes Switch roles if there is time]

Does one *ever* give information or advice in motivational interviewing?

**Yes!**  
**with permission**

### Giving Information and Advice: Three *Kinds of Permission*

1. **The person asks for advice**
2. **You ask permission to give advice**
3. **You qualify your advice to emphasize autonomy**

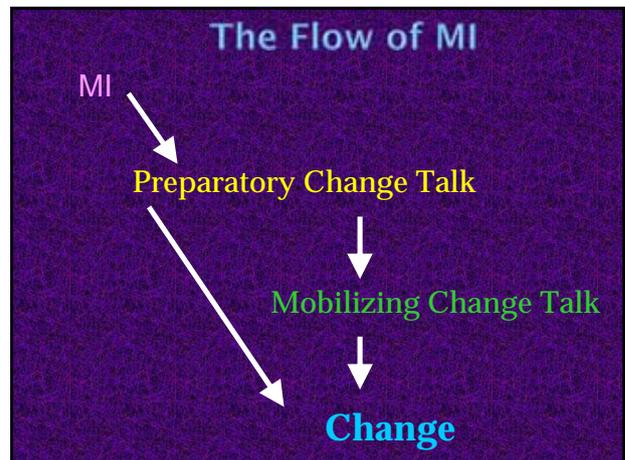
Demonstration

### Six Responses

- ☐ I want to (D)
- ☐ I could (A)
- ☐ I have good reasons to (R)
- ☐ I need to (N)
- ☐ I am willing to (A)
- ☐ I will (C)

### Giving Information and Advice

- ☐ **Get permission**
- ☐ **Qualify, honoring autonomy**
- ☐ **Ask – Provide – Ask**
- ☐ **For suggestions, offer several, not one**



### Committing Language

- ☐ I will
- ☐ I definitely will
- ☐ I promise
- ☐ I swear
- ☐ I guarantee
- ☐ I'm going to

### Activation Language (not quite commitment)

- ☐ I am ready to
- ☐ I plan to
- ☐ I'm willing to
- ☐ I'll think about . .
- ☐ I might (probably will)
- ☐ I'll try
- ☐ I hope to (mean to, intend to)

- ☐ I want to lose weight
- ☐ I could probably lose 20#
- ☐ I'd have more energy
- ☐ I'm going to lose 20#
- ☐ I've got to lose some weight
- ☐ Desire
- ☐ Ability
- ☐ Reason
- ☐ Commitment
- ☐ Need

### Taking Steps Language

- ☐ I went two days this week without smoking
- ☐ I set a quit date
- ☐ I called for an appointment
- ☐ I threw out all of my tobacco
- ☐ I filled that prescription

### Find the *Mobilizing Change Talk* Issue: Hypertension

- ☐ I want to live to see my grandkids
- ☐ It's important for me to get my blood pressure down
- ☐ I want to be healthy
- ☐ I can get my blood pressure down
- ☐ I'll try the medication

### Find the *Mobilizing Change Talk* Issue: Weight Loss

- ☐ I want to lose weight
- ☐ I could probably lose 20 pounds
- ☐ I'd have more energy
- ☐ I'm going to lose 20 pounds
- ☐ I've got to lose some weight

- ☐ I want to see my grandkids
- ☐ It's important for me to get my blood pressure down
- ☐ I want to be healthy
- ☐ I can get my BP down
- ☐ I'm willing to try the medication
- ☐ Reason
- ☐ Need
- ☐ Desire
- ☐ Ability
- ☐ Activation

## Find the *Mobilizing Change Talk* Issue: **Smoking Cessation**

- ▣ I've got to quit smoking
- ▣ I wish I could quit
- ▣ I bought a nicotine patch
- ▣ I'd be healthier if I quit
- ▣ I think I can quit

## Strengthening Commitment



- |                                    |                       |
|------------------------------------|-----------------------|
| ▣ I've got to quit smoking         | ▣ <b>Need</b>         |
| ▣ I wish I could quit              | ▣ <b>Desire</b>       |
| ▣ <b>I bought a nicotine patch</b> | ▣ <b>Taking steps</b> |
| ▣ I'd be healthier if I quit       | ▣ <b>Reason</b>       |
| ▣ I think I can quit               | ▣ <b>Ability</b>      |

## Which question would you ask to evoke *commitment* language?

- ▣ Is that what you want to do?
- ▣ Can you do it?
- ▣ Is there reason enough to do it?
- ▣ Is it important enough to do it?
- ▣ Will you do it?

When, in MI, do you negotiate  
a specific change plan?

When the person is ready

Practice 14

## Evoking Mobilizing Change Talk

- ▣ Work in groups of 2 Speaker and Interviewer
- ▣ Speaker: Someone who is in practice
- ▣ Interviewer: "What have you learned in this workshop that you can put into practice? Where and how can you apply MI in your work?"

Do your best to evoke *mobilizing* change talk.  
ready to . . . willing to . . . going to . . .

## Continuing to Learn MI

- ▣ Let your clients teach you: Attend to change talk and commitment language
- ▣ Record sessions and listen to or code them
- ▣ Have a practice tape expert coded
- ▣ Obtain some expert coaching
- ▣ Access materials from the MI website
- ▣ Attend advanced training
- ▣ Form a learning community

and still we have a long way to go

[www.motivationalinterviewing.org](http://www.motivationalinterviewing.org)  
[www.changecompanies.net](http://www.changecompanies.net)  
[www.WILLIAMRMILLER.net](http://www.WILLIAMRMILLER.net)

## Learning Communities

- ▣ Common goal: To get better at MI
- ▣ Peer support – not critical or competitive
- ▣ Always listen to and discuss work samples
- ▣ Try simple coding
- ▣ Periodic visit by expert coach?

## Complete the Sentence

- ▣ I learned . . . .
- ▣ I re-learned . . .
- ▣ I was surprised . . .
- ▣ I appreciated . . .
- ▣ Now I know that . . .
- ▣ The first thing I want to try . . .

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## After 30 years of research we have a clinical method that is:

- ▣ Evidence-based >200 clinical trials
- ▣ Relatively brief
- ▣ Specifiable (but be careful with manuals)
- ▣ With specifiable mechanisms of action
- ▣ Verifiable – Is it being delivered properly?
- ▣ Generalizable across problem areas
- ▣ Complementary to other treatment methods
- ▣ Learnable by a broad range of providers