# Table of Contents

Introduction: How to Use This Guide

**Prologue: Preparing for the Session**

Preparing Your Attitude
Preparing Your Mind
Preparing Your Space
Checklist: Preparing for the Session

**Act 1: Openings and Beginnings**

Goals
Setting the Agenda
Your Client’s Agenda
Mandated Agendas
Specific Tools Used at the Beginning of a Session
Open Questions
Closed Questions
Querying Commands and Useful Closed Questions
The Problem with Questions
Reflections
Summaries
Affirmations
Target Behaviors
Assessing Motivation
Scaling Questions
Checklist: The Beginning of the Session

**Act 2: The Middle of the Session**

Ambivalence
Change Talk
Specific Tools Used in the Middle of the Session
Strategic Open Questions
Questions vs. Reflections
Complex Reflections
Affirm to Strengthen Confidence
Summarize Strategically
Resistance vs. Discord
Giving Advice and Information
Checklist: The Middle of the Session

**ACT 3: Commitment**

Summary and Key Question
Change Plan
Checklist: Ending the Session
Epilogue
Resources
About the Author
Introduction: How to use this guidebook

You want to learn how to do Motivational Interviewing (MI). You are not alone. As an effective, evidence-based counseling approach applicable to a wide range of psychological, behavioral and physical health issues, MI has become a popular thing to learn. There are many ways to learn about MI including reading any of a number of wonderful books on the topic, taking a workshop or seminar and/or watching videos (there are even videos of people talking about and doing MI on YouTube). But even in multi-day workshops, taught by the best workshop leaders, there just isn’t enough time to master the MI approach. Often, people leave a good training with the feeling that MI is hard to do and so are reluctant to try it with their clients, instead falling back on familiar but not necessarily MI consistent approaches.

While it is easy to learn the basics of MI, and many people have already learned the basic counseling skills that are used in MI before taking a workshop, applying the skills and techniques strategically, as is done in MI, is more difficult. Learning and getting better at MI is really no different from any other skill, like playing a musical instrument or juggling, in that these skills take practice.

So, while books, workshops and videos are all good, there is only one way to really learn how to do MI and that is by trying it with your clients and letting your clients teach you how to do it. This is how William Miller and Stephen Rollnick, the founders of MI, discovered and learned how to do MI themselves. They have said, “Our own clients have been our guides. And it is from them that we learned motivational interviewing. There are no better teachers.” (Miller & Rollnick, 2002, pg. 184) The purpose of this book, then, is to encourage you to learn MI the Miller and Rollnick way, by doing it and observing your clients and letting them teach you.

Miller and Rollnick did not have the advantages that you have. They did not have a completely conceptualized approach with clearly identified principles, processes and practices. They later developed these so that you could learn how to do MI. They did not have scientific evidence for the effectiveness of what they were doing until they, and others, verified the approach through experimentation. In some sense they were creating a roadmap for you to follow. When you take a trip, along with a roadmap, a guide might be helpful. That is what this book aims to accomplish: to be your guide on your journey of learning how to do MI.

The purpose of this book, then, is to help encourage you, especially if you have had some previous exposure to MI, to actually go do it and learn from your clients. MI itself is a guiding style of working with people and in the spirit of MI, I am hoping that this book can be a guide for you to begin to use this very powerful and effective approach. Once you begin to use MI, and begin to utilize the reactions and responses from your clients as feedback, you are well on your way to improving your skills.

The important elements that make up MI are not new in that they have been present in other forms of psychotherapy, counseling, philosophical thinking and so forth for some time. “Unique to MI is how these elements are combined, the timing of how
they’re used, and their application in an effort to evoke change talk.”(Rosengren, 2009, pg. 8) Likewise, all of the material in this book is available elsewhere. It is the way that I am putting these pieces together that, I hope, is unique and helpful, with the purpose of helping motivate you and give you the confidence to actually begin to apply this approach with your clients.

The reader of this book may notice what is missing. I am not including a history of MI, a review of the evidence base for MI, or providing exercises for learning or improving the basic skills of MI. This book is not meant to be comprehensive. There are also many psychological theories that I am neglecting here on purpose. Theories of motivation, ambivalence, change, communication, resistance and so on that underlie the principles and practices of MI can be found elsewhere, too. Instead, I am assuming that you are reading this because you already have some basic counseling abilities, you’ve taken a workshop or class in MI, or read some of the outstanding books that are available to meet those needs. You already understand, or at least have been exposed to, the history, the evidence and the usefulness of MI and now you want to do it. You’ve seen or are aware of how simple techniques can be used skillfully to help your clients change their behavior in healthy directions. But, maybe you are ambivalent about using MI in your practice. Maybe you are a bit tentative about taking that first step and trying MI out with your clients. Maybe you’ve tried some of the techniques with some success and are now encouraged to do more and need a direction to go. Maybe you need a refresher. Whatever your reason for buying this book, I hope you find it to be useful.

The book is organized as if following typical MI sessions: preparation, beginning, middle, and end. There are reasons for how things are done in MI that need to be clarified so that it makes sense to do them in a particular way. So, I begin each section with a brief explanation and provide several examples. This is followed by what you might look for in your client’s responses that tell you if you are doing it right. Each section ends with a summary or check list of what you should strive to accomplish during that particular part of the session.

All human conversations are organic, however, meaning that they are unpredictable and evolve their own direction depending on you, your skills, the client, the client’s issues, the topic, the setting, etc. My examples are in no way meant to be a script of words that you repeat verbatim. Nor is this book meant to be a manual. Hopefully, the brief explanations will point the way and the examples will show you what you might say or do, but your own sessions will be determined by your attention to your clients and your own personal style. So use this information to your best advantage and adapt what you read here to your own way of working with people. The bibliography at the end is annotated and there are resources for more information and training, should you so desire.

Comments about the second edition:

Since the publication of the first edition of this ebook in 2010, there have been some changes to the way we think about, talk about and teach the concepts of Motivational Interviewing. These changes have come about because of the ongoing research and other developments that have encouraged the evolution of MI over time. The changes were significant enough that Drs. Miller and Rollnick have published the
third edition of their classic book, *Motivational Interviewing: Helping People Change*, just this year. As a result I've expanded this ebook slightly in an attempt to incorporate these changes without becoming overly complex.

I have also added a glossary at the end of the book at the request and suggestion of readers, cleaned up the writing and formatting a bit, added a more "professional" cover, and, as I've learned more about ebooks in general, made the table of contents "clickable." I am hopeful that these improvements will make the work more user friendly and enjoyable.
Prologue: Preparing for an MI session

Preparing Your Attitude

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 currently summed up with the four words; “Partnership,” “Acceptance,” “Compassion,” and "Evocation." 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 worthwhile and unique individual by knowing that you are going to work together to find solutions to whatever problems are presented, putting your client's needs ahead of your own. You recognize that the client has wisdom, knowledge and motivation already without you having to “instill” any, and that it is ultimately the client’s decision to change or not to change his or her own behavior.

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 clients’ own motivations and solutions. You want to be empathetic and listen carefully, striving to understand your clients’ 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 person’s 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.
Preparing Your Space

As you de-clutter your mind of distractions, it is also advisable to de-clutter your office (or wherever you are about to see your client) from distractions as well. Remember to be respectful of your client and his or her time spent with you. Ideally, then, (and we all know that nothing turns out to be ideal), anything that could be a distraction should be dealt with, or at least planned for, before the session begins. Asking your secretary not to disturb you, turning off your cell phone and desk phone, turning off the computer monitor, and eliminating any other distractions create an atmosphere of respect in which you can devote all of your attention to your client. A de-cluttered and distraction free setting for the session allows your client to attend to the task at hand, too.

Checklist: Preparing for the Session

✓ Remember the Spirit of MI: Partnership, Acceptance, Compassion, Evocation. 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 1: Openings and Beginnings

Goals

Starting an MI 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 behavior 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 and engaging your client. 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.

Engaging your client is actually thought of currently as the first "process" of MI and is defined as, "the process of establishing a mutually trusting and respectful helping relationship." (Miller and Rollnick, 2013) There are four processes altogether; Engaging, Focusing, Evoking, and Planning. Some counselor behaviors are counterproductive to engagement and should be avoided in the early part of a session. Asking too many questions, as in doing some kind of formal assessment, will create disengagement by promoting a more passive stance on the part of your client. Being the "expert" in the relationship and offering advice or solutions to the client's problems prematurely also promotes disengagement. Labeling your client, as an "addict" for example, can also promote discord and disengagement in the relationship. Other things to avoid include assigning blame for the problem the client brings in to the session and simply chatting with the client rather than getting down to business.

Setting the Agenda

Setting the tone during the opening of a session depends somewhat on your role and what needs to be accomplished during the session. A psychologist might have one set of priorities whereas a probation officer has a different task to accomplish and a pharmacist has completely different goals for a session. Generally, though, a good way to open a session, no matter what the goals are, is by introducing yourself, expressing appreciation, and explaining what your role is and what you hope to accomplish. The statement should include information about the amount of time you have to meet and any details or tasks that are required to be taken care of during the session, like paperwork, information gathering or information that needs to be shared. This beginning should end with an open question that invites your client to begin to discuss whatever is on his or her mind and/or freely respond to your opening statement. A good beginning statement might be something like:

“Hello Mr. Smith. Thank you for coming in today. My name is Bill Matulich. I’m a psychologist who works with people who have Post-Traumatic Stress Disorder.
Your doctor has referred you because he thinks I might be of some help. We’ve got about 50 minutes together and I’d like to use the time to get to know a bit about you. I’m also interested to learn what your expectations might be. There is some paperwork that we need to complete at the end of the session, but for now I’m wondering, what would you like to talk about?”

Your Client’s Agenda

During the first part of a session, special consideration needs to be paid to the process of collaborative agenda setting. This process is called "focusing" in MI and is defined as "an ongoing process of seeking and maintaining direction." (Miller and Rollnick, 2013). Depending on your setting, this task can vary quite a bit. Some settings require discussion of specific predetermined topics and completion of routine tasks, while others might be a vague, diffuse, non-directive exploration of issues. After the initial few minutes of a session, if all goes well, you will start to develop rapport and begin to learn what is on the client’s mind and what his or her aspirations for the session are. If the client’s aspirations and the counselor’s are the same, things can progress smoothly. At other times, it is clear that what the counselor wants for the client is different from what she wants for herself. A doctor may think that the best treatment for back pain, for example, might be prescribed steroid medication, whereas the patient wants to explore inversion therapy or physical therapy. As a substance abuse counselor, your agenda might be to talk about substance abuse and see how your client can reduce usage, but your client might be more interested in talking about her relationship to her parents or the stress in her life. As a probation officer, your agenda might be to get your client to understand and agree to the terms of probation, whereas he might be more interested in learning about job opportunities. These kinds of aspirational misalignments will start to become evident early in the session. Whatever the situation, though, attention needs to be paid to the client’s agenda at least as much as to your agenda as the professional.

In MI, we generally take the position that the client’s agenda is the one to follow, at least in the beginning of the session. Listening to what is on your client’s mind, and what his or her priorities are, helps to establish a useful rapport and engage your client. It is wise to be explicit in your appreciation of the client’s priorities in setting the agenda by simply asking an open-ended question that invites the client to talk about what is on her mind. Examples of inviting open questions are:

“What brings you in today?”
“What’s on your mind?”
“What would you like to talk about today?”
“How can I be of service to you?”
“How would you like to begin?”

Mandated Agendas

Sometimes, though, you don’t have the luxury of completely following your client’s agenda, especially in correctional or health care settings. These might be situations in which you have certain things that need to get done; information that needs
to be discussed, distributed or dispensed, or a limited set of topics that you are willing, able or mandated to address. In such cases, the MI style is to present a menu of options, perhaps even in a diagram or written form, for the client to choose from. The main idea here is to find out what the client wants to discuss or address within the framework of your field of expertise and scope of your position and practice while giving the client as much autonomy as possible. An example of this kind of agenda setting in which you need to set certain limits, might be:

“Your doctor asked me to discuss your lifestyle with you as a means of controlling your diabetes. There are many topics we can discuss including diet, exercise, stress management and others. Which of these would you like to talk about today?”

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 for gathering information, beginning to identify a target behavior or focusing on a particular topic, 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 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 demeanor, 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 less talkative 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 counselor, are asking one question after another and your client is just answering them and waiting for the next question. This usually happens when the counselor 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 counselor 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 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 as 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.”
Client: “I don’t know much about your research project but I’m volunteering in order to maybe help some of the veterans that are coming back from the wars in the Middle East.”

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” 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. Your client may start to withdraw or disengage and you will begin to feel some resistance or discord in the relationship.

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 also 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, (often using a closed question) 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 behavior. 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 engage your client. 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.”

“Your commitment to your fellow veterans is commendable.”

Target Behavior

The goal of focusing, of course, is to identify a target behavior or a direction in which to proceed. You may hear the client identify some behavior he or she seems to want to change almost immediately. Actually, in some settings, the target behavior 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 behavior to see if this is truly what the client wants. For example, a client may say that he wants to change a particular behavior, but as you reflect you hear that it is really someone
else who wants him to change the behavior. “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 behavior, whatever it might be, will present itself. Some possible questions that you could ask to begin to identify the target behavior 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 behavior?”

### Assessing Motivation

Once you’ve engaged your client, established rapport, expressed empathy, and focused on a target behavior, 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 behavior. Imagine a person who is high on the importance scale but low on the confidence scale. This client recognizes the importance of behavior 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. People who are discouraged from recurring failure will often respond in this way on the two scaling questions. If your client gives you this kind of response, you know that behavior can’t change until confidence is increased. This knowledge gives you direction as you move further into the session.

The opposite pattern, low importance and high confidence, describes another type of client whose motivation is low because he or she doesn’t accept the importance of behavior change. This can happen if the client has other, more pressing priorities and the behavior change in question seems low on that list.
“I’m working two jobs to feed my children because I don’t get any child support. We have to depend on one another and, when I’m not working, I want to spend time with them. They grow up so fast. And you want me to take time out of my impossibly busy day to go to the gym and exercise?”

This pattern can also happen if the client just simply doesn’t believe that there is a problem with current behavior, despite what “expert” practitioners, health care providers, etc. have told him.

“My father smoked 2 packs of cigarettes a day all his life and lived to the age of 99. He died of natural causes, nothing to do with smoking. I’ve got his genes, I’m sure!”

In these two examples, you have a clear direction in which to work as you move into the middle part of the session based only on the client’s response to two simple scaling questions. In one case you’ll want to address confidence issues and in the other, you’ll want to explore importance and learn more about your client’s priorities, values and beliefs.

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 favors movement in the direction of change or “change talk” (more about change talk later). You will begin to hear why the behavior 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.”

Once you begin to evoke these kinds of answers and responses (change talk) from your client, you know you are getting into the “heart” of the session. If all has gone well, you can follow your client’s lead in a truly client-centered way as the session progresses. It is important to know also what not to do when asking follow-up questions. Do not ask why the number isn’t higher. This is likely to give you “sustain talk,” the opposite of change talk, and entrench your client more in the status quo, which is not what you want to be eliciting from your clients.
Actually, it is especially important to recognize what else should not be done during the beginning of a session, or anytime during a session. First, avoid the “righting reflex,” the urge to “fix” the problem by offering solutions or advice that hasn’t been asked for. If you jump ahead of your client’s readiness and try to offer a solution to the problem as soon as you hear it, you will likely create discord in the relationship or disengage your client. Also, avoid what are called “counselor advocacy responses,” which include arguing for change, assuming the expert role, criticizing, shaming, blaming, labeling, being in a hurry, or claiming preeminence. (Miller & Rollnick, 2002, pg 50) It is also important to avoid “roadblocks” which include, in addition to the above, ordering or commanding, threatening, persuading with logic, moralizing, judging, agreeing, interpreting or analyzing, and humoring. Research suggests that even if you have learned MI and increased your MI consistent responses, if you do not also reduce advocacy responses, the righting reflex, and roadblocks, there will likely be no change in your client’s behavior.

How do you know if you are on course at this point in your session? Listen and observe your client. If your client is comfortable, is doing most of the talking, is gently correcting any inaccurate reflections, has identified a target behavior, and has given you at least some change talk in response to your scaling follow-up questions, all is well. If you notice increased discomfort, some resistance or discord, lack of momentum, and increased sustain talk rather than change talk, you’ll need to review this section and do something differently.

**Checklist: The Beginning of the Session**

- Greet your client warmly, express appreciation, introduce yourself and your role.
- Focus on engaging your client and establishing rapport.
- 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 and begin to focus on a potential target behavior.
- 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, counselor advocacy responses and roadblocks.
- Be patient.
- When a target behavior becomes evident, do an assessment of your client’s motivation by asking scaling questions.
Follow up the scaling questions with open questions designed to strategically elicit change talk and begin to evoke client motivation.
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 client’s arguments for change. You amplify these arguments with the proficient use of OARS skills and artfully guide the conversation toward a plan of 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 behavior. 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 behavior 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 until your client begins to tip the balance toward healthy behavior 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 behaviors.

Change Talk

Change talk is simply client speech that favors movement in the direction of behavior change or, to put it another way, clients’ own 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. (There are actually two more types of change talk that are sometimes taught; activation and taking steps. Adding these produces the clever acronym, DARN-CAT.) 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.”
“I hope to be helpful to my fellow veterans.”

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. You may sense some resistance from your client or you might 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?”
“What were you like before you went to war?”

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 behavior 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 behavior 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.

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:

“What are the advantages of changing?”
“What are the disadvantages of changing?”
“What are the advantages of the status quo?”
“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 behavior produces anxiety that is resolved, ideally, by changing behavior 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 counselor training classes. Part of the explanation for this is that in normal practice of all kinds in which some form of counseling 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. Skillful 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 skillfully, 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 non-judgmentally, 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 skillfully, 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 behavior. 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 behavior 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’ve 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 about changing 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. And, 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.

**Resistance vs. Discord**

Sometimes, clients come into a session already somewhat resistant to what you have to offer them, 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.

Historically, resistance has been thought of as a client characteristic. It has been seen as clients' reluctance to participate in the tasks of therapy, or as oppositional behavior on the part of the client, or client unwillingness to change, or efforts by the client to deter the therapist from her helping role. Such definitions are not useful in that they don't help inform therapists and counselors what to do when faced with resistance. A much more empowering approach is the social interaction view of resistance. In this view, resistance is seen as a function or characteristic of the interaction styles between client and counselor. "The great benefit of this perspective is that changing your interaction style results in changing what has been deemed resistance." (Mitchell, 2009)

MI has always rejected the above historical concept of resistance because it tends to put the blame, in a way, on the client for what can be a normal response to facing the challenge of changing behavior or the communication style of the counselor. Instead, the concept of resistance has been replaced in MI with "two important but different phenomena: sustain talk and discord." (Miller and Rollnick, 2013)

When considering change, people naturally go through a stage of ambivalence, during which you hear arguments for change as well as arguments against change. Statements that favor the status quo are called "sustain" talk in MI. They are a natural consequence of ambivalence and should not be considered a sign of client resistance. This kind of conversation from the client can actually be quite valuable. You don't want to dwell on the sustain talk, or necessarily elicit it from the client, but you can use these client statements to help your client understand his or her own ambivalence by reflecting them back in a double-sided reflection, for example, or exploring them using the decisional balance technique.

The second, and most common source of what used to be called "resistance" in MI is counselor/client communication style. In order to emphasize the interactive nature of this phenomenon, the word "discord" is currently used to identify it in MI rather than the word "resistance." Discord is different from sustain talk and includes "disagreement,
not being on the same wavelength, talking at cross-purposes, or a disturbance in the relationship." (Miller and Rollnick, 2013)

Like motivation, discord can be modified by what happens in the session. In other words, you can increase or decrease your client’s willingness to change by what you say and how you act in the session. The roadblocks and advocacy responses, mentioned above as some things not to do in a session, will generally increase discord. Maintaining the spirit of MI, and using the OARS skillfully can reduce or, indeed, prevent discord.

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

One of the biggest sources of discord in an MI session is 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 doctor to see about injections for your back pain.”
“My suggestion is that you complete one Cognitive Behavior Therapy 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 discord.

So, how do you recognize discord? 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. One of my workshop participants said that she knows when her clients are being resistant because they give her “a spreadsheet of excuses” about why they can’t do the “spreadsheet of suggestions” that she gives them. Indeed, “yes butting” is a sign that you are up against discord in the relationship. Other signs 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 discord.

In MI, we welcome discord 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 resort to 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. Reflective listening tends to reduce discord. Other specific techniques for dealing with discord include acknowledging your client’s autonomy.

“Many people in your life would like to see you change your behavior, 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 don’t 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 discord in the relationship and making change less likely, 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 discord. Listen to your client and learn from the responses you are getting. If you sense resistance to your suggestions, 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; collaboration, acceptance, evocation,
and compassion, 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 hesitation. 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 discordant behaviors 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 becoming defensive.

**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 double-sided 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 discord and if you hear it, use it as a signal to check in with yourself to see if you are resorting to discord-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 and successfully engaged your client in the conversation about change. 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 focused on a target behavior. 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 behavior because she is ambivalent. You explored both sides of ambivalence by using techniques such as 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 discord in the conversation, so you backed off and went back to exploring the client’s 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 you’ve 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 "planning" phase, which is the fourth and final process of MI. 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?

Another approach is to revisit questions that you’ve been asking throughout the session to get your client to verbalize his or her motivation and commitment, then follow a series of such questions with a key question to move into the planning phase. Some questions that you could ask at this time are:

What is your goal? What do you want to accomplish?
How important is this goal on a 10-point scale?
What are your main reasons for making this change?
What is your plan to be successful? How are you going to do it?
How will you know that your plan is working?
What barriers are there than might interfere with you reaching your goal?
How would you manage those barriers?
Who else can support you in your efforts? What resources are available to you?
What personal strengths can you call on to help you succeed?
How confident are you that you can succeed on a 10-point scale?

Once you get an answer to these questions and 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.

**Change Plan**

“The commitment to a change plan completes the formal cycle of motivational interviewing.” (Miller & Rollnick, 2002, pg. 139) A change plan consists of setting and clarifying goals, arriving at a plan, and eliciting commitment. You’ve already been working on establishing the client’s goals since the beginning of the session when you asked the first open question, inviting your client to talk about why he came to see you in the first place. As the session progressed you collaboratively identified a target behavior to change and with patience, open questions, and reflections, came to an understanding of what your client wants to accomplish. You may already have narrowed the target down to a specific behavior or you may have expanded the discussion to include other, related goals. Now, you want to make the goal as clear as possible. If there are multiple goals, you may need to work with your client to prioritize them.

Now is not the time to abandon your MI skills. Establishing a change plan requires the same spirit and the same skills that you have been using all along. Do not resort to the righting reflex or any of the other responses that would disengage your client at this crucial time, but use your skills to evoke your client’s own plan for changing. Your
goal here is to go from general ideas and goals about changing to a specific, workable plan of action.

There are many ways to construct a change plan. One way to help is to use SMART goal setting. SMART is an acronym that stands for: Specific, Measurable, Attainable, Realistic, and Timely.

In being “specific” about a goal, you focus on what exactly your client wants to do. So, rather than having a vague goal of losing weight, the specific goal might be to lose an average of 1 ½ pounds a week. Rather than being healthier, a specific goal would be to walk 3 miles per day at a brisk pace.

“Measurable” means there are clear methods for knowing whether or not the goal has been achieved or progress is being made. Again, it helps to be specific. So, the goal of losing weight above is easily measured by stepping on a scale after a few months. But, it might be advisable to build in measures of intermediate success to gauge progress, such as checking weight every Friday morning.

“Attainable” refers to the fact that the goal should be something that your client can accomplish. If a goal is too far out of reach, it is unlikely that your client will commit to it long enough to see some progress. Goals need to be challenging but achievable. It is better to negotiate a short-term attainable goal rather than something too large and overwhelming. It is wise to break down grand goals into smaller, achievable steps.

“Realistic” goals are goals that are doable based on where your client is at currently. If your client wants to quit watching TV and she currently watches TV 8 hours a day, it may not be realistic to completely quit. Better to cut down first, build on the success and set another goal later.

“Timely” means that there is a time frame for the accomplishment of the goal. Setting a time (one week, next Tuesday, in three months, by the end of the year) provides a clear target to aim for.

The last thing you want from your client is a clear statement of commitment, of agreement to the change plan. If the discussion about goals above has been truly collaborative, a commitment is usually easy to get. The simplest way to do this is just to ask for it.

“Is this what you want to do? (admittedly a closed question)

If the answer is an enthusiastic “Yes!” then you’ve done your job. If, instead, you hear, “Let me think about it.” or “I’ll try,” or some other less enthusiastic response, you’ll want to explore your client’s reluctance.

Motivational interviewing is completed when you get a commitment to a change plan. This may happen after one session or after several. When this happens, many clients will change on their own. In other cases you both may agree to continue to work together so that you can support your client’s efforts. Motivation, ambivalence and discord can all change from moment to moment depending on a multitude of factors and it isn’t unusual for you to get to a commitment in one session, only to be confronted with reluctance and ambivalence at the next session. Whether and how you will continue with your client will
depend on any number of factors. Wherever you go from here, though, do not forget your MI skills. Continue to pay attention to the spirit of MI and the OARS skills. Avoid the roadblocks and other discord producing behaviors.

End the session by expressing appreciation to your client. Acknowledge the hard work your client has done and express optimism and hope and encourage your client to pursue his or her goals. An ending statement might go like this:

“Thank you for coming in today and working so hard on achieving your goals. This has been a really good session and we got a lot accomplished. You’ve put together a good plan to change your behavior and I think you can be successful and live a healthier life based on the decisions you’ve made today. Clearly you really want to change and have many good reasons to do so. Keeping these in mind will help you stay motivated when things get tough. I’ll be available should you need anything else. Meanwhile, good luck to you. Is there anything you’d like to ask before we end?”

Checklist: Ending the Session

✓ Summarize change talk and ask a “key question.”
✓ Negotiate a change plan
✓ Use SMART goal setting or a similar approach to clarify goals.
✓ Ask for commitment to the change plan.
✓ End the session expressing confidence and appreciation.
Epilogue

This book has been about getting you started using motivational interviewing with your clients. I’ve purposively tried to keep it simple and still give you enough information to begin to try out MI. But, while MI is easy to learn on one hand, on the other there are subtleties and nuances that require skill that only comes from practice. You can learn a lot about how to do MI from your clients, and I’ve tried to give you some things to look for from your clients to help you improve your skills. Still, you might want more education and/or formal training. I’ve included some recommendations for further reading and workshops in the “Resources” section which follows. Additional training might include multi-day “advanced” workshops, individual or group supervision and/or coaching. But, remember, however you decide to continue to pursue MI, your clients will teach you. Learn from them.
Absolute worth - Nonjudgmental recognition of every person's inherent value and potential as a human being. What Carl Rogers referred to as "unconditional positive regard." One of the four aspects of "Acceptance" in the spirit of MI.

Accurate empathy - The ability of the counselor to accurately reflect back to the client the meaning of his words and non-verbal communication. Being able to see the world through your client's eyes. One of the four aspects of "Acceptance" in the spirit of MI.

Acceptance - One of the four components to the "spirit" of MI. Acceptance refers to the expression of "absolute worth, accurate empathy, affirmation, and autonomy support" to the client by the counselor.

Affirmation - One of the four key skills of MI and one of the elements of "acceptance" a component of MI spirit, by which the counselor identifies and reflects back to the client strengths, resources, accomplishments, efforts or any other positive characteristic or behavior.

Agenda - Those things that are to be done or accomplished during an MI session. Sometimes used in a broader sense to include all the hopes, fears, expectations, problems, desires, etc. that clients bring to a session.

Ambivalence - Conflicting desires, needs, reasons, and other motivations for changing behavior. Wanting and not wanting something at the same time.

Autonomy support - Explicitly supporting the client's right to making decisions and choices about his own life. One of the four aspects of "Acceptance" in MI spirit.

Change plan - A specific approach to achieving behavioral change.

Change talk - Clients' own arguments for change. Client comments that reflect any movement toward change.

Closed questions - Questions that call for a "yes" or "no" or simple fact as an answer.

Commitment - An agreement to follow a change plan. Commitment language refers to client speech that indicates readiness to agree to a plan, such as, "I will."

Compassion - One of the four components to the "spirit" of MI. Compassion refers to putting client needs ahead of other considerations.

Complex reflection - A reflection that goes beyond simply repeating or restating what the client has said. Complex reflections add meaning in some way. Double-sided reflections and reflections of feeling are examples.

Decisional balance - A technique for exploring the pros and cons of changing and not changing behavior.

Discord - A misalignment in the relationship you have with your client. Not being on the same page, talking at cross purposes. Discord is experienced as being in an argument.
with your client, for example, or working harder than your client. Discord replaces the
concept of "resistance" in the current thinking about MI

Double-sided reflection - A reflection in which both sides of client ambivalence are
presented, usually separated by the word "and."

Engaging - The first "process" of MI. It is the process of establishing and maintaining a
useful helping relationship based on mutual trust and respect. Establishing rapport.

Evocation - One of the four words that describe the "spirit" as well as the third "process"
of MI. Evocation refers to eliciting the client's own perspective, arguments and
motivation for change.

Focusing - The second "process" of MI. It is the process of mutually identifying and
agreeing to a specific behavior to be changed or direction to pursue in the MI session.

Key question - A type of question asked after the client seems motivated to make a
change which moves the session into the "planning" phase. Examples include: "What are
your options at this point?" "Where would you like to go from here?" "What's your next
step?" Key questions usually follow a recapitulation summary that brings together much
of the client's change talk.

Miller, William - Dr. Miller conceptualized and introduced the concepts of Motivational
Interviewing in the 1980s and has since continued to utilize, research and teach MI. He
has written many scholarly articles and books on the topic of MI and behavior change
and won many awards. He is currently Emeritus Distinguished Professor of Psychology
and Psychiatry at the University of New Mexico.

Motivational Interviewing - Three definitions for MI are given in Miller and Rollnick's
2013 edition of Motivational Interviewing: Helping People Change. These are:

"Lay definition: A collaborative conversation style for strengthening a person's
own motivation and commitment to change.

Clinical definition: A person-centered counseling style for addressing the
common problem of ambivalence about change.

Technical definition: A collaborative, goal-oriented style of communication with
particular attention to the language of change, designed to strengthen personal
motivation for and commitment to a specific goal by eliciting and exploring the
person's own reasons for change within an atmosphere of acceptance and
compassion."

My own "airplane seat" or "elevator" definition is: "MI is an effective way to talk
to people about changing their behavior."

OARS - An acronym that stands for Open questions, Affirmations, Reflections,
Summaries, the 4 basic, core skills of MI.

Open question - A question that calls for more flexibility in the client's answer than
closed questions. Open questions encourage the client to elaborate and talk about what is
on her or her mind.
Partnership - One of the four components to the "spirit" of MI. Partnership refers to the fact that the relationship between counselor and client in MI is collaborative one.

Principles of MI - Expressing empathy, developing discrepancy, rolling with resistance and supporting self-efficacy had been taught as four "guiding principles that underlie motivational interviewing" (Miller and Rollnick, 2002, pg.36,) (also see: Hohman, 2012, pg.19-20) prior to the 2013 text by Miller and Rollnick. These principles have also been described as; resist the righting reflex, understand your client's motivation, listen to your client, and empower your client (Rosengren, 2009, pg. 9). Currently, the idea of "principles" of MI is deemphasized in favor of a focus on "processes."

Processes of MI - The four central processes that describe the flow of MI are: engaging, focusing, evoking, planning.

Planning - The fourth core "process" of MI. Planning refers to developing a specific change plan that is agreeable to the client and that the client is willing to commit to.

Reflections/Reflective listening - Sometimes also referred to as active listening, the skill of understanding what the client means by his or her responses and non-verbal communication and giving that meaning back to the client in the form of a statement as opposed to asking questions.

Resistance - An older term used previously in MI which has now been replaced with the concepts of sustain talk and discord.

Righting Reflex - The tendency on the part of the counselor to offer solutions or suggestions to the client in order to be helpful, "make things right," or to correct an unhealthy course of action. The righting reflex is a natural desire of helping professionals that must be avoided if one is to practice skillful MI.

Roadblocks - Any number of counselor behaviors that are counter-productive to the efficient use of reflective listening. Examples include: ordering, warning, threatening, persuading with logic, agreeing, etc.

Rollnick, Stephen - A clinical psychologist, Dr. Rollnick has been working with Dr. Miller almost from the beginnings of MI. He co-wrote the first, second, and third editions of the text, Motivational Interviewing: Helping People Change with Dr. Miller. He is currently a Professor of Health Care Communication in the School of Medicine at Cardiff University, Cardiff, Wales, United Kingdom.

Scaling Questions - Questions that ask for an answer on a scale, usually from 1 to 10. Examples of scaling questions used in MI include: How important is this change for you on a scale of 1 to 10? and How confident are you that you could be successful on a scale of 1 to 10? These are sometimes also called "readiness rulers."

Spirit of MI - The underlying perspective or mindset that guides the practitioner in the ethical application of MI. The four key interrelated elements of the spirit of MI are: partnership, acceptance, compassion, and evocation.

Sustain Talk - Client speech that reflects desire for the status quo.
Resources


This book describes MI applications in the treatment of anxiety, depression, PTSD, suicidal behavior, obsessive-compulsive disorder, eating disorders, gambling addictions, schizophrenia, and dual diagnoses, as well as approaches in the criminal justice system.


This book describes the concepts of MI within a social work context. Dr. Hohman shows how MI is "eminently compatible with social work principles" and includes several examples including sample MI dialogues to help solidify the concepts.


This book describes a method, heavily based on Motivational Interviewing, designed to assist health care professionals in helping their patients make decisions about health behavior change in the hospital and community settings.


This is the “bible” of Motivational Interviewing in which William R. Miller and Stephen Rollnick present their "most complete explication of MI to date."


This is the previous version of the text in which William R. Miller and Stephen Rollnick present the principles of MI and provide guidelines for putting it into practice.


A to-the-point, practically written book that teaches tangible, stress-reducing techniques for dealing with psychological resistance in counseling and therapy. A no-nonsense theory of psychological resistance is presented that empowers mental health professionals for dealing with their most difficult clients. This is followed by hundreds of down-to-earth techniques and ideas to prevent and resolve resistance in therapy.

Drawing on research, the author describes differences between extrinsic and intrinsic motivation, suggesting that the carrot and stick approach actually reduces our ability to produce creative solutions to problems. The author argues that what motivates us once our basic survival needs are met is the ability to grow and develop and to realize our fullest potential.


This book was written specifically for health care professionals and shows how to use MI to enhance communication with patients and guide them in making choices to improve their health.


This is a workbook designed to help people develop expertise in motivational interviewing skills through the use of hands-on learning activities.

MINT webpage: [http://www.motivationalinterviewing.org](http://www.motivationalinterviewing.org)

This web site provides resources and information on Motivational Interviewing. It includes general information, links, training resources, and information on reprints and recent research.

Dr. Matulich’s MI website: [http://www.motivationalinterviewingonline.com](http://www.motivationalinterviewingonline.com)

This site provides resources, announcements of upcoming trainings in the San Diego area, links to a blog and podcasts with information about motivational interviewing.
About the Author

Dr. Matulich is a clinical psychologist who has over 25 years of experience as a clinician, teacher, researcher and public speaker. As a member of the Motivational Interviewing Network of Trainers (MINT), he has taught hundreds of people how to do Motivational Interviewing and has presented workshops to school programs, human service agencies, hospitals, correctional facilities, behavioral health clinics, nonprofit organizations, and government agencies. Dr. Matulich currently works and lives in San Diego, California.

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