Trainer's Guide to Motivational Interviewing: Enhancing Motivation for Change—A Learner's Manual for the American Indian/Alaska Native Counselor

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Introduction

This workshop teaches the basic concepts of Motivational Interviewing (MI) and the Transtheoretical Model of Change, their relationship to each other, and their usefulness in clinical practice. This training is for practicing counselors in substance abuse treatment settings who are working with American Indians and Alaska Natives (AI/AN). The material can be adapted for other professionals such as corrections workers, mental health counselors, and health care professionals. This experiential workshop gives participants an opportunity to work with Stages of Change (SOC) and try out some motivational strategies. The hands-on approach helps participants put the material into use with clients.

Trainers and participants in the workshop will all have a copy of the workbook *Motivational Interviewing: Enhancing Motivation for Change. A Learner's Manual for the American Indian/Alaska Native Counselor* (Tomlin, Walker, Grover, Arquette, & Stewart, 2005). This publication can be downloaded free of charge from the One Sky National Resource Center for American Indian Substance Abuse Services (www.oneskycenter.org). Other workshop support materials referenced include the MI videotape series, Treatment Improvement Protocol (TIP) 35, and the text *Motivational Interviewing* (Miller & Rollnick, 2002). The Learner's Manual is designed to be used throughout the workshop. It is also designed to serve as a quick reference to the material after the workshop. The Tools section in the back of the Learner's Manual provides ready access to the material and can be used by counseling staff with clients.

The workshop goals are as follows:

➔ Discuss Stages of Change Theory.

➔ Present Phases 1 and 2 of Motivational Interviewing.

➔ Provide skill-building practice.

➔ Address AI/AN cultural issues.

➔ Discuss how to apply concepts within AI/AN treatment programs.

Note to Trainers

Participants may come to this workshop believing that they already know and practice the style, spirit, and strategies of MI. This belief will challenge the trainer to differentiate between individual skills that participants may have and the constellation of theory, beliefs, style, and spirit needed for a practitioner to successfully use motivational interventions and SOC with clients. Success in delivering this training will depend upon the trainer's familiarity and experience with both the material and effective training methods. Following are some important recommendations to consider before making a commitment to facilitate this workshop.

Clinical Recommendations

- Have a thorough knowledge of addictions treatment concepts, theory, and practice.
- Be familiar with the fundamentals of both MI and the Transtheoretical Model of Change, including SOC.
- Have clinical application experience with both motivational strategies and SOC in treatment practice.
- Have an understanding of and sensitivity to cultural issues, particularly as they relate to the material presented.

Practical Recommendations

- Limit the workshop size to 25–30 participants.
- Reserve a room large enough for the number of participants.
- Arrange the training space for comfort, convenience of movement, visibility, and informality. Arrange the space in a way that allows participants to divide into small groups.
- Review and understand all workshop materials.
- Collect all the items on the Preparation Checklist.
- Ask an experienced cotrainer to facilitate one of the subgroups in Module 7 and to assist with answering participant questions, implementing interactive activities, practicing specific techniques, and relating the material to real-life situations.

To accept and adopt the theory and practice detailed in the workshop, participants will probably undergo a change process of their own. Trainers must maintain a positive, empathetic, and understanding attitude throughout the training to facilitate this change process. Modeling the practical application of the material illustrates how this approach can apply to the participants and their clients.

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Cultural Issues Note

Regardless of the approach to counseling, the practitioner must be alert to and knowledgeable about the cultural issues of clients. Notations introduced with the symbol ❆❆❆ are relevant information about cultural issues as they relate to MI.

Trainer's Guide Organization

This Trainer's Guide is organized into 7 instructional modules. Each module includes step-by-step instructions for facilitating the presentations, discussions, and exercises that compose the module. The appendices provide tools and resources needed to complete the workshop.

The Trainer's Guide includes notations on the materials needed for the exercises, the corresponding page numbers in the Learner's Manual (for cross-referencing), and pictures of the slides used in the workshop. The Trainer's Guide contains some additional material not found in the Learner's Manual, particularly pages 11–17, 36, 39–49. Appendix A includes optional handouts and activities not included in the Learner's Manual.

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Videotapes

The Trainer's Guide also indicates when videotape segments are to be shown and provides a description of each segment, the objectives, and the run time. Trainers should set the videotapes to the correct starting point in advance. Trainers are advised to familiarize themselves with the videotapes prior to the workshop. Alternatives to the videotape segments are indicated.

Trainer Preparation

Prior to delivering the workshop, trainers should familiarize themselves with the instructions, timeframes, and daily agendas detailed in this Trainer's Guide and with the books and videotapes listed in Appendix C of the Learner's Manual for use by both the trainer and the workshop participants. Trainers will wish to be familiar with the manual and comfortable with its organization to effectively instruct workshop participants, since the flow of the workshop is tied to the order of the manual.

Trainers using the PowerPoint presentation will also wish to learn which slides require multiple mouse clicks to show information and the order in which the information appears on the screen. The training is designed to be used with the PowerPoint presentation or overhead transparencies derived from it.

Workshop Materials

Following is a description of the materials used to deliver the training.

TIP 35 and the Learner's Manual. TIP 35, entitled *Enhancing Motivation for Change in Substance Abuse Treatment* (1999), is an easy-to- read, free resource available through the National Clearinghouse for Alcohol and Drug Information (1-800-729-6686) and the Substance Abuse and Mental Health Services Administration web site (www.samhsa.gov). The text *Motivational Interviewing: Enhancing Motivation for Change. A Learner's Manual for the American Indian/Alaska Native Counselor* comprises the materials needed by the workshop participants including an outline of the major presentations, reproductions of key overhead transparencies, space for taking notes, instructions for the exercises, worksheets, and reference materials. The flow of the workshop is tied to the order of the Learner's Manual. Provide a copy of TIP 35 and the Learner's Manual for each workshop participant.

Timer. Exercises have timeframes within which participants are to complete certain tasks. A timer with minute intervals will help trainers time modules.

Overhead Transparencies and PowerPoint Presentation. Microsoft PowerPoint software was used to develop the slides for the workshop. The PowerPoint presentation—or overhead transparencies based on the PowerPoint presentation—is an important component of the workshop. Trainers are advised to test the computer hardware and software or the overhead projector prior to the workshop. Both the PowerPoint presentation and this Trainer's Guide will be available on the One Sky National Resource Center website at www.oneskycenter.org

Videotapes. The videotape component of the workshop is optimal but not required. The videotapes used are from the series *Motivational Interviewing: Professional Training Videotape Series* (see the section Source Materials for ordering information; series also available on DVD) and include:

- Videotape B, Phase 1: Opening Strategies, Part 1, in Module 4, page 12
- Videotape C, Handling Resistance, in Module 5, page 6
- Videotape *Monty Roberts' Join-Up* (Roberts is also known as the Horse Whisperer)

Trainers are advised to test videotape players and monitors prior to the workshop.

Role play scenarios can serve as an alternative to the videotape segments. See Appendix B Script Options for more information.

PowerPoint Projector or Overhead Projector and Screen. The screen onto which the PowerPoint presentation or the overhead transparencies are projected should be large enough that all participants can easily read the information.

Videotape or DVD Player and Monitor. The videotape player should have a working counter that tracks real time. That is, 1 number on the counter should represent 1 minute so that counter number 10:00 corresponds to 10 minutes into the tape.

Flipchart Pads and Markers, Dry Erase Marker Board and Markers, Masking Tape, and Easel. These materials are used to illustrate concepts and record the results of group work and discussions. Two new flipchart pads should be adequate.

Source Materials

Trainers are advised to obtain a copy of each of the following source materials because the information presented in the workshop is based on these materials.

Addiction Technology Transfer Center Network. (2004). *The change book: A blueprint for change*. Kansas City, MO: Author.

Amrhein, P., Miller, W.R., Moyers, T.B., & Rollnick, S. (2005). A consensus statement on change talk. *MINT (Motivational Interviewing Network of Trainers) Bulletin, 12,*(2), 3–7.

Duran, E., & Duran, B. (1995). *Native American postcolonial psychology.* Albany, NY: State University of New York Press.

Miller, W.R. (1999). *Enhancing motivation for change in substance abuse treatment: Treatment improvement protocol (TIP) 35* (DHHS Publication No. SMA 99-3354). Rockville, MD: U.S. Department of Health and Human Services. (Available from the National Clearinghouse for Alcohol and Drug Information, 1-800-729-6686).

Miller, W.R. & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). New York: Guilford Press.

Miller, W.R., Rollnick, S., & Moyers, T.B. (1998). *Motivational interviewing: Professional training videotape series* [a 6-part series of 7 training videos; also available on DVD]. Albuquerque: University of New Mexico, Center on Alcoholism, Substance Abuse, and Addictions. (Order form available from http://casaa.unm.edu/mimanuals.html)

Mink, O.G., Owen, K.Q., & Mink, M. (1993). *Developing high-performance people: The art of coaching*. New York: Perseus Books.

Moyers, T.B., Martin, T., Manuel, J.K., Miller, W.R. (Work in progress). *The Motivational Interviewing Treatment Integrity (MITI) Code: Version 2.0.* University of New Mexico: Center on Alcoholism, Substance Abuse and Addictions (CASAA). casaa.unm.edu/download/miti.pdf

Prochaska, J.O., Norcross, J., & DiClemente, C.C. (1994). *Changing for good.* New York: Avon.

Roberts, M. (n.d.). *Monty Roberts' Join-Up* [Videotape, DVD]. Available through www.montyroberts.com/shop_education.html

Rollnick, S., Mason, P., & Butler, C. (1999). *Health behavior change: A guide for practitioners.* New York: Churchill Livingstone.

Tomlin, K., Walker, R.D., Grover, J., Arquette, W., & Steward, P. (2005). *Motivational interviewing: Enhancing motivation for change. A learner's manual for the American Indian/Alaska Native counselor.* Portland, OR: One Sky National Resource Center and Oregon Health & Sciences University.

Tomlin, K. & Richardson, H. (2004). *Motivational interviewing and stages of change: Integrating best practices for the substance abuse professional.* Center City, MN: Hazelden.

White Bison, Inc. (2001). *Understanding Native American culture: Insights for recovery professionals.* Colorado Springs, CO: Coyhis Publishing. (Available from www.whitebison.org)

Training Process

This workshop is interactive—that is, trainers elicit as much involvement from participants as time allows. Whenever possible, new material is presented using a *tell, show, do* approach that includes a cognitive component (e.g., lecture, discussion), a demonstration component (conducted by the trainers, a videotape, or other means), and practice (e.g., individual or group activities, role playing).

Throughout the workshop trainers will wish to circulate among the participants during exercises to clarify instructions, offer support, and assist those who are struggling. Trainers are advised to introduce the concept of coaching participants through activities at the beginning of the workshop and to pay special attention to groupings that do not work well, making adjustments (e.g., mix groupings or change group sizes) to ensure a quality experience for all participants.

This guide includes suggestions aimed at maximizing participant input. The workshop includes multiple opportunities for information sharing, large-group discussions, small-group activities, and skills practice. The suggested timeframes for the activities are based on a group size of 25 to 30. Following these suggestions will help trainers manage time:

➔ Develop a visual or auditory signal to call for silence. Doing so saves your vocal chords and keeps the workshop moving.

➔ Use a timer to ensure that exercises do not exceed the allotted time.

➔ Trainers will be called on to accommodate a range of knowledge and experience among participants.

Symbols and Abbreviations Used in This Guide

The following symbols are cues to display slides or overhead transparencies, to play videotape segments, or to pause for a break. The abbreviations refer to materials used in the workshop. Generally, page references are provided to help the trainer prepare for the workshop preparation and to help participants find information easily.

Trainer's Note

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Counselor's Note

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Cultural Issues Note

Videotape

AI = American Indian

AN = Alaska Native
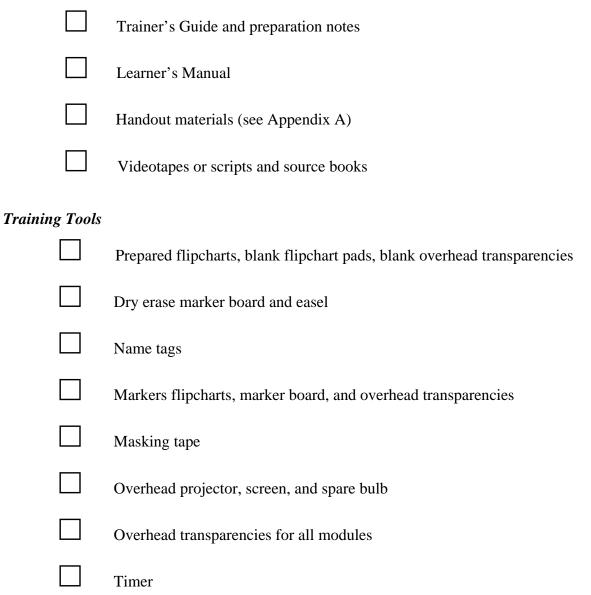
MI = Motivational Interviewing

SOC = Stages of Change

Preparation Checklist

To present this workshop, trainers will need the following materials and equipment:

Trainer Preparation

☐   Trainer's Guide and preparation notes

☐   Learner's Manual

☐   Handout materials (see Appendix A)

☐   Videotapes or scripts and source books

Training Tools

☐   Prepared flipcharts, blank flipchart pads, blank overhead transparencies

☐   Dry erase marker board and easel

☐   Name tags

☐   Markers flipcharts, marker board, and overhead transparencies

☐   Masking tape

☐   Overhead projector, screen, and spare bulb

☐   Overhead transparencies for all modules

☐   Timer

Daily Agendas and Suggested Timeframes

Day One

Module 1: Beginnings (60 minutes)

- Welcome and Trainer Introduction (5 minutes)
- Workshop Overview (10 minutes)
- Participant Expectations (10 minutes)
- Role of AI/AN Culture (30 minutes)
- Evaluation (5 minutes)

Module 2: Motivation and Stages of Change (90 minutes)

- Introduction (25 minutes)
- Stages of Change (60 minutes)
- Elements of Change/ Ready, Willing, and Able (5 minutes)

Module 3: Motivational Interviewing (50 minutes)

- Overview of MI (20 minutes)
- Balance/Imbalance (10 minutes)
- MI Skills and 1 Strategies (20 minutes)

Module 4: Phase 1—Strategies for Change (170 minutes)

- Introduction (5 minutes)
- Open vs. Closed Questions (10 minutes)
- Affirmation (10 minutes)
- Roadblocks (25 minutes)
- Reflective Listening (65 minutes)
- Summarizing and Practicing OARS (55 minutes)

➔ Be sure to provide 2 15-minute breaks and a 1 or 1½-hour lunch break.

End Day One

Day Two

Module 5: Eliciting Change Talk and Handling Resistance (130 minutes)

- Review of Day One (10 minutes)
- Introduction to Change Talk (15 minutes)
- Change Talk Strategies (15 minutes)
- Types of Client Resistance (30 minutes)
- Responding to Resistance (60 minutes)

Module 6: Phase 2—Strengthening Commitment (150 minutes)

- Phase 2 Strategies (20 minutes)
- Change Plan Elements (60 minutes)
- Phase 2 Hazards (70 minutes)

Module 7: Summary and Closure (30 minutes)

- Review Workshop Goals (5 minutes)
- Solicit feedback from participants (25 minutes)

➔ Be sure to provide 2 15-minute breaks and a 1 or 1½-hour lunch break.

End Day Two

Module 1: Beginnings

Welcome and Introductions

Slide 1

➔ Welcome participants and introduce them to the workshop *Motivational Interviewing*. Trainers introduce themselves, taking no more than 2 minutes each.

➔ Participants introduce themselves briefly and share one goal they have for participating in the workshop.

Your Notes:

Housekeeping

Slide 2

➔ Briefly apprise the group of the workshop logistics.

Your Notes:

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Training Materials

Tomlin, K., Walker, R.D., Grover, J., Arquette, W., & Steward, P. (2005). *Motivational Interviewing: Enhancing motivation for change. A learner's manual for the American Indian/Alaska Native counselor.* Portland, OR: One Sky National Resource Center and Oregon Health & Sciences University.

Trainer's Note: It is important that participants have hands-on experience with the Learner's Manual throughout the workshop. One desired outcome of the workshop is that participants become comfortable with the Learner's Manual and able to use it effectively.

➔ Introduce the Learner's Manual, explaining the format.

➔ Invite participants to explore the sections of the Learner's Manual.

Points to Cover

➔ The Learner's Manual is for use during the workshop. It contains:

- The major point of presentations
- Worksheets for exercises
- Space for taking notes

➔ The Tools Section (Appendix D, page 79 in the Learner's Manual) may be used for quick access to key concepts and strategies during counseling sessions.

➔ The Learner's Manual contains more information than is possible to cover in 2 days. The workshop addresses key concepts and strategies.

➔ The Learner's Manual is for participants to keep and use as a resource.

Trainer's Note: Trainers are encouraged to share their own experiences learning from and using the manual in the work setting.

Training Overview and Workshop Goals

Workshop Goals

- **Discuss Stages of Change Theory.**
- **Present Phases 1 and 2 of Motivational Interviewing.**
- **Provide skill-building practice.**
- **Address AI/AN cultural issues.**
- **Discuss how to apply concepts within AI/AN treatment programs.**

Slide 3

➔ Review the training focus.

- Explore the usefulness of TIP 35 in working with clients and programs.

- Increase knowledge of Motivational Interviewing (MI) and Stages of Change theory (SOC) and other research on motivation.

- Understand the relationship between motivation and change and the relationship between motivational interventions and SOC.

- Learn and practice specific skills and strategies.

- Discuss and note clients' cultural issues related to motivational interventions and SOC.

- Discuss ideas and methods for implementation in agencies, staff development, and program design.

Your Notes:

Day One Overview

Day One Agenda
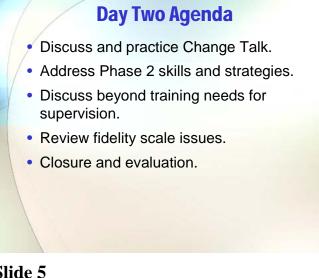
- Review basics of Stages of Change Theory.
- Identify the components of MI Spirit.
- Identify and practice Phase 1 skills and strategies.

Integrate Indian cultural issues

Slide 4

➔ Review the topics shown on the Day One Agenda overhead transparency.

➔ Briefly go over the topics in order and tell participants what you expect to cover each day.

➔ Let participants know a variety of learning approaches will be involved, including:

- Lectures
- Discussions
- Videos
- Demonstrations
- Small-group activities
- Pairs activities
- Skill practice exercises

Your Notes:

Day Two Overview

Day Two Agenda

- Discuss and practice Change Talk.
- Address Phase 2 skills and strategies.
- Discuss beyond training needs for supervision.
- Review fidelity scale issues.
- Closure and evaluation.
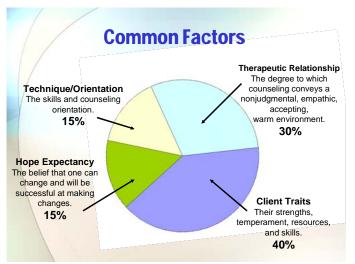
Slide 5

➔ Review the Day Two Agenda.

➔ Highlight continued practice and identify need for assistance in supervision and in implementing MI in trainees' organization. This workshop is only a first step.

Your Notes:

Common Factors

Slide 6

Trainer's Note: This material is not in the Learner's Manual, but it is important to review it as a broad conceptual framework regarding counseling style and skill.

- Common Factors come from a well researched metanalysis of over 400 different counseling practices
- Common Factors show the 4 top elements important to effective counseling.
  - ✓ Client Traits—special talents, strengths, skills, and resources client brings to relationship.
  - ✓ Therapeutic Relationship—how the counselor creates an environment of acceptance, empathy, respect, listening.
  - ✓ Hope Expectancy—very important in AI/AN clients—the sense that they can feel hopeful about life and recovery.
  - ✓ Therapeutic Technique—counselor's skill and plans which aid in positive outcomes.

Your Notes:

Participant Expectations

Participant Expectations

- **Turn to page 2 in Learner's Manual.**
- **Write one expectation you have for this training.**
- **Form pairs and share your expectations with one another.**
- **Share with the larger group.**

Slide 7

Learner's Manual, page 2

Participant Expectations

➔ Tell participants they will now engage in the first participatory activity, which will give them a chance to get to know each other better.

➔ Ask participants to turn to page 2 in their Learner's Manual. Ask them to think about and then write one expectation they have for this training.

➔ After 3 or 4 minutes, ask participants to form pairs. If the number of participants is odd, a group of 3 may be formed.

➔ Allow the groups 5 minutes to share their responses with each other.

➔ Ask participants to share a training expectation with the large group while remaining in pairs.

➔ Request that participants not repeat an expectation already shared by another participant—that is, encourage participants to contribute new expectations or say that theirs is similar to one previously stated.

➔ Repeat each expectation as it is stated, thereby modeling reflective listening.

MI and Healing

Slide 8

Learner's Manual, page 8

➔ Briefly discuss the healing MI words and refer participants to the Learner's Manual.

- MI is an evidence-based approach that is useful in addressing the 5 issues discussed in more detail in the Learner's Manual.

- These issues are common to most tribes, yet AI/AN cultures have survived and people are healing from the trauma and addiction that some experienced because of these issues.

- AI/AN counselors have found the MI approach has much in common with AI/AN values of respect and good listening.

Your Notes:

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Contrasting Cultural Values

Slide 9

Learner's Manual, pages 5 and 6

Points to Cover

- Clients' cultures are complex, with over 560 federally recognized tribes and many different cultures.

- AI/AN people differ in terms of the extent to which they are aware of their own cultural background.

- AI/AN history includes attempts to eradicate AI/AN cultures.

- Much of culture is not conscious and is learned through the models and experiences provided by family and community.

- AI/AN people may still carry much of their tribal culture within their hearts and minds.

- Contrast cultural values are not specific to any one culture; many of the values listed are similar to AI/AN values.

- Cultures that have more concern for the group and are more interdependent put the needs and values of the family, community, or tribe ahead of those of the individual.

➔ Discuss other contrasting values on the list. Ask for comments or examples.

Cultural Exercise

Cultural Exercise

- Divide into small groups of 3 or 4.
- Discuss:
  1. How you have adapted your counseling practices when working with Native Peoples.
  2. Create a group newsprint sheet that shows those adaptations highlighting specific values, goals, and techniques.
  3. Choose a spokesperson to report your group's findings.

Slide 10

Learner's Manual, page 7

➔ Invite participants to consider how they adapt their own counseling practice to the cultures of their clients. Introduce the exercise, and limit the first part of the exercise to 10 minutes.

➔ After 10 minutes, invite participants to rejoin the large group and to mount their group newsprint on the wall. Encourage the groups to look at each group's points. Ask each group spokesperson to share one point his or her group had in common with the other groups and one point that no other group mentioned. Limit this part of the exercise to 15 minutes.

➔ There is a handout (Handout No. 1) for your reference in Appendix A that shows the adaptations listed by previous trainees groups and their congruence with MI. Conclude the session by describing the qualities on the corresponding slide and any parallels with the groups' results.

Your Notes:

MI and Cultural Values
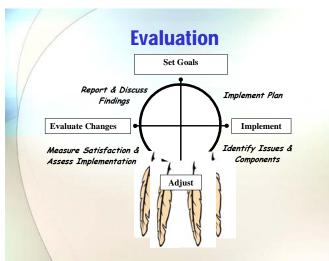
Slide 11

Learner's Manual, page 8

- ▪ Many AI/AN cultures strongly value listening carefully to others before speaking, building relationships with others, and showing respect to others. These values are incorporated into the MI counseling style and tools.

➔ Suggest that as participants learn more about MI techniques, they note in their Learner's Manual which values that are important to them are supported by the MI approach.

Your Notes:

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Evaluation

Slide 12

Learner's Manual, pages 7, 8, and 121

Trainer's Note: The Learner's Manual describes the research process behind adapting the MI/SOC training developed by Kathyleen M. Tomlin for culturally appropriate application in AI/AN treatment settings. This adaptation process requires understanding that there are hundreds of distinct languages and cultures in North America and that members of these cultures have different levels of awareness and identification with their own cultures.

- The slide shows a process evaluation model that communities and agencies can used when considering planning for actions that impact the community.
- It shows how researchers and practitioners worked together to learn and apply the MI approach and to adapt a manual written for mainstream cultures.
- Further information on process evaluation is in Appendix G of the Learner's Manual.

Your Notes:

Characteristics of Motivational Interviewing
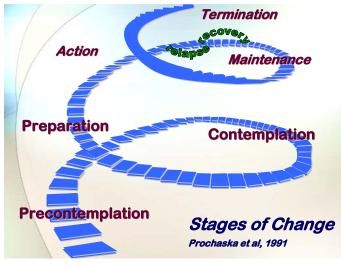
Slide 13

Learner's Manual, page 6

The points on the slide summarize lessons learned from workshop participants and AI/AN counselors about their experiences using MI with their clients.

Your Notes:

Module 2: Motivation and Stages of Change

Introduction

Slide 14

Learner's Manual, page 9

Trainer's Note: Module 2 begins to introduce language and concepts that are important to the participants' understanding of MI and SOC.

➔ Ask how many of the participants are familiar with the Transtheoretical Model of Change, more commonly known as the Stages of Change model by Prochaska, DiClemente, and Norcross.

➔ Tell participants that this is a theory that helps us understand the process of change. You will review the model and the language with them because this model is usually used in the substance abuse treatment field.

➔ Refer participants to the Tools section in the Learner's Manual as you review the model (Appendix D, page 79).

Stages of Change Spiral

SOC can be thought of as a spiral because people tend to circle through the stages—going back and forth between them rather than proceeding in a straight line from beginning to end. In this model the client goes through predictable stages in the process of making a change.
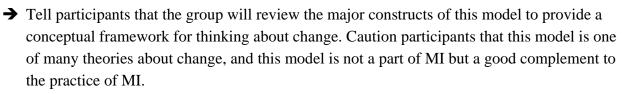
➔ If possible, show participants the books *Motivational Interviewing* (1st or 2nd edition) and *Changing for Good*. If these books are not available, refer participants to TIP 35.

➔ Briefly introduce the various stages of change, illustrate them using the Spiral of Change slide:

- Grid on pages 88 and 89 in the Learner's Manual
- Appropriate Motivational Strategies for SOC
- Learner's Manual Tools (page 79)

➔ Tell participants that the group will review the major constructs of this model to provide a conceptual framework for thinking about change. Caution participants that this model is one of many theories about change, and this model is not a part of MI but a good complement to the practice of MI.
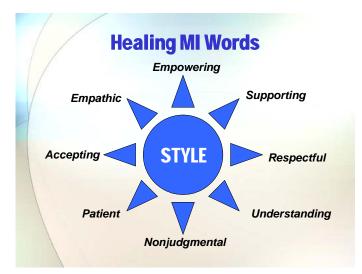
➔ Identify motivational interventions and strategies that can be used to help clients move from one stage to the next.

➔ Discuss, demonstrate, and practice treatment-related activities that can be used in each of the stages of change.

Trainer's Note: Exploration of each stage of change will begin with a definition of the stage and a review of the motivational strategies presented on pages 88–89 in the Tools Section of the Learner's Manual. There are optional training exercises on Motivation and Change in Appendix A, Handout No. 2.

Your Notes:

Precontemplation Stage of Change

Healing MI Words

Empowering
Supporting
Empathic
Accepting
STYLE
Respectful
Patient
Understanding
Nonjudgmental
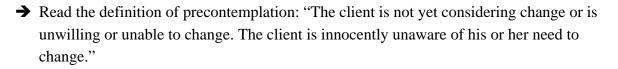
Slide 15

Learner's Manual, pages 10 and 88

Points to Cover

➔ Ask participants to turn to page 10 in the Learner's Manual.

➔ State that the process of exploring SOC in some depth will begin by examining the *precontemplation* stage of change.

➔ Read the definition of precontemplation: "The client is not yet considering change or is unwilling or unable to change. The client is innocently unaware of his or her need to change."

The counselor's goal at this stage is to identify defenses and raise awareness of problem behavior.

➔ Give or ask for an example of a statement a client in this stage would make, such as:

   ▪ "Drinking has never been a problem for me. I only came here because the judge sent me."
   ▪ "School won't let me back in unless I do what you say."
   ▪ "I'm here because of (fill in with spouse, parent, police, etc.)."
   ▪ "I have this under control. I don't need any help."

Trainer's Note: It is helpful to elicit from participants their experiences working with clients in the precontemplation stage of change. The more discussion participants engage in, the better the frame of reference they will develop and the more likely they will understand the usefulness of the strategies. In the precontemplation stage the client's inability to see that a problem exists may be considered denial. Remember that denial may not be a deliberate plot to deceive the counselor. If a client's cultural socialization includes heavy and frequent drinking, it is very plausible that he or she truly may not believe that a problem exists simply because he or she has been referred to treatment or arrested. Be aware that this inability to see the problem is largely defined within their social context and not driven by the urgency of their counselor's view of the matter.

Points to Consider
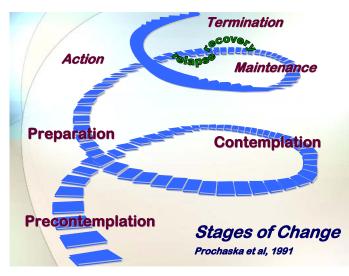
- The precontemplation stage is often the most frustrating stage of change for the counselor.
- The counselor's response to the client's stages of change is key motivating for change.
- The counselor's attitudes and beliefs about clients effect outcomes.
- Clients can be in different stages of change about different drugs.
- Timing and collaboration are important.
- Matching interventions to a client's current stage of change is important.

Your Notes:

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Strategies for Precontemplation

➔ Refer participants again to page 10 in the Learner's Manual. Highlight the examples and strategies they can use with clients in this stage of change. Remind participants that the counselor's attitude and the style with which they approach these strategies are extremely important. A respectful, client-centered approach is at the core of all motivational interventions.

   ▪ The counselor's role is to establish rapport, ask permission, and build trust and to raise the client's doubts or concerns about substance using patterns by:

➔ Exploring the meaning of the events that brought the client to treatment or the results of previous treatments.

➔ Eliciting the client's perceptions of the problem.

➔ Offering factual information about the risks of substance use.

➔ Providing personalized feedback about assessment findings.

➔ Exploring the pros and cons of substance use.

➔ Helping a significant other intervene.

➔ Examining discrepancies between the client's and others' perceptions of the problem behavior.

➔ Expressing concern and empathy.

Your Notes:

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Contemplation Stage of Change

Slide 16

Learner's Manual, pages 11 and 12

➔ State that participants will now examine the *contemplation* stage of change.

➔ Read the definition of contemplation: "The client acknowledges concerns and is considering the possibility of change but is ambivalent and uncertain. Being out of balance with family, community and spirit and self."

The counselor's goal is to assist the client to make a decision for change.

➔ Give or ask for an example of a statement a client in this stage would make, such as:

- "I can see how quitting marijuana would help me do my job more efficiently at work but I really can't picture my life without smoking weed at least once in a while."
- "I'm not sure giving up everything will make a difference."
- "I ready to give up crank, but not marijuana."
- "I know (insert spouse, parent, etc.) is concerned about my use but I'm not sure if I want to change just for them."

➔ Briefly go over the following points, asking for or giving examples of each point as needed.

- Normalize ambivalence.
- Help the client "tip the decisional balance scales" toward change by:
  - ✓ Eliciting and weighing the pros and cons of substance use and change.
  - ✓ Changing extrinsic to intrinsic motivation.
  - ✓ Examining the client's personal values in relation to change.
  - ✓ Emphasizing the client's free choice, responsibility, and self-efficacy for change.
  - ✓ Eliciting self-motivational statements of intent and commitment from the client.
  - ✓ Eliciting ideas regarding the client's perceived self-efficacy and expectations regarding treatment.
  - ✓ Summarizing self-motivational statements.

Ambivalence in Contemplation

Learner's Manual, page 12

➔ Ask participants to imagine a coin that is called Ambivalence. Imagine that "Resistance to Change" is written on one side and "Attraction to Change" is written on the other side.

Trainer's Note: The concept of the Coin of Ambivalence was developed by Miller and appears in the second edition of the MI text.

➔ Tell participants that the issues related to ambivalence are key to this stage of change.

➔ Tell participants:

- What appears to be resistance in clients is often imbalance and confusion about change—that is, simultaneous attraction and resistance to change.
- Addressing the experience of being out of balance is a critical aspect of motivational interventions and critical in the contemplation stage of change.

➔ Ask participants what disharmony (ambivalence) means to them. Spend some time exploring this concept and their experiences working with clients to create balance and resolution toward change, especially when the individual is alienated from his or her family or community.

Say, for example:

- "Think of time in your life when you felt ambivalent about a change. What were some of the processes you went through to resolve your ambivalence so that you could move on?"
- "What do you hear your clients say about the same processes?"

Trainer's Note: In the contemplation stage, the client has a false sense that everyone else is engaged in the problem behavior and there is no need to change now.

➔ Advise participants to be patient and help clients see that although it may seem like everyone else is involved in substance use, that perception may not be accurate.

Preparation

Learner's Manual, page 13

➔ State that participants will now examine the last stage of change the workshop explores in depth: the *preparation* stage.

Trainer's Note: The client is committed to and planning to make a change in the near future but is still considering what to do. The counselor's goal is to help client get ready to make a change.

➔ Give or ask for an example of a statement a client in this stage would make, such as:

- "I am really glad that I decided to quit soon but I really wonder if I know how to actually do it."
- "I know I need to change. I'm not sure how to go about it."
- "I'd like to come to treatment but I can't afford it. What do you suggest?"
- "Do you have further information about _____that I can take home and read, before I decide what I will do?"

❋❋❋

Cultural Issues Note: Clients vacillate between the lure of their comfort zones and the discomfort of their need to change. Affirmations and positive self-talk are important tools in assuring clients that in spite of their imbalance, they do have the power to make change. The knowledge that the counselor will be with a client throughout the process appeals to the AI/AN person's sense of interconnectedness and diminishes feelings of anger, shame, and other negative emotions.

➔ Advise counselors to take the time to clarify to clients about the counselor's role in the change process.

Your Notes:

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Strategies for the Preparation Stage

➔ Remind participants to be aware of the counseling style with which they approach these strategies. Briefly go over the following points on the grid, asking for or giving examples of each point as needed:

- Clarify the client's own goals and strategies for change.
- Offer a menu of options for change or treatment.
- With permission, offer expertise and advise.
- Negotiate a change or treatment plan and behavior contract.
- Consider and lower barriers to change.
- Help the client enlist social support.
- Explore treatment expectancies and the client's role.
- Elicit from the client what has worked in the past either for him/her or others whom he or she knows.
- Assist the client to negotiate finances, child care, work, transportation, or other potential barriers.
- Have the client publicly announce plans to change.

Action Stage

Learner's Manual, page 14

➔ Action, maintenance, and later stages are often very familiar to us, as typically our clients are changing and making progress towards abstinence or movement towards abstinence.

Trainer's Note: The client is committed to and planning to make a change in the near future but is still considering what to do. The counselor's goal is to affirm client successes and assist with managing barriers encountered as change is negotiated.

➔ Give or ask for an example of a statement a client in this stage would make, such as:

- ▪ "I feel good about my progress."
- ▪ "I know I need to change my drinking, and I have cut down a lot. Sometimes it is hard when my friends drink/use in front of me. Normally I am good about staying clear of using, but last night was tough, I still did not use, but it was tough."
- ▪ "I'd like to try a twelve step meeting. Which one would you suggest?"
- ▪ "Do you have further information about _____ that I can take home and read?"

Maintenance, Relapse, Recovery

Learner's Manual, page 15

During the Maintenance Phase, the changes client have made are being integrated into their definition of who they are and what their life is like using substances. At this stage of change, the support of others is important for the client's ability to maintain changes. The counselor role is to:

➔ Provide hope for continued success

➔ Provide hope if set backs occur; indicate that a set back does not mean failure

➔ Continue to acknowledge positive changes

➔ Identify and reinforce coping strategies

➔ Process any relapse experiences

➔ Monitor progress, remind client of both short and long time goals

✳✳✳

Cultural Issues Note: When working with AI clients, your relationship with the client is important. Keep lines of communication open even if an issue seems to be resolved. Help clients understand that change is a fluid albeit uneven process. Continuing a high level of trust enables AI/AN people to talk about failure, even after periods of success, without fear of recrimination and is critical to maintaining a sense of client efficacy.

Summary

Learner's Manual, page 14

Trainer's Note: The focus of the lecture was the first 3 stages of change. The last 3 SOC strategies are more similar to strategies treatment professionals often use in the treatment settings (see TIP 35, pages 111–134). Some examples of such strategies include recovery and relapse models, assisting clients to find a 12-step home group or sponsor, helping people manage and cope with triggers.
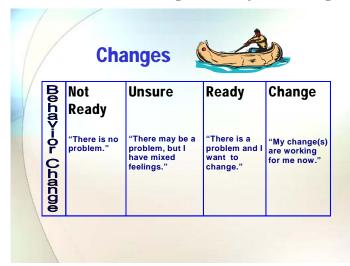
Action Stage

❖ ❖ ❖

Counselor's Note: Reinforce active attempts to engage change with overt recognition of those efforts. Certificates, expressions of appreciation for follow-through, and supportive gestures are critical in preparing clients to cope with the reality of failure or relapse.

Maintenance, Relapse, Recycling Stage

❖ ❖ ❖

Counselor's Note: Working with AI/AN clients, never close lines of communication because an issue seems to be resolved. Instead, help clients understand that change is a fluid—albeit uneven—process. Continuing a high level of trust enables AI/AN people to talk about failure, even after periods of success, without fear of recrimination and is critical to maintaining a sense of client efficacy.

Elements of Change/Ready, Willing, Able

Slide 17

Learner's Manual, pages 46 and 47

➔ Tell participants that motivation is made up of several dimensions, each of which is important.

- One simple but effective way of thinking about the different aspects of motivation is the phrase "Ready, Willing, and Able." Each of these words illustrates a basic element of motivation.

- Understanding where clients are on each of these dimensions is an important part to know which strategies will most likely be effective in helping clients move toward change.

- *Able* refers to whether or not a client has the needed skills and resources and self-efficacy (belief in ability) to make a change—*"I know I can do it."*

Trainer's Note: The term *self-efficacy* may be new for some participants. Help participants become comfortable with the term because it is used later in the training. You might mention that the term comes from Albert Bandura's work in social learning theory. Suggest that using that particular term is not necessary; substitutes such as "feelings of competence," "feelings of being capable," "belief in self," and "feeling able" are acceptable. The concept is more important than the term.

❖ ❖ ❖

Counselor's Note: Ask participants to remember that feelings of powerlessness are significant stressors that result in addiction. As you work with clients, remember where their locus of control lies. To become able means that clients must internalize their own ability to gain power to relate this desire to the betterment of their families and communities.

- *Willing* refers to the degree to which the client wants to change—how important is it.

A client can have the skills and self-confidence to make a change and the necessary resources, but may not want to make the change.

➔ Remind participants not to mistake unwillingness for resistance. Because willingness is so intrinsically linked to ability, counselors working AI/AN clients must explore the implications of making changes—that is, what clients must give up and what they will gain.

- The final dimension is readiness. *Ready* refers to the client's decision to commit to changing a given behavior.

➔ Remind participants that a decision to change a given behavior is not always synonymous with a firm belief in having the self-efficacy to make that change, especially for AI/AN people. Counselors must be willing to move forward in therapeutic process in the presence of ambivalence and fear. Moreover, the outward manifestation of readiness may be greater than the actual degree of readiness. Ask them to look for and model congruence in spoken words and body language.

Summary

➔ Ask participants to think about themselves as being in a change process with regard to learning this new material. Note that everyone goes through stages as we encounter new information and decide whether we want to incorporate that new information into our lives or our approach to counseling. Encourage participants to be mindful of their own change process throughout the training.

Your Notes:

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Module 3: Motivational Interviewing

Overview

Slide 18

Learner's Manual, pages 21–24

➔ Emphasize that Motivational Interviewing is a style or approach to counseling. It is a way of *being with* clients, not a set of techniques to *use on* clients.

➔ Explain that this training aims to help participants understand the core beliefs and attitudes a practitioner should adopt to use MI effectively and in a way that is consistent with its development.

➔ Emphasize that although many of the strategies presented may be familiar to participants, a distinct style and spirit underlie the use of these strategies and differentiate MI from other counseling approaches.

Your Notes:

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Fundamental Principles

Fundamental Principals

- Express Empathy
- Develop Discrepancy
- Roll with Resistance
- Support Self-Efficacy

Slide 19

Learner's Manual, pages 21–23

Emphasize that the techniques participants learn and practice in this training are not intended to stand alone but are part of holistic set of skills, attitudes, and style.
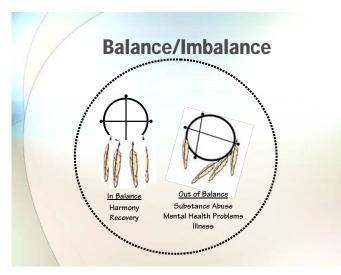
➔ Remind participants that at the heart of MI is a spirit that involves techniques *and* personal style (to some extent, the beliefs of the counselor).

➔ Discuss the fundamental principles that underlie the specific strategies employed by an effective counselor to help clients make desirable changes.

➔ **Express Empathy**

▪ Acceptance facilitates change.

▪ Ambivalence is normal.

▪ Skillful reflective listening is fundamental. (Remind participants that skillful reflective listening skills are essential.)

Balance/Imbalance

Slide 20

Learner's Manual, page 21

➔ **Develop Discrepancy**

- ▪ Awareness of the consequences of behaviors is important.
- ▪ The discrepancy between the present behavior and important goals motivates change.
- ▪ The client presents arguments for change.
- ▪ The counselor avoids taking sides.
- ▪ Think of a balance scale.

❄❄❄

Cultural Issues Note: Remind counselors to always ensure that efforts to narrow the gap between illogical thoughts and reality are not demeaning or confrontational. Be aware that assertiveness, open expressions of differences of opinion, and direct demands for clarification are considered rude and disrespectful in many AI/AN cultures. Counselors are advised to approach developing discrepancy sensitively to ensure that clients do not become defensive or passive and disengage from treatment.

→ Roll With Resistance

- Momentum can be used to good advantage.
- Perceptions can be shifted.
- Invite—do not impose—new perceptions.
- The client is a valuable resource in finding solutions.
- Remember the metaphor of a dance versus wrestling.
- Arguments are counterproductive.
- Defending breeds defensiveness.
- Resistance is a signal to change strategies.
- Labeling is unnecessary.

❋❋❋

Cultural Issues Note: A counselor starts with the verbal acceptance of a client's view of reality, regardless of its illogicality. Addicts in treatment may misrepresent themselves in the interest of self-protection and this behavior should be accepted—acceptance does not, however, imply agreement. A counselor should also be aware of labeling when attempting to motivate clients to change. Many clients are sensitive to negative and derogatory labels, which heighten their defensiveness. Thus rolling with resistance is an especially important approach when working with AI/AN clients for whom names often have particular significance.

→ Support Self-Efficacy

- Elicit hope for change.
- Recognize clients' strengths.
- Identify and support client's belief that change is possible.
- Identify and support client's strengths.

→ Self-Efficacy is:

- The belief that the client can exercise control over events.
- The belief that the client is capable.
- Hope or optimism about a specific behavior.
- Dynamic rather than static.
- Related to the probability of success.
- The belief that the client is responsible for choosing and making change.
- Motivated by belief in the possibility of change.

Self-efficacy varies from issue to issue within a given person.

➔ Give an example such as:

- ▪ "I feel very confident in my ability to follow a recipe."
- ▪ "I feel totally incompetent in my ability to hit a home run in a major league baseball game.

✳✳✳

Cultural Issues Note: Several cultural themes validate the importance of supporting self-efficacy. The challenge is determining how to transform powerlessness into power. Due to internalized oppression, many AI/AN people may have an external locus of control, which means they may have great difficultly owning or assuming responsibility for the problem and believing in the power of self-transformation (self-efficacy). To successfully enhance self-efficacy, a counselor engages clients by tapping into and refocusing their sense of individual and spiritual power. For example, AI/AN people can reconnect to their spirituality through participation in cultural activities; contact with nature; prayers; and relationships with family, tribal, and recovery communities.

"**There's a deep wound in people–that they have been so cut off from the source of their being, their mother, their Earth Mother.**" (Francis Story Talbott II, Medicine Story, Wampanoag)

Your Notes:

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MI (Reviewed)

Motivational Interviewing (Review)

- Directive
- Client-centered
- Counseling style
- Elicits behavior change
- Client ambivalence
- Communication style
- Autonomy respected

Slide 21

➔ As you show participants this slide, ask them to compare what they heard from the group during the cultural exercise to the characteristics on the slide. Focus on the commonalities.

➔ Point out that the characteristics on the left side of the slide refer to the counselor's attitude, whereas the characteristics on the right refer to the way in which the counselor functions.

➔ Summarize the exercise with the following:

- Clients feel the effect you have on them.
- Clients are more willing to talk to you when you behave like this.
- Adopting this style increases the probability that you will have an influence on clients.
  - ✓ This approach takes practice.
  - ✓ This approach is fundamental when motivating people.

➔ Ask participants to take a few moments to check in with themselves—how do the attitudes, beliefs, and style discussed fit for them?

- "On a scale from 1 ("I can see this is not for me and I am not going there") to 10 ("I love it and this is who I am!") where do you place yourself?"
- Ask participants to keep in mind their self-rating on this scale during the following overview of MI.

Horse Whisperer Video and Exercise

Horse Whisperer Behaviors

Slide 22

Trainer's Note. This exercise requires the use of the video *Join-Up*, which shows Monty Roberts coaxing a wild horse to accept a saddle and rider for the first time in a nonconfrontational, gentle manner. After viewing the video, ask participants to describe what they saw.

➔ Document participants' observations and then relate the material from the cultural exercise to the observations to illustrate how the spirit and style of MI fit with AI/AN counseling practices, including how traditional healing practices complement the MI approach.

Your Notes:

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MI Style

Slide 23

Learner's Manual, pages 21–24

➔ State that the MI style is defined as the degree to which the counselor is accepting, nonjudgmental, and focused on the client. The counselor's role is to facilitate clients' change process, normalizing their feelings, avoiding resistance, eliciting change talk, and so on.

Your Notes:

MI—Definition and Concepts

Slide 24

Learner's Manual, pages 21–23

Definition

➔ State the definition of Motivational Interviewing: "A directive, client-centered counseling style aimed at eliciting behavior change by helping the client explore and resolve ambivalence, while respecting the client's autonomy."

➔ Point out that MI is a practical counseling style that, while respecting their autonomy, helps clients resolve ambivalence and make changes based on intrinsic motivation. MI is persuasive, respectful, and supportive and often employs client-centered strategies.

➔ Reassure participants that the many components of MI and the new terms can be confusing at first. Learning the terminology helps make MI operational in the counseling setting.

➔ Emphasize the importance of distinguishing MI from other Rogerian therapies. The MI counselor works to create discomfort and discrepancy. MI is directive and utilizes specific strategies to promote change.

Substance Abuse Self-Efficacy Categories and Concepts

➔ Review the categories of self-efficacy related to substance dependence:

- *Coping* with triggers
- *Treatment behavior* required for the program
- *Recovery* from a recurrence
- *Control* use in provocative situations
- *Abstinence* in trigger situations

Reviewing the concept of self-efficacy. Relate this concept to the principle of supporting self-efficacy and to the importance of self-efficacy in building clients' confidence and hope as they approach changes in their lives.

Your Notes:

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MI Skills and Strategies

MI Skills and Strategies

Phase 1
- Open-Ended Questions
- Affirmation
- Reflective Listening
- Summary
- Eliciting Change Talk

Phase 2
- Recognizing Readiness
- Transitional Summary
- Key Question(s)
- Information and Advice
- Negotiating Plans for Change

Slide 25

Learner's Manual, pages 81–87

➔ Review Phase 1 and 2 strategies from the PowerPoint presentation. Phase 1 is often referred to as OARS. Phase 2 deals with strengthening commitment to change.

➔ Optional Exercise: Spirit of MI: A Guided Journey (Appendix A, Handout No. 3).

Trainer's Note: The term OARS was introduced by Miller and Rollnick in the 2nd edition of *Motivational Interviewing: Preparing People for Change*. The authors also describe OARS as *counseling microskills*.

Your Notes:

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Module 4: Phase 1—Strategies for Change

Introduction

Trainer's Note: This module builds on the previous modules by going into greater detail about change strategies. Participants will engage in activities that will help them understand and practice the key components of Phase 1 motivational strategies. Up to this point the workshop has:

- Introduced Stages of Change and Motivational Interviewing.
- Discussed counseling style.
- Addressed the relationship between motivation and change.
- Discussed how change affects both participants (counselors) and clients.

Your Notes:

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Phase 1 Skills And Strategies

Motivational Interviewing Phase 1 Strategies

➢ **O**pen-Ended Questions
➢ **A**ffirmation
➢ **R**eflective Listening
➢ **S**ummary
➢ **E**liciting **C**hange **T**alk

Slide 26

Learner's Manual, pages 25–27

Using motivational interventions helps counselors move clients through the process of change.
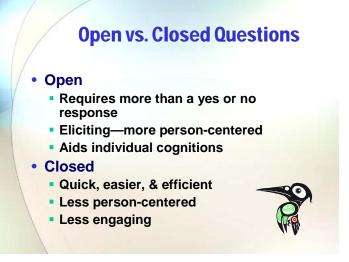
➔ Make the following points:

- A variety of techniques are useful.
- Some techniques are nondirective, others are directive.
- Some of the techniques undoubtedly will be familiar to participants and similar to approaches that they are already using.

➔ Briefly describe the Phase 1 strategies presented on the slides, giving and asking for examples. Point out that participants will be focusing on reflective listening and eliciting self-motivational statements.

Your Notes:

Open-Ended Questions

Open vs. Closed Questions

- **Open**
    - **Requires more than a yes or no response**
    - **Eliciting—more person-centered**
    - **Aids individual cognitions**
- **Closed**
    - **Quick, easier, & efficient**
    - **Less person-centered**
    - **Less engaging**

Slide 27

Learner's Manual, page 25

➔ Refer participants to page 25 in the Learner's Manual. Ask them to write in the space provided common questions they ask as they get to know clients.

➔ After participants have completed the task, invite participants to share one of their questions.

➔ Ask the group to determine whether each question is open or closed and to identify the characteristics of open and closed questions. Continue until participants demonstrate a clear understanding of the concept.

➔ Summarize by saying that open-ended questions tend to require people to expand on their responses and keep the conversation going. Open-ended questions help the counselor remain client centered. Closed questions are those that result in a single word or phrase in response. Whether a question is open or closed can be affected by the perception of the responder.

Your Notes:

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Affirmation

Affirmations

- Compliments.
- Statement of appreciation.
- Highlights client strengths.
- Is a form of Reflective Listening.
- Is client-focused.

Slide 28

Learner's Manual, page 26

➔ Explain that affirmations are focused on the client and his or her behavior and are collaborative in nature rather than authoritative. Give or ask for an example of an affirmation a counselor might make, such as:

- ▪ "It was hard for you to get here. Thanks for coming and completing the intake."
- ▪ "Thanks for staying" (rather than "I'm glad you stayed").
- ▪ "You have completed your first 3 weeks of treatment—congratulations on your effort!"

➔ Remind participants that the issue is not the right way versus the wrong way; rather, this technique is an illustration of remaining client centered in the counseling setting.

❄❄❄

Cultural Issues Note: Affirmations can be powerful tools for eliciting change. When working with AI/AN clients, it is important to be sensitive to the value placed on humility and to understand that positive affirmations are frequently indirect. For example, a grandparent may not praise his grandson's hard work keeping the wood box full, but might praise him to another person (perhaps within earshot). Thus for some clients direct affirmation may be uncomfortable. Explain that you want to help the client through the change process by highlighting his or her strengths, gifts, and talents and by reminding him or her of the power of positive feedback. Emphasize that this relationship is a collaboration in which you undertake to empower the client to replace negative self-talk with the positive, action-oriented change talk.

➔ Give appropriate examples of challenges you overcame to become the person you are today, such as:

- ▪ "You never know what you can become if you try. I am so glad that I realized that no matter what anyone else said my ability to draw anything I saw was a gift. Today I draw illustrations for children's books, but back then nobody believed it made any sense to follow that talent because I probably would never get a job drawing. Where do you think your gifts could take you?"

Reflective Listening

Learner's Manual, page 27

➔ Indicate that the focus will now be *reflective listening*. Validate that participants who are counselors have worked at being good listeners. Solicit examples of reflective listening from the group.

➔ Point out that:

- ▪ A key element of the motivational approach to counseling is counselors accurately hearing and understanding what their clients mean.
- ▪ A counselor's ability to listen and reflect clients' meaning is critical to this approach.

➔ Remind participants that reflective listening is one of the most significant tools for changing behavior. Throughout the process of reflecting the counselor may wish to:

- ▪ Identify the counselor's own assumptions about the client and what he or she is saying.
- ▪ Seek clarification of the client's perspectives.
- ▪ Make informed assessments about next steps by drawing upon information provided by the client and the counselor's own theoretical knowledge, intuition, and experience.

Communication can be unintentionally interrupted or blocked by the listener's response. Those roadblocks to effective listening will be examined first.

Your Notes:

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_____

Exercise—Roadblocks

ROADBLOCKS

- Order, direct
- Warn or threaten
- Advise, suggest, solve
- Persuade, argue, lecture
- Moralize, preach, "shoulds"
- Disagree, judge, blame

- Agree, approve, praise
- Shame, ridicule, label
- Interpret, analyze
- Reassure, sympathize, console
- Question or probe
- Withdraw, distract, humor, change subject

Slide 29

Learner's Manual, pages 27–29

➔ Inform participants that they are about to engage in an exercise that will help them identify roadblocks that impair effective listening.

➔ Briefly review the slide, pointing out a few of the obvious roadblocks such as warn or threaten, disagree, judge, and blame.

➔ Ask participants to list roadblocks that are less obvious.

➔ If nobody responds, ask how *agree* or *approve* might be roadblocks to effective listening. Remind the participants that the client is in charge of his/her recovery and that ultimately the power to change is with the client, whereas when a counselor shows approval or disapproval, that puts the counselor in a parental or teacher role and thus seemingly in a position of power (taking charge).

For example:

> **Counselor:** I really think it is great the amount of work you are doing to satisfy your probation and DUI charges.
>
> **Client:** Thanks, I am sure it will help in court.
>
> **Counselor:** Yes I suppose it will help you in court, but it will also help you
>
> staying out of trouble and being healthier.
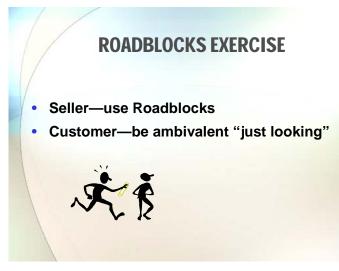
Client: Well, I guess so. The main thing for me is get out of the system.

In this example, the counselor's intention is to reward the client for his hard work in treatment, assuming his primary motivation is to be healthy. What we find is that the client's main goal is to stay out of the legal system, rather than having a strong commitment to keeping healthy. Clients can also hear the counselor's affirmation and secretly not care that the counselor's approval, or praise has any meaning for them personally.

The same issues apply to *reassure* and *sympathize*.

➔ Humor can also be a roadblock. Discuss with attendees how the use humor might impair effective listening.

➔ Describe the how roadblocks get in the way of effective listening. For example, praise may be perceived as an attempt at manipulating the client who will then close down and not be forthcoming.

Roadblocks Exercise

ROADBLOCKS EXERCISE

- Seller—use Roadblocks
- Customer—be ambivalent "just looking"

Slide 30

Trainer's Note: This role play gives participants an opportunity to have fun. Trainers may wish to introduce the exercise with levity.

➜ Ask participants to form pairs.

➜ Describe the 2 roles in this exercise:

> **Seller:** You are the hard seller. Use everything you know to sell the customer the item. Be sure to use as many roadblocks as possible as persuasive devices—for example: "You have to have this item." and "Only a fool wouldn't immediately know that this is an excellent deal!" (shame, ridicule, label).

> **Customer:** You are "just looking." You are ambivalent and have come to look at the product you are interested in and see what the options are. You would like to buy one, but you also have many reasons not to buy one or at least not to buy one at this time. Offer many reasons to buy and not to buy as possible—for example: "I've wanted one for a long time" and "I really need the money to buy clothes for my children."

➔ Instruct participants to identify who in their pair will be the Buyer first and the Seller first (they will have the chance to play each role).

➔ Allow approximately 5 minutes for the role play. Remind participants to have fun. Display the Roadblocks slide during the exercise.
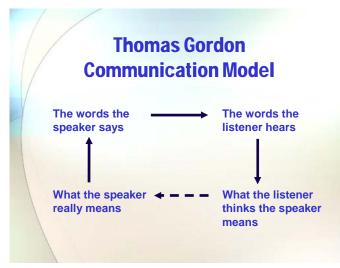
➔ Ask participants to switch roles. Allow 5 minutes for the second role play. Remind participants that this activity is to be playful in nature.

➔ Debrief by asking participants questions such as:

   ▪ "What was it like to be the **customer**? Did you feel heard or listened to? Did you feel understood? Did you feel pressure? What was that like? Did anyone buy the product?"

   ▪ "What was that like to be the **seller**? Did you use any one roadblock more than others? What worked? Did you hear or pay attention to the buyer's ambivalence? Did you try to alter the buyer's ambivalence?"

➔ State that this exercise gave participants an opportunity to experience personally the difference between being heard and being the object of someone else's agenda.

Your Notes:

_____

_____

_____

Communication Model

Slide 31

Note: this material is not in the Learner's Manual.

➔ State that there are many ways to look at communication. This model developed by Thomas Gordon illustrates where communication can break down.

- Problems occur because:
  - ✓ Speakers do not say exactly what they mean.
  - ✓ Listeners do not hear the words correctly.
  - ✓ Listeners give the words a different meaning from the one the speaker intended to convey.
- Culture has an influence on both speaker and listener.
- Nonverbal communication is subject to the same difficulties.

Your Notes:

_____

_____

_____

What is Reflective Listening?

Slide 32
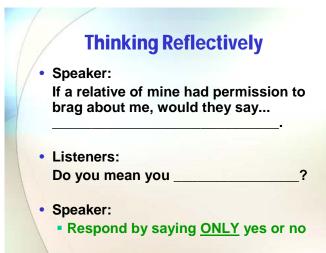
Learner's Manual, page 27

Trainer's Note: The next 2 exercises are designed to help participants better understand the traits of effective reflective listening. Reflective listening requires one *to listen carefully, to form a reflection* and *to accurately communicate that reflection* so that the client feels heard and understood.

A crucial aspect of listening reflectively is related to assumptions: People frequently make unconscious assumptions about what others mean.

Your Notes:

Exercise—Thinking Reflectively

Thinking Reflectively

- **Speaker:**
  If a relative of mine had permission to brag about me, would they say...
  _____.

- **Listeners:**
  Do you mean you _____?

- **Speaker:**
  ▪ **Respond by saying ONLY yes or no**

Slide 33

Learner's Manual, page 28

➡ State that *thinking reflectively* depends upon the counselor's ability to form hypotheses (guesses) about the meaning of what their clients say. Counselors do not, however, assume that their hypotheses are correct; instead, they use their hypotheses to elicit information from the client—by asking, "Is this what you mean?"

➡ Tell participants they now will have a chance to practice thinking reflectively.

➡ Divide participants into groups of 3.

➡ Ask each group to identify the first speaker.

➡ Instruct the speakers to make the following statement:

"If a relative of mine had permission to brag about me, he or she would say:

_____."

Speakers will want to choose something that requires some exploration on the part of their group partners.

➡ Instruct the listeners in each group to take turns responding, using only the following question:

"Do you mean you _____?"

➔ Instruct speakers to answer using only *yes* or *no*. No elaboration is permitted. This approach allows the listeners to focus on thinking reflectively, which helps them guess at the speaker's meaning.

➔ Before beginning, illustrate the exercise briefly. For example:

> **Speaker:** "If a relative of mine had permission to brag about me, he or she would say that I'm a hard worker."
>
> **First reflective listener:** "Do you mean you work long hours?"
>
> **Speaker:** "Yes."
>
> **Second reflective listener:** "Do you mean you are organized?"
>
> **Speaker:** "Yes."
>
> **First reflective listener:** "Do you mean you like to accomplish a lot of things at one time?"
>
> **Speaker:** "No."

➔ Allow 5 minutes for each round of this exercise. Circulate among the groups to assist and reinforce, clarify, give examples, and offer suggestions.

➔ Repeat the exercise until each member of each group has had a turn as the speaker.

➔ Bring participants back into the large group. Debrief the exercise with questions such as:

- "What did you learn?"
- "Were there any surprises?"
- "How did it feel to be the speaker?"
- "How did it feel to be the listener?"
- "Any frustrations? Satisfactions?"

Your Notes:

_____

_____

_____

Exercise—Forming Reflections

Forming Reflections

- Speaker:

   If a relative of mine had permission to brag about me, he or she would say . . .

   _____.

- Listeners: *It sounds like you . . .. . You're feeling .. . It seems to you that . .. . So you . . . .*

- Speaker:
   - Can elaborate with a few more words, phrases or brief sentences.

Slide 34

Learner's Manual, page 29

➔ Tell participants that the next part of this exercise will assist them with *forming reflections.* The counselor forms reflections by making statements to test the accuracy of his or her hypotheses regarding the client's meaning.

➔ Remind participants of the importance of letting go of incorrect assumptions and forming reflections as statements rather than questions. Caution participants to avoid making statements that sound like questions by (i.e., raising their voices at the end of their statement; give some examples).

   a. Ask participants to return to the same groups of 3 they were in for the last exercise.

   b. Instruct the first speaker in each group to repeat the same statement as before:

   "If a relative of yours had permission to brag about me, he or she would say: _____."

➔ Instruct the listeners to take turns responding, this time using reflections. Point out the sample reflections options that appear on the slide:

   "It sounds like you _____."   "You're feeling _____."

   "It seems to you that _____."   "So you _____."

➔ Explain that this time speakers may elaborate on their answers, which gives the listeners more information with which to make reflections. Questions and roadblocks are not permitted. Instruct the listeners to reflect what the speaker says until the listeners give the speaker a sense of being understood.

   ▪ Allow 5 minutes for each round of this exercise. Circulate among the groups to assist and reinforce, clarify, give examples, and offer suggestions.

➔ Repeat the exercise until each member of each group has had a turn as the speaker.

➔ Bring participants back into the large group and debrief the exercise with questions such as:

   ▪ "What did you learn compared to the last exercise?"

   ▪ "Were there any surprises?"

   ▪ "How did it feel to be the speaker?"

   ▪ "How did it feel to be the speaker?

   ▪ "Any frustrations? Satisfactions?"

   ▪ "Was it easier to make reflections? Any difficulties?"

Trainer's Note: Additional material for this segment can be found in the text *Motivational Interviewing* by Miller and Rollnick.

   ▪ TIP 35 contains a discussion of the rationale for reflective listening and gives examples but does not address levels.

   ▪ Simple and complex levels of reflection are presented below and can be found in the Learner's Manual, page 29. Because the names and numbers of levels are evolving, the material differs slightly from that in the Miller and Rollnick book.

   ▪ Reflective responses can be categorized by type.

Your Notes:

_____

_____

_____

Reflective Listening

Slide 35

Learner's Manual, page 30

➔ Define the levels of reflective listening and give or ask for examples of each level.

❊❊❊

Cultural Issues Note. In some cultures simple reflections may be interpreted as insulting or mocking, and for that reason the counselor would avoid them and instead use complex reflections.

Simple Reflections

- **Repeat—**Using the client's words, repeat the essence of what was said. Add nothing and change nothing.
- **Rephrase**—Say the same thing in a slightly different way.

Complex Reflections

- **Paraphrase, use metaphors, add meaning or emotion, state the implied but not said, and so on.** Capture the meaning and emotions of what was said and, possibly, add something that was implied although not said.

Exercise—Types of Reflection (Video Option)

Trainer's Note: This exercise can be implemented using one of 2 options; choose either the video option or the script option.

Video option: The segment is on Tape B: Phase 1, Part 1 and lasts 7 to 10 minutes. Trainers are strongly advised to set the tape to the correct starting point in advance. The segment begins with a voiceover about reflective listening. The client is a male with long, dark hair; the counselor is also male.

Script option: See Appendix B.

➔ Tell participants that they are going to watch short video segment in which the counselor uses various levels of reflection. Ask them to turn to the Levels of Reflection Worksheet on page 14 in the Learner's Manual.

➔ Instruct participants to listen for the reflections the counselor makes. When they hear a reflection, they are to:

- Note the type of reflection on the worksheet.
- Write what the counselor actually said in the 'Counselor Reflections' column on the line next to the level.

Show Videotape Tape B: Phase 1, Part 1 Opening Strategies or follow directions for script option.

➔ Debrief by asking participants to give examples of each level of reflection they heard.

Reflective listening:

- Is a way of asking, "Is this what you mean?"
- Is a way of connecting what the speaker means with what the listener thinks the speaker means.
- Means that the counselor must be willing to let go of his or her hypotheses if the client does not agree with the assessment.

Summarizing

Summarizing

- Special form of reflection.
- Counselor chooses what to include and emphasize.
- Include client's *concerns about change, problem recognition, optimism about change and ambivalence about change.*
- Let client know you are listening.
- Invite client to respond to your summary.

Slide 36

Learner's Manual, page 31

➔ Tell participants that *summarizing* is a special form of a reflection that is used to:

- Summarize a counseling session.
- Keep track of a conversation within a session (often called *mini-summaries*).
- Emphasize those statements made by the client that are likely to increase his or her motivation to change.

➔ Remind participants of the importance of allowing clients to add their own thoughts to the summary.

Your Notes:

Exercise—Practicing OARS

Practicing OARS

- **Speaker:**
  Something in my life that is out of balance right now is:
  _____.

- **Listener: Practices OARS**
- **Observer: Keeps track for Listener**
- **Switch roles and repeat**

Slide 37

Learner's Manual, pages 32–33

➔ Inform participants that they will now have an opportunity to practice using OARS. Review briefly what OARS stands for open-ended questions, affirmations, reflections, and summaries.

➔ Divide participants into groups of 3.

➔ Ask each group to identify the first **speaker**, **listener**, and **observer**.

➔ Instruct the speaker to start by saying:

"Something I feel 2 ways about _____."

➔ Instruct the listener to use all of the OARS to respond to the speaker.

➔ Instruct the observer to use the Observer Sheet, Learner's Manual, page 33 to keep track of which OARS the listener uses and how often.

➔ Allow a total of 15 minutes for each round of this exercise: 10 minutes for the role play and 5 minutes for debriefing after each round.

➔ After participants complete the exercise, bring the large group together and ask the following questions:
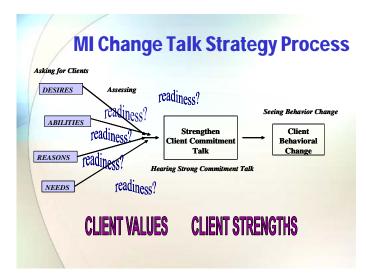
- ▪ "Was this exercise helpful?"
- ▪ "What are you learning?"
- ▪ "Can you imagine using this technique at your workplace?"

Trainer's Note: At this point in the training trainers are advised to take a moment to discuss the process of learning this material. Tell participants that the first step is becoming proficient in the use of the first 4 OARS strategies: open-ended questions, affirmations, reflections, and summaries. When they have gained a good understanding of those microskills **through supervision and feedback**, they can move on to the next step, which includes eliciting self-motivational statements and Phase 2 skills, which are designed for a clients who show evidence of commitment to change. These skills focus on the more directive aspects of MI, and assist counselors to learn how to help clients move through the stages of change.

➔ Emphasize that the process of acquiring these skills takes time and practice.

Your Notes:

_____

_____

_____

Module 5: Eliciting Change Talk and Handling Resistance

Slide 38

Learner's Manual, page 34–36

Trainer's Note: Module 5 builds on the previous modules and introduces the last of the Phase 1 strategies. This module focuses on the relationship between change talk—that is, *eliciting self-motivational statements—*and the dynamic of resistance as it relates to ambivalence. Participants will engage in activities that will deepen their understanding of the key components of Phase 1 motivational strategies.

➔ Tell participants that up to this point the workshop has:

- Explored the relationship between MI style and the cultural adaptations counselors make when working with AI/AN clients.

- Introduced OARS, 4 of the 5 Phase 1 skills and strategies of MI.

- Introduced the fifth strategy, eliciting change talk, and how it relates to clients' ambivalence about or resistance to changing.

The change talk strategy is more directive in its application and builds on the use of OARS.

➔ Refer to or distribute Handout No. 1 from Appendix A that compares MI style with the AI/AN cultural values, if you wish to do so.

Eliciting Self-Motivational Statements–Change Talk

Change Talk Categories

(Self-Motivational Statements)

- **Advantages of change**

- **Disadvantages of status quo**

- **Optimism for change**

- **Intention to change**

- **Commitment**

Slide 39

➔ Inform participants that this part of the training focuses on a directive motivational strategy: eliciting self-motivational statements (also known as *change talk*).

   ▪ Change talk refers to statements that indicate the speaker is on some level thinking about making a change.

➔ Explain that an important part of motivational work is reinforcing clients' statements that indicate they are considering change. To maximize the occurrence and impact of change talk, counselors need to be able to recognize such statements.

➔ Make these points:

   ▪ There are 4 primary categories of change talk: cognitive, emotional, behavioral, or a combination of these.

   ▪ When counselors repeat (reflect) and emphasize change talk, they support clients' motivation to change, commitment to change, and belief that they can change. This approach is directive and strategic. That is, the counselor chooses which statements to reinforce with the goal of strengthening clients' motivation to change.

➔ Tell participants that Appendix C includes further discussion of the variables involved in defining change talk in the article *A Consensus Statement on Defining Change Talk* by Miller, Moyers, Anheim, and Rollnick.

❈❈❈

Cultural Issues Note: At this point in the change process it is most important that the counselor is directive but sensitive to AI/AN cultural values modeled by many elders who avoid being authoritative, are flexible but firm, and speak in a manner that is easy to understand. Also, keep in mind the importance of stories and personal examples of relevant life experiences. Remember also that eliciting change talk can be greatly influenced by the counselor's ability to use humor and other culturally appropriate ways of communication. Referring to the medicine wheel, with the concept of the whole person in balance between physical, mental, emotion, and spiritual aspects of being, may also be helpful when working with clients contemplating change.

Your Notes:

Change Talk Strategies

Change Talk Strategies

- **Evocative Question**
  Desires, Ability, Reasons, Needs & Commitment for Change (DARN-C)
- **Elaboration**
- **Importance Confidence Rulers**

- **Decisional Balance**
- **Looking Forward– Looking Back**
- **Exploring Goals and Values**

Slide 40

➔ Review the slide, giving and asking for examples for each category. Indicate that the evocative question components are referred to by the acronym DARN-C:

- **D**esire

- **A**bility

- **R**easons

- **N**eeds

- **C**ommitment

➔ Explain that the strength of clients' change talk and commitment talk are predictors of their willingness to engage in changing behavior. This approach is not simply encouraging clients to talk about change; rather, it involves using DARN-C to start the conversation around change and then using OARS and other change talk strategies to strengthen the commitment to change.

Examples of DARN-C statements:

Desire: "I would like to change."

Ability: "I believe I can change."

Reasons: "I would be able to sleep better if I stopped using so much."

Needs: "I have to get control on this problem."

Commitment: "I will change."

➜ Review the following strategies counselors can employ to elicit change talk from clients. The sample questions appear in the Learner's Manual on pages 26–27.

Evocative Questions

➜ Use evocative questions to help clients to move forward.

Recognition of a Problem

- "What make you think that your drinking or drug use is a problem?"
- "What difficulties have you had in relation to your drinking or drug use?"
- "In what ways do you think your drinking or drug use has harmed others?"
- "In what ways has your drinking or drug use harmed you?"

Concern

- "What about your drinking or drug use might you or others see as reasons for concern?"
- "What worries do you have about your drinking or drug use?"
- "In what ways does this concern you?"
- "What do you think will happen if you stay the same?"

Intention to Change

- "What makes you think you may need to make a change?"
- "When you are feeling stuck, what is going to have to change?"
- "If you were certain that things would work out as you would like, how would things be different?"
- "What is good about staying the same? What is not so good about staying the same?"

Optimism

- "If you wanted to change, what makes you think you could?"
- "What encourages you to change?"
- "What worked for you when you made a change in the past?"
- "When have you been successful before?"

Elaboration

➔ Encourage clients to elaborate on the changes they talk about. Use this strategy to reinforce their thinking about particular changes and to gain a better understanding of the desired changes.

Possible Questions

- "Tell me more about _____."
- "Give me an example."
- "When did this happen last time?"
- "What else? Anything more?"

Importance and Confidence Rulers

➔ Use this technique to assess clients' readiness to engage in a variety of behaviors such as entering treatment, continuing to use a particular substance, asking for support, attending a 12-step meeting, or something else. On pages. 90–93 of the Learner's Manual are sample questions that can be used to assess and elicit change talk.

Decisional Balance

➔ Use the decisional balance technique to help clients in the contemplation stage of change cope with ambivalence about change. Decisional balance involves a structured conversation that allows clients to explore the pros and cons of their conflict. On page 96 of the Tools section of the Learner's Manual is a copy of the decisional balance worksheet.

Exploring Goals and Values

➔ Help clients see the inconsistencies between what they say they want or value and how they actually behave by using the *developing discrepancy* technique to explore goals and values.
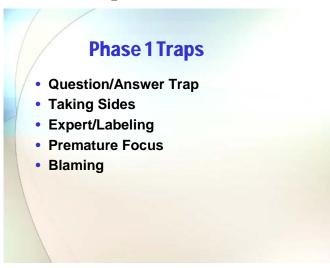
Looking Forward

➔ Use the looking forward strategy to help clients imagine the future after they make the changes they are contemplating.

Possible Questions

- "Looking ahead 5 to 10 years (a few months for teens), what would be different?"
- "What are your hopes for the future once the changes you are thinking about have occurred?"
- "If you chose not to make any changes, what would your relatives say your life will be like?"
- "If your relatives were to create a change plan for you, what would it look like?"

Your Notes:

Phase 1 Traps

Slide 41

Learner's Manual, page 41

➔ Remind participants that in the application of the Phase 1 strategies they need to be aware of the following common pitfalls for counselors.

Question-Answer Trap. One of the most common traps is the question-answer trap. Counselors ask series of questions to elicit information in a short period of time or because they feel anxious. The question-answer process is not very engaging and can leave the client with the sense of not being heard or cared for.

Taking a Side. When counselors take the side of change for clients who are ambivalent, they reinforce the clients' position not to change. When counselors hear clients claim not to have a problem when clearly they do, counselors can assume it is their responsibility to show clients how their behavior is problematic for themselves and others. Counselors then try to convince clients that changing is better than not changing, and *inadvertently become an external voice on one side of clients' internal ambivalence. When clients hear this side, they automatically take the other side—no change—to counter what they hear. The best approach is to stay neutral, reflecting and asking clients to examine both sides of their internal struggle to change or not to change.*

Expert Trap. In the MI approach, the client is considered the expert. Counselors can easily forget this position and get caught up in solving clients' change dilemmas in an effort to be helpful. In the initial phase of MI, the role of the counselor is to provide enough personalized
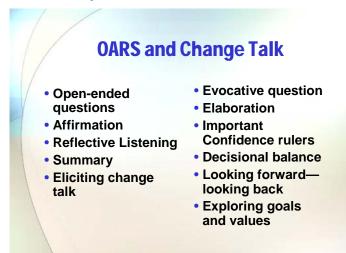
information so that the clients see themselves as having the solution to their own problems and dilemmas.

Labeling Trap. By labeling clients' behavior, counselors can be perceived as judgmental or shaming. Labeling impedes exploration of the client's perspective.

Premature Focus. The counselor's agenda and the client's agenda may not be the same. Forcing a topic at the expense of being client centered can result in client noncompliance, resistance, or disengagement. Focusing on the client's needs, wants, wishes, and hopes often leads the client to the agenda the counselor wants to discuss with anyway. Timing and pacing are important.

Blaming Trap. Many clients worry that they will be blamed for all of their family problems or viewed as out of control or incapable. To avoid unnecessary defensiveness related to feelings of blame, counselors will wish to address this issue in the first few meetings by defining the roles in the counselor-client relationship, explaining the counseling process, and exploring how the client interprets the relationship with the counselor.

Your Notes:

Summary

OARS and Change Talk

- Open-ended questions
- Affirmation
- Reflective Listening
- Summary
- Eliciting change talk

- Evocative question
- Elaboration
- Important Confidence rulers
- Decisional balance
- Looking forward—looking back
- Exploring goals and values
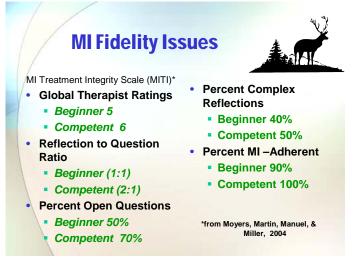
Slide 42

Slide adds Phase 1 strategies (OARS and change talk) to the Stages of Change.

➔ Review the strategies presented in this module.

➔ Emphasize that:

- OARS strategies are particularly important in the early stages of change but are important strategies throughout all stages of change.

- Change talk is relevant as clients resolve their ambivalence and move toward planning for change.

- The strength of the client's commitment talk is a good indicator of whether change will occur.

Your Notes:

MI Treatment Integrity (MITI) and Fidelity Issues

MI Fidelity Issues

MI Treatment Integrity Scale (MITI)*

- **Global Therapist Ratings**
  - *Beginner 5*
  - *Competent 6*
- **Reflection to Question Ratio**
  - *Beginner (1:1)*
  - *Competent (2:1)*
- **Percent Open Questions**
  - *Beginner 50%*
  - *Competent 70%*

- **Percent Complex Reflections**
  - **Beginner 40%**
  - **Competent 50%**
- **Percent MI –Adherent**
  - **Beginner 90%**
  - **Competent 100%**

*from Moyers, Martin, Manuel, & Miller, 2004

Slide 43

Learner's Manual, Appendix D, Tools, page 81–87

➔ Review the MI fidelity issues.

➔ Make the point that trainer and counselors do not have to become expert coders. This is included here to indicate how one would know if one were doing MI.

➔ Encourage participants to find an evaluator who is an expert coder in MITI rather than trying to become experts themselves. It is not necessary for counselors to become expert coders.

Handling Client Resistance

Client Resistance

Involves feelings, actions, and behaviors of an interpersonal nature where there is a lack of collaboration.
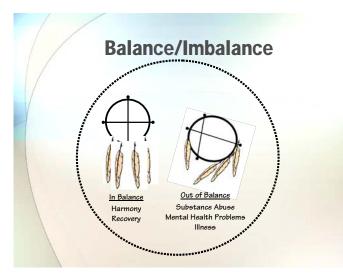
Slide 44

Learner's Manual, pages 42–45

➔ Read the definition of client resistance from the slide.

➔ Emphasize that:

- The key concept regarding client resistance is *collaboration*.
- Research has found that *how the counselor responds* to perceived resistance can result in increased or decreased intensity of that resistance.
- Behavior that counselors label as resistance is often ambivalence.
- The counselor's role is to allow clients to work through their own ambivalence by helping them identify the pros and cons of each choice and by respecting the client's autonomy in decision making.

➔ Ask participants if they have ever had a client who exhibited the following behaviors common in the early stages of change:

- Did not show up for an appointment.
- Always arrived late.
- Came but refused to talk.
- Did not follow the program rules.

Balance/Imbalance

Slide 45

Learner's Manual, pages 50 and 51

➔ Review the concept of ambivalence and the concept of being out of balance with self, on which one side is the desire to change and on the other the desire to stay the same. This often results with the client experiencing internal conflicts about their way of being.

➔ Remind the participants that resistance is sometimes a result of being mandated to attend treatment, and that it is normal to resist being told what to do or how one should live. (e.g., clients referred by the criminal justice system, young adults or adolescents). Not all mandated clients are, however, resistant to change.

Your Notes:

_____

_____

_____
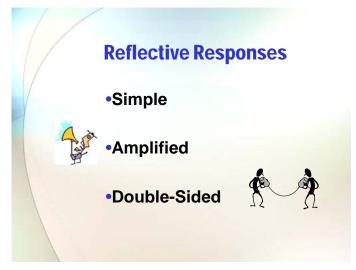
Types of Client Resistance

Slide 46

➔ State that there are common kinds of resistance as shown in the slide. Ask participants for examples of the following types of resistance:

- Arguing—disputing the accuracy, expertise, or integrity of the counselor.

- Challenging—discounting, expressing hostility.

- Denying—refusing to recognize problems, refusing to cooperate, refusing to accept responsibility or take advice.

- Blaming—making excuses, minimizing, being pessimistic, claiming impunity.

- Interrupting—breaking in, talking over, cutting off.

- Ignoring—refusing to pay attention, refusing to answer, changing the subject.

Your Notes:

_____

_____

_____

Strategies—Responding to Resistance

Slide 47

Learner's Manual, page 43

➔ Remind participants about the principle of *rolling with resistance*—that is, avoiding conflict by not engaging in the client's resistant behaviors. Dancing versus wrestling is a helpful metaphor for this principle.

Trainer's Note: Providing examples of strategies for dealing with resistance is helpful. Excellent examples appear in the text *Motivational Interviewing* (2nd edition), chapter 8, pages 98–110.

➔ Ask participants to review pages 21–23 in the Learner's Manual for fundamental MI strategies including how to handle client resistance.

➔ Indicate that the focus will now be the use of *reflective responses* to address client resistance.

Reflective Responses

▪ **Simple Reflection.** A simple reflection is a restatement of what the client has said. This type of response provides nothing for the client to resist against.

▪ **Amplified Reflection.** An amplified reflection restates what the client has said in an exaggerated form. This type of response allows the client an opportunity to consider and clarify his or her statement.

- **Double-Sided Reflection.** A double-sided reflection contrasts what the client has just said to a contradictory statement made in the past. This type of response points out to the client how a person's thinking and being is not always harmonious thereby encouraging his/her to see the contradictions in thoughts and behavior. See explanation below.

Examples	Simple Reflection	Amplified Reflection	Double-Sided Reflection
Client**:** I don't know why I am here, I really don't have a problem with drinking.	Being here doesn't make sense to you, given that there is no problem.	You don't have a problem and you *NEVER* drink too much.	On the one hand your drinking is not problematic for you, but it seems to cause you problems with your spouse.
Client: People in the village seem concerned about the amount of drinking me and my friends do on the weekends and how we affect the younger people. We are just having fun.	You and your friends are just having fun and drinking is part of that.	What you and your friends do on the weekend should be *NOBODY* else's concern.	Part of you thinks that the villagers are overreacting, and another part of you understands the role you play in helping the younger people have positive role models when it comes to drinking.

❄❄❄

Cultural Issues Note: Remember that communication within AI/AN cultures is also nonverbal and symbolic. Be aware of the type of respect afforded to those in the healer role. Sometimes reflecting too much can be a sign of disrespect. Offering a listening ear and respect in a nonverbal manner can be as effective as a verbal response.

Your Notes:

_____

_____

_____

Strategic Responses

Slide 48

Learner's Manual, page 43

➔ Explain that there are several strategic approaches to responding to resistance. The training will cover all of them briefly but focuses on the last—and most important—2 approaches.

Strategic Responses

- **Shifting focus**—Move away from the area of resistance.
- **Reframing**—Offer another perspective.
- **Agreement with a twist**—Agree, but add a slight twist or new angle that may shift the client's perspective.
- **Siding with the negative**—Take one side of the argument to help the client to understand the opposite side.
- **Emphasizing personal choice**—Whenever possible, acknowledge that the client is responsible for making his or her own decisions. This strategy is basic to a client-centered motivational approach, defuses hostility and anger, and helps the client refocus.
- **Supporting self-efficacy**—Support and reinforce the client's ability to make change. Self-efficacy is:
  - ✓ the *able* in *ready, willing, and able*.
  - ✓ belief in one's capability to make change
  - ✓ having hope that change is possible
- Counselor self-efficacy includes:
  - ✓ a belief that client is capable of reaching goals.
  - ✓ acknowledging client's strengths.
  - ✓ shares stories of the successful experiences of others who are similar to the client.

Reflective & Strategic Responses to Resistance

Reflective & Strategic Responses to Resistance

- Shifting focus
- Agreement with a twist
- Emphasizing personal choice
- Reframing
- Siding with the negative
- Support self-efficacy

Simple   Amplified   Double-Sided

Slide 49

Learner's Manual, page 43

❄❋❄

Cultural Issues Note: Counselors are encouraged to support clients' self-efficacy whenever possible by highlighting the successful experiences of others, drawing upon the collective experiences of the people their clients value and respect, and offering examples that personify strength and resilience in the face of adversity. For example, a counselor working with a native client whose older cousin, brother, and father are in recovery would be wise to take the time to explore what that fact means to his client and to use encouraging words such as "If [family member] could do it, I know you can do it, too." These statements strategically guide dialogues with clients, especially clients who recognize that they are struggling to make the right choice for themselves or doubt their ability to stay focused on recovery amidst personal and social distractions. Example:

Counselor: Sometimes if may seem to you that making a change in your drinking is not doable. Your friends have tried, you have tried and it doesn't get better. Yet, other members of your family and community, who suffer as you do have been successful making the changes you are thinking about. So, once you decide on your path, there will be people to show you how to get where you want to go, much like your relative have found.

➔ Emphasize that underlying all of these strategies are basic attitudes and behaviors that are required for the MI counselor to be effective, including:

  ▪ Respect for the process of change.

  ▪ Recognition that clients are struggling to make the right choice for themselves.

  ▪ Empathy for the client.

Assessing Readiness

Slide 50

Learner's Manual, page 47

Exercise–Part A: Identifying Resistance Strategies

Trainer's Note: This exercise can be implemented using one of two options; choose either the video option or the script option.

Video option: The segment is on Tape C and is labeled *Case Example: Responding to Resistance*. It begins at approximately 32:25. The entire segment is about 17 minutes long, although showing 10 minutes of it is adequate to illustrate the main points. Trainers are strongly advised to set the tape to the correct starting point in advance. The segment shows a "rounder," a DUI client who resists attending a substance abuse treatment program.

Script option: See Appendix B, Rounder Script.

➔ Tell participants that they are about to see a video segment that depicts a counselor:

- Intervening with a resistant client.
- Modeling the use of 3 reflections for each question.
- Using Phase 1 strategies.
- Processing client readiness.

➜ Ask participants to turn to the worksheet on page 44 in the Learner's Manual. Instruct participants to:

- Check off the strategies they observe the counselor using.

- Note some of the counselor's comments.

➜ Debrief by asking the following questions:

- "What did the counselor do?"

- "What else happened?"

- "Can you imagine yourself doing what the counselor did?"

- "Did you sense the client's readiness change?"

➜ Refer to the *ready, willing, and able* graph and ask participants to indicate where on the *willing* axis the client was at the beginning of the video and what happened to his willingness. Ask participants the same questions with regard to *able*.

Your Notes:

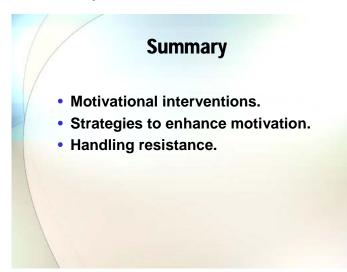# Exercise 8—Part B: Practice Meeting Resistance

Trainer's Note: The key to success in this activity is demonstrating the use of reflective listening strategies to handle client resistance. This exercise works best when the trainer approaches it with a very light touch. Making jokes helps participants relax and minimizes their fear of looking foolish or making a mistake. After the trainer has demonstrated a few responses, ask for participants' assistance.

➔ Inform participants that they are going to have an opportunity to have some fun role playing with resistance.

➔ Find out whether any participants are familiar with Tai Chi or other forms of martial arts. Explain that a primary tenet of all martial arts is responding to aggression by flowing with the energy and thereby transforming it. In the case of resistance, the idea is to bend with the resistance with the goal of reducing and transforming the resistance.

➔ Ask participants for examples of statements clients have made that sounded resistant.

➔ Choose one of the examples and demonstrates responding in a way that counters the resistance:

> **Participant (as client):** "I'm only here because the police are out to get me."

> **Trainer:** "So the *only* reason you're here is because the police are out to get you." [This response is an example of amplified reflection.]

➔ Repeat this process, demonstrating the use of both reflective and strategic responses to resistance. Check in with the group to ensure that they understand how the role play works.

➔ Ask for volunteers to take turns at practicing meeting resistance. Solicit from the group a resistant statement for the first volunteer to respond to. Encourage the volunteer to continue interacting with the participant who made the statement until both sense that the resistance has lowered.

➔ Continue until participants who wish to try have had a turn. Keep the focus on the resistant client and changes in his or her level of resistance. Assist volunteers who struggle with the exercise.

➔ Debrief the exercise with questions such as:

- "Did you find the exercise helpful?"

- "What did you learn?"

- "Were there any surprises?"

- "Do you find these strategies useful for working with resistance?"

- "Any frustrations? Satisfactions?"

Your Notes:

Summary

Slide 51

→ Summarize Module 5:

- Motivational interventions.

- Strategies to enhance motivation.

- Handling resistance.

Your Notes:

Module 6: Phase 2—Strengthening Commitment

Phase 2 Strategies

Slide 52

Learner's Manual, pages 48, 49

➔ Explain that as people move through change, eventually they make a decision to commit to taking action. Phase 2 strategies of MI are useful in assisting clients in this phase strengthen their commitment to change. This module addresses issues related to committing and planning for action.

➔ Discuss with participants the roles of the counselor when clients are at this stage of change:

- Recognizing *accurately* when a client is ready to commit to change, which includes determining whether ambivalence has been resolved sufficiently to allow the client to develop a plan for change.

- Targeting specific behaviors for change and assisting the client with the completion of a negotiated plan for change.

- Offering guidance but maintaining the focus on the client.

Your Notes:

_____

_____

_____

Trainer's Note: A complete review of the Phase 2 strategies covered in this module appears in the text *Motivational Interviewing* (2nd edition), chapter 10, pages 126–139. Also, see Appendix A for optional Handout No. 4 which is a flowchart entitled Motivational Interviewing. This material is not found in the Learner's Manual, but is included in this guide.

➔ Introduce the strategy ***recognizing readiness***, which means that the therapist is able to recognize the appropriate time to transition between building a client's motivation and confidence to moving the client toward planning for change. Clients are likely to make strong change statements when they are ready to make a commitment to change:

Weak Commitment	Strong Commitment
❑ Perhaps I need to…	❑ This will happen now.
❑ I need to think about it some more…	❑ This is the most important thing to do...
❑ Let me discuss my….	❑ I am ready to...
❑ I will get back to you…	❑ What's the best way to proceed?

Clients exhibit different behaviors and express different intentions when they are ready to commit to change. Clients are less resistant; are more resolved to change; perceive themselves as changing; and talk about and, perhaps, experiment with change.

➔ Explain that the strategy *transitional summary* has characteristics that distinguish it as a special type of strategy. Transitional summary:

▪ Is strategic in the sense that it is used when the counselor senses that the client is ready to commit to change.

▪ Is used to summarize for the client his or her own accomplishments in the change process. These accomplishments might include attitudinal adjustments, insights into the need to change, increased hope, early experiments with change, and successes managing obstacles to change.

▪ Concludes with an invitation to transition to planning for change.

▪ Solicits feedback and clarification from the client to ensure that his or her own words speak to the need for change.

> **Example: Transitional Summary**
>
> **Counselor:** When we first met, you were thinking that the system was out to get you because you are Indian. You stated that the role of the system was to take Indian children away from their mothers and you thought that it was a form of racism. You did not think your use of meth had much to do with it because you did not view yourself as having any problems with meth. You also thought that your boyfriend was helping you out because you often did not have any energy to take care of your kids.
>
> Now you feel very differently. You still think the system is racist, but also acknowledge that your use of alcohol and drugs was getting in your way more than you thought. You know you want your children under your sole custody and are working toward this goal as this is the most important thing to you. You state you want to be healthy for your children and do not want to be depressed anymore. You have decided to make the change needed to meet this goal. You know that this is the most important goal for you and you will do anything you need to meet this goal. What would you add to this?
>
> **Client:** That sounds pretty much how it is. It is important for my children to know me and their family and culture from the heart, and not have drugs or negative influences around them.

➔ Ask *key questions*, open-ended questions that invite the client to think about planning for change. The key questions strategy presumes that the client is ready for these questions and will respond in a positive manner.

Your Notes:

_____

_____

_____

Example: Key Questions

Counselor: What steps are needed now for you to make progress on your goals? *or* "What's next" *or* "Where should we go from here?" *or* "What is the most important task for you today?"

Client: I could use some help talking with my caseworker. I really do think she has something against me. What should I do?

Trainer's Note: At this point a counselor could easily assume that the client is blaming others for her problems. A client in Phase 2 is, however, likely making a genuine request. The next step is to offer information and advice—another strategy to assist clients moving through the change process.

Example: Offering Information and Advice

Client: "Well, it hasn't gone very well. I get really angry and quiet and I'm honestly afraid to ask her for help."

Counselor: "I see. What about . . . Or have you thought of contacting her supervisor? Or you may want to ask some other clients in the program what they have done."

Trainer's Note: In Phase 2 counselors' suggestions are more likely to be helpful to clients, who are more willing and able to pursue them. Counselors are discouraged from offering advice in Phase 1 due to the underlying assumption that clients are not ready for it. Counselors will, however, want to offer only as much as is needed—not too much or too little. Clients continue to need support in Phase 2, but the support and the assumptions about readiness for change are different.
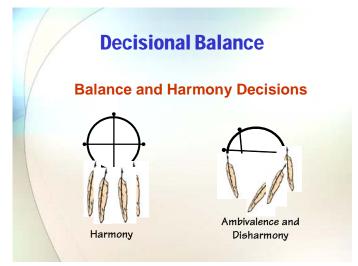
Change Plan Elements

Slide 53

Learner's Manual, pages 97 and 98

Negotiating Change Plans

➔ Introduce the final Phase 2 strategy, ***negotiating change plans***. Planning for change encompasses the following steps, which the counselor and client undertake together:

- **Set goals**—Using key questions, identify the first step to meeting the client's goals.
- **Identify change options**—Create a list of possible components of a plan of action.
- **Create a plan**—Negotiate a plan that identifies the client's challenges and strengths, support resources, and indicators of the plan's success.
- **Make a commitment**—Commit to putting the plan in action.

Your Notes:

_____

_____

_____

Exercise—Balance and Harmony Decisions

Slide 54

Learner's Manual, pages 48 and 52

➔ Explain that the next exercise is a role play in which the client engages in talk about how, when, where, and what they are going to change.

➔ Ask participants to pair up with their former partners. Refer the pairs to Appendix D Tools (pages 97–98) in the Learner's Manual for the Change Plan Worksheet.

➔ Allow 20 to 30 minutes for the pairs to practice the Phase 2 strategies.

➔ Circulate among the pairs and assist as needed.

➔ Bring the group back together. Debrief the exercise. with questions such as:

- "What did you learn?"
- "Were there any surprises?"
- "Any frustrations? Satisfactions?"

Phase 2 Hazards

Slide 55

Learner's Manual, page 53

The final slide of Module 6 reviews what the text *Motivational Interviewing* (2nd edition) calls the hazards of Phase 2. These occurrences can stall counseling sessions.

Review the following scenarios:

- The counselor underestimates the effect and potency of the client's mixed feelings about change, or the client's ambivalence had returned.

- The counselor offers too much advice and the client cannot meet the counselor's expectations.

- The counselor does not offer enough assistance. Sometimes counselors, in an effort to remain client centered, forget that clients might be ready for help but in need of need guidance.

Module 7: Summary and Closure

Workshop Goals

- **Discuss Stages of Change Theory.**
- **Present Phases 1 and 2 of Motivational Interviewing.**
- **Provide skill-building practice.**
- **Address AI/AN cultural issues.**
- **Discuss how to apply concepts within AI/AN treatment programs.**

Slide 56

Learner's Manual, page 57

➔ Invite participants to reflect on what they learned and solicit feedback on the training.

➔ Conduct a closing activity. Select an activity from the list that follows or design your own. If evaluation forms need to be completed, select the option that allows time for the evaluation. Whichever method you use to close the training, continue to model the spirit and style of MI.

Closing Activity Suggestions

➔ Review the stated goals of the workshop and ask participants whether they believe the goals were met. Asking participants to rate aspects of the workshop using a scale can help trainers gauge participants' responses. (For example: "On a scale from 1 to 10, to what degree did we [goal]?" What worked well for you to meet this goal? What ideas or suggestions would you offer to strengthen this goal in future workshops?")

➔ Ask participants to individually reflect on the following questions:

My most important learning as a result of this workshop is: _____.

I am confident I will: _____ because of this workshop.

One thing from this workshop I intend to share with others is: _____.

One idea from this workshop I will commit to implement is: _____.

➔ Ask participants to complete the Closing Review worksheet on page 57 of the Learner's Manual. Allow participants 10 minutes to complete the worksheet, and then ask participants to divide into pairs and share their responses with each other. Or ask participants to share their responses with the large group. Or, allow time to subgroup, with a report out at then end of a short time.

➔ Conclude the workshop by expressing appreciation for the participants' attendance and sharing of themselves.

Appendix A
Optional Handouts and Activities

Handouts included in Appendix A.

Handout No. 1: Culturally Consistent Counseling Practices Related to MI

Handout No. 2: Optional Training Exercises

Handout No. 3: Spirit of MI: A Guided Journey

Handout No. 4: Motivational Interviewing

Handout No. 5: Change Questionnaire

Handout No. 1

Culturally Consistent Counseling Practices Related to MI

Native Americans Adaptations Counseling Practices	MI Consistent	MI Non-Consistent
Listen to the client	✔ ✔	
Be patient	✔ ✔	
Be non judgmental	✔ ✔	
Mentor and Lead		
Learn culture	✔ ✔	
Use personal experiences		✔ ✔
Share your own culture; obstacles as a minority		✔ ✔
Be sensitive to cultural customs	✔ ✔	
Encourage with affirmations	✔ ✔	
Develop Rapport with clients	✔ ✔	
Learn about the client's real interest	✔ ✔	
Respect client's spirituality	✔ ✔	
Allow client to have their space	✔ ✔	
Be aware of "Indian time" – the notion that things happen when they are suppose to happen	✔ ✔	
Keep area between client and counselor clear and remove barriers and/or obstacles	✔ ✔	
Advocate for client's culture within agencies		✔ ✔
Be straight with the client		
Help develop client's self-esteem and self-reliance		
Be involved in the community and cultural activities		
Be clear about confidentiality and its' limits	✔ ✔	
Encourage client to share their own tribal history	✔ ✔	
Make a good introduction	✔ ✔	
Explain the assessment process	✔ ✔	
Be polite and respectful	✔ ✔	
Use humor		
Be good with their children		
Find ways to identify with them	✔ ✔	
Focus on their needs, not yours or the agency	✔ ✔	

Handout No. 2
Motivation and Change—Optional Training Exercises

These activities are designed to:

- Elicit participants' knowledge of and attitudes about the nature of and relationship between motivation and change
- Discuss the literature findings represented in Chapter 1 of TIP 35.
- Begin hands-on use of TIP 35.

➔ Inform participants that they will begin to explore motivation and change by looking at their thoughts about them.

Trainer's Note: At this point the course addresses an ongoing theme—the focus on participants' beliefs and attitudes.

Exercise 1–Motivational Beliefs and Theories

This activity is designed to:

- Elicit participants' knowledge of and attitudes about the nature of and relationship between motivation and change.
- Discuss the literature findings represented in Chapter 1 of TIP 35.
- Encourage participants' hands-on use of the TIP.

➔ Draw a line down the center of a piece of newsprint placed in a readily visible spot.

➔ Ask participants the following question:

- What do you think motivates change in yourself and others?
- Write responses on the left side of the newsprint.
- As the responses become fewer, ask, "Is there anything else?"

➔ Then ask: "In the treatment field, how have we motivated people to change their behaviors?"

➔ Write responses on the right side of the newsprint.

➔ As they dwindle, ask, "Is there anything else?"

➔ Review the comments on the newsprint with participants for similarities and differences.

➔ Finally ask: "What do you think research has discovered about the nature of motivation and change?"

➔ Write responses, if any, on another piece of newsprint.

➔ Ask participants to turn to pages 2-4 in TIP 35. Instruct them to glance over the information starting with "A New Definition" through "The Clinician's Task."

➔ Discuss the material and participants' responses making the following points:

- Client does not have to be motivated when they first enter treatment.
- Counselors' beliefs and behaviors influence client motivation.
- Motivating clients is a primary task of the counseling relationship.

➔ Summarize the activity by reminding them that the material represents a new framework that stems from the beliefs:

- Individual motivation is best when it comes from within.
- Changes occur as the individual experiences the desire to change and confidence in their ability to change.

➔ Encourage participants who enjoy theoretical information to read Chapter 1 in TIP 35 which reviews most of the research that has lead to the development of Motivational Interviewing.

➔ Summarize by telling participants that up until now we have been looking at motivation and change.

➔ Review briefly making these points about what has been covered:

- Their thoughts and attitudes about motivation.
- Theory and research.
- Introduction to the style of motivational interviewing.
- One way of looking at the elements of change.

Exercise 2—What Motivates Me?

➔ Draw a line down the center of a piece of newsprint placed in a readily visible spot.

➔ Ask participants, "What do you think motivates change in yourself and others?"

➔ Write responses on the left side of the newsprint.

➔ As the responses become few, ask, "Is there anything else?"

➔ Then ask: "In the treatment field, how have we motivated people to change their behaviors?"

➔ Write responses on the right side of the newsprint.

➔ As the responses dwindle, ask "Is there anything else?"

➔ Review the chart with participants for similarities and differences.

➔ Finally ask, "What do you think research has discovered about the nature of motivation and change?"

➔ Write responses, if any, on another piece of newsprint.

➔ Ask participants to turn to pages 2–4 in TIP 35.

➔ Instruct them to glance over the information starting with "A New Definition" through "The Clinician's Task."

➔ Ask participants if they can see the relationship between the discussion above and this review.

➔ Encourage them to look at the material on pages 23–29 in TIP 35.

  ▪ Client does not have to be motivated when they first enter treatment.
  ▪ Counselors' beliefs and behaviors influence client motivation.
  ▪ Motivating clients is a primary task of the counseling relationship.

➔ Summarize the activity by reminding them that the material represents a new framework that stems from the beliefs:

  ▪ Individual motivation is best when it comes from within.
  ▪ Changes occur as the individual experiences the desire to change and confidence in their ability to change.

➔ Encourage participants who enjoy theoretical information to read Chapter 1 in the TIP which reviews most of the research that has lead to the development of the Motivational Interviewing approach.

Exercise 3–Motivation: Change in Myself

➔ Ask participants to look at what motivates people in general. Ask them to think about something they might be motivated to change.

➔ Request that they choose something they are willing to talk about with a partner. Then offer suggestions of topic areas such as weight, exercise, being organized, recreation, habits, work, etc.

Trainer's Note: Ask participants to pick something that is neither too trivial nor too serious. Ask for examples of topics or offer examples until you are satisfied that they understand the range that is appropriate for this exercise.

<u>Trivial examples</u> include "what color shirt should I wear today" or "should I put peanut butter on my toast."

<u>Serious examples</u> include "should I divorce my spouse," "should I quit my job," "what should I do about my recent relapse from 15 years of sobriety."

> *Demonstrating by example gives participants permission for self-disclosure and encourages participants who have struggled or been unsuccessful in making desired changes.*

A sample response:

> Something I have been concerned about and motivated to change is getting more exercise. I enjoy exercising and I know it is good for me but somehow I never seem to find the time to fit it into my busy life. I've really struggled with this. I tried to develop a format. I even joined a club once and tried groups like jazzercise and water aerobics. It has taken me a long time to really begin to develop a regular routine and stick to it.

➔ Have participants choose a partner.

➔ Identify a Speaker and a Listener

➔ The Listener will interview the Speaker by asking the following: "Tell me about something you are motivated to change."

  ▪ The Listener uses use active listening techniques, making open-ended statements, or asking open-ended questions.

➔ The Speaker's task is to respond to the Listener.

➔ Tell participants they will have 5 minutes, followed by a few minutes to debrief.

➔ When time is up, ask the Speaker to give the Listener feedback about what the Listener did well and what was helpful.

➔ Both Listener and Speaker should mention what the experience was like for them

➔ Ask participants to switch roles and repeat the process. The new Listener begins by asking "Tell me about something you are motivated to change."

Timing

  ▪ First interview session: 5 minutes
  ▪ Debrief: 2–3 minutes
  ▪ Switch roles and second interview: 5 minutes
  ▪ Debrief: 2–3 minutes

Exercise 4—Change in Others

➔ Tell participants you are going to ask them to explore another question in their dyads. Tell participants they will be discussing their thoughts with each other in the same interview format they used earlier.

➔ Ask, "How would you describe your ability to motivate change in others?"

➔ Give them a few minutes to think about their answer.

➔ Remind them that the Listener's role is to listen actively and ask or make open-ended questions or statements.

➔ When they are ready, have them choose who will be the Listener first.

   ▪ The Listener asks, "How would you describe your ability to motivate change in others?"
   ▪ When time is up, remind participants to debrief as before.

➔ First the Speaker gives the Listener feedback about what the Listener did well, what was helpful.

➔ Then both mention what the experience was like for them.

➔ Have them switch roles and begin with the new Listener asking "How would you describe your ability to motivate change in others?"

Timing

   ▪ First interview session: 5 minutes
   ▪ Debrief: 2–3 minutes
   ▪ Switch roles and second interview: 5 minutes
   ▪ Debrief: 5 minutes

➔ Bring participants back to a group as a whole.

➔ Summarize their experience.

Trainer's Note: These exercises are building toward some of the ideas that are fundamental to motivational theory. It is important to continue to help participants look at themselves and their attitudes about change.

Handout No. 3
Spirit of MI: A Guided Journey

The purpose of this exercise is to help participants remember someone in their lives who guided them to become who they are today. The exercise has been developed to point out the traits of the helping person in order to connect participants' personal experience to the style of Motivational Interviewing. It also is intended to help them realize that they could be the 'Special Someone' in another person's life and that adopting and displaying similar characteristics can be helpful (therapeutic) to others in the same way it was helpful to them.

➔ Tell participants that you will now introduce them to one of the hallmarks of Motivational Interviewing—spirit and style—by taking them on a guided journey.

➔ Ask them to put away their pens and books and paper. Invite them to get in a comfortable position. If they wish, they may close their eyes, look down or do whatever they choose to do that will allow them to go along on this journey.

Trainer's Note: It is important to go through this part of the exercise slowly.

➔ Say the following in a slow, gentle manner:

I'd like you to think about someone in your life who helped you to become the person you are today. (Pause 15–20 seconds.) It could have been a person who is still in your life…or someone who is in your past…someone who meant a lot to you. (Pause several seconds.) It could have been a teacher, a coach...a parent, friend or spouse…, or someone I haven't mentioned. (Pause 15–20 seconds.)

Take a minute and actually picture that person in your mind. (Pause 5 seconds.)

Can you see them in your mind? (Pause 5 seconds.)

Now, I would like you to think about the traits or characteristics of this person that helped you in your life. (Pause several seconds). "Were they patient?" (Pause 2–3 seconds)…. respectful …. (Pause 2–3 seconds) … Did they talk or listen more? …. (Pause 2–3 seconds) …. Did they live what they said? …. (Pause 2–3 seconds)…. Were they open… funny… kind?

Take a few moments and identify at least 3 things about that person that were important to you. (Pause 5–7 seconds)

Now, I would like you to come back to the present time and this room.

Look around the room. Find someone to pair up with.

Take about 5 minutes to share with each other the traits or characteristics you identified in the exercise.
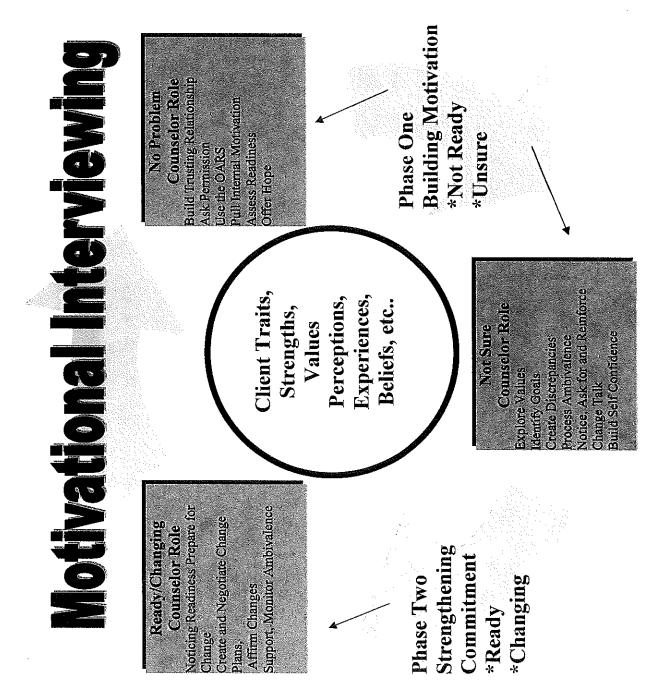
After the 5 minutes, ask the participants to come back to the larger group. What were some of the traits that you discussed?

Trainer's Note: As participants report the traits, repeat them using the same words the participants use. This continues modeling reflective listening, a concept integral to Motivational Interviewing.

➔ As the reporting of traits slows down, ask, "Is there anything else?" This again models a Motivational Interviewing strategy, eliciting.

➔ When the group has no further traits to report, summarize the traits that participants offered.

➔ Ask them to think about the following 2 rhetorical questions, "What if you were that person? " What would that mean to your client?"

➔ Ask them to answer this question, "What would your client say about you, if you possessed these qualities?"

➔ Process their responses.

Motivational Interviewing

No Problem
Counselor Role
Build Trusting Relationship
Ask Permission
Use the OARS
Pull Internal Motivation
Assess Readiness
Offer Hope

Phase One
Building Motivation
*Not Ready
*Unsure

Client Traits,
Strengths,
Values
Perceptions,
Experiences,
Beliefs, etc..

Not Sure
Counselor Role
Explore Values
Identify Goals
Create Discrepancies
Process Ambivalence
Notice, Ask for and Reinforce
Change Talk
Build Self Confidence

Ready/Changing
Counselor Role
Noticing Readiness Prepare for
Change
Create and Negotiate Change
Plans,
Affirm Changes
Support, Monitor Ambivalence

Phase Two
**Strengthening
Commitment**
*Ready
*Changing

Handout No. 5

Change Questionnaire Version 1.2

What is the change that you are considering?   Write it here: to _____

Now answer each of the following questions about this change that you are considering. Wherever you see the words "make this change," think of the change that you have written above, and then circle the one number that best describes where you are right now.

For example, if you had written "get a job" on the line above, then for item 1 (I *want* to make this change) you would indicate how much you want to get a job.

1. I *want* to make this change.	0 Definitely Not	1	2	3 Probably Not	4	5 Maybe	6	7	8 Probably	9	10 Definitely
2. I *could* make this change.	0 Definitely Not	1	2	3 Probably Not	4	5 Maybe	6	7	8 Probably	9	10 Definitely
3. There are *good reasons* for me to make this change.	0 Definitely Not	1	2	3 Probably Not	4	5 Maybe	6	7	8 Probably	9	10 Definitely
4. I *have* to make this change.	0 Definitely Not	1	2	3 Probably Not	4	5 Maybe	6	7	8 Probably	9	10 Definitely
5. I *intend* to make this change.	0 Definitely Not	1	2	3 Probably Not	4	5 Maybe	6	7	8 Probably	9	10 Definitely
6. I am *trying* to make this change.	0 Definitely Not	1	2	3 Probably Not	4	5 Maybe	6	7	8 Probably	9	10 Definitely

Statement	0 Definitely Not	1	2 3 Probably Not	4	5 Maybe	6	7 8 Probably	9 10 Definitely
7. I *hope* to make this change.	0 Definitely Not	1	2 3 Probably Not	4	5 Maybe	6	7 8 Probably	9 10 Definitely
8. I *can* make this change.	0 Definitely Not	1	2 3 Probably Not	4	5 Maybe	6	7 8 Probably	9 10 Definitely
9. It is *important* for me to make this change.	0 Definitely Not	1	2 3 Probably Not	4	5 Maybe	6	7 8 Probably	9 10 Definitely
10. I *need* to make this change.	0 Definitely Not	1	2 3 Probably Not	4	5 Maybe	6	7 8 Probably	9 10 Definitely
11. I am *going* to make this change.	0 Definitely Not	1	2 3 Probably Not	4	5 Maybe	6	7 8 Probably	9 10 Definitely
12. I am *doing things* to make this change.	0 Definitely Not	1	2 3 Probably Not	4	5 Maybe	6	7 8 Probably	9 10 Definitely

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Appendix B
Script Options

Levels of Reflection Exercise Script Option

Identifying Resistance Strategies Exercise Script Option

LEVELS OF REFLECTION EXERCISE
SCRIPT OPTION

The client is a Native American male, in his 30s who is heavy-set with long, loose dark hair. He rarely looks at the therapist and pauses for quite a long time between words. The therapist is Dr. Miller.

Voiceover: Empathic listening alone can be a very useful clinical tool and can often be substituted where one is tempted to keep asking questions. It's also a good fallback when you don't quite understand a client's situation or aren't sure where to go next. You are unlikely to do any harm by reflective listening and often this skill alone can open up new ground. Empathic listening is often an excellent tool for crossing cultural boundaries. Here Dr. Miller is interviewing a relatively non-verbal client who was coerced into counseling. Instead of falling into the question/answer trap here he relies almost exclusively on empathic listening during these first 10 minutes of counseling.

Dr. Miller: John you called up and indicated that you'd like to talk to someone here and so I'd like to know how I might be helpful to you.

John: (lengthy pause, eyes downcast) Uh. Had to come. because of uh problems.

Dr. Miller: Some problems you've been having and someone has made you come here.

John: Yeah.

Dr. Miller: You're not too happy about that.

John: (long pause) I just . . . like to take care of my own problems.

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

John: (Long pause) No.

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

John: Wife. . . . She uh . . . She wants to um . . . . She works and I work. Take care of the kids together.

Dr. Miller: Mmhmm.

John: Umm. She says she wants to go back and . . . go back to school you know. Study to be a nurse or something. I don't think she needs to.

Dr. Miller: That seems silly to you.

John: We're just doin' OK. pause

Dr. Miller: You like things the way they are . . .

John: yeah

Dr. Miller: now and that feels like a real big change.

John: Yeah

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

John: It's just everything's OK.

Dr. Miller: So why change.

John: Yeah

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

John: (Pause) She's got the kids, ya know. She's got a job. (Pause)

Dr. Miller: She already has enough to keep her busy.

John: I think so. She, she don't so we, we argue. (Pause)

Dr. Miller: You're happy with the way things are.

John: Yea

Dr. Miller: She's not quite satisfied with how things are and she wants something else. She wants to get some education (long pause). And that's not OK with you.

John: (Pause.) She says things would be better. . . I can, ya know . . . I can see that I guess. But I don't. . . . She's got plenty to do ya know. Everything's OK. She just keeps on and on about it.

Dr. Miller: It's really important to her.

John: I guess. It's just (deep breath and rubbing face) sometimes I wish she'd just shut up ya know. (Long pause.)

Dr. Miller: You're worried maybe that things will be worse if she goes back to school. That somehow it won't be as good as they are now.

John: (Animated) Yeah. Ya know . . . she'll go back to school and . . . ya know flunk out or she might go back to school and decide she don't want nothin' no more. She don't want no family.

Dr. Miller: One thing that might happen that would hurt a lot if she went back to school she might decide she didn't want to be with you any longer. Pause. That's, that's a, that's a worry. (Long pause) And she's really important to you.

John: (pause) Yeah. (Pause)

Dr. Miller: So in a way it's not her getting the education that troubles you, it's how that would affect your relationship.

John: (Pause) She's smart enough, ya know

Dr. Miller: Doesn't need any more

John: Sometimes . . . sometimes she's too smart!

Dr. Miller: Already. (Pause) What other kinds of troubles are there? Sounds like that's, That's one piece of it. What else is happening.

John: (Pause) She just goes on and on about it ya know. pause Try to eat and she talks about it. Try to sleep and she talks about it.(rubs face) I come home from work and she talks about it. (Deep breath) Oh man.

Dr. Miller: It's like nagging, it's constantly there.

John: It seems to be. pause I mean I'm, I . . . .

Dr. Miller: And you get real angry about that.

John: Yeah. (Very long pause) She just don't know when to stop.

Dr. Miller: Even though you're tired of it she just keeps pushing.

John: Yeah. I tell her enough.

Dr. Miller: And still she keeps talking about it.

John: Yeah. (Pause)

Dr. Miller: Yeah. (Very long pause) And what is it that has happened that has caused someone to say you need to be here. Was it your wife that said you need to come here?

John: I told her ya know to stop. I told her, ya know. She wouldn't ya know. I was tired ya know. I come home from work and I was tired,

Dr. Miller: You kinda got pushed to the limit.

John: Yeah, yeah. So I kinda slapped her, ya know.

Dr. Miller: And that's, that's what led to you're being here. When you hit her.

John: Yeah, yeah. I guess somebody heard. I guess somebody saw, ya know. They called the cops. (Pause)

Dr. Miller: And the police came around.

John: Yeah. They told me . . .asked me if I'd been drinking. I told 'em I hadn't. They asked me if I'd been doin' other junk and I said no man. And then finally talked to one of 'em and he said I need to get some . . . ya know I need to see somebody. They told me I couldn't do that again. . . go to jail. . . So, here I . . . . (Pause)

Dr. Miller: What do you make of that, of, of you're hitting her. Is that, uh, does that seem natural, you just got pushed to the limit. Do you feel badly about that? What's . . .

John: No I do feel bad about it cause ya know the kids saw ya know.

IDENTIFYING RESISTANCE STRATEGIES EXERCISE
SCRIPT OPTION

The client, Jim, is a heavy set, middle aged white male who is very verbal. The therapist, Dr. Moyers, is a female. She makes positive comments, such as mm hmm or uh huh, throughout Jim's lengthy dialogues.

Dr. Moyers: Well Jim I'm glad you're here. I'm kinda surprised to see you're coming back today.

Jim: Well I'll tell you one thing. I sat out in front here for about an hour before I come in. And I was about that close to crankin' that pickup up and headin' back home. I'm, I, I'll let you know just like I told Rich, I'm not real happy about bein' here. I hope you understand that.

Dr. Moyers: I'm hearin' you loud and clear, that bein' here is not something that's really a high priority for you.

Jim: And, I, I'm (snicker), I'm lookin' at you and you got blond hair. You know I haven't had real good luck with blond hair the last couple a' weeks.

Dr. Moyers: Is that right? Well tell me a little bit more about that.

Jim: Well I got assigned a probation officer and she's a blond headed gal.

Dr. Moyers: Mm hmm.

Jim: And I think she's out to just destroy me totally. ya know. She, she's talkin' about me getting a lot o' jail time, a big fine, an', and everything she's gonna do if I don't do certain things. And I just think that maybe you're gonna do the same thing to me.

Dr. Moyers: So it seems to you like I might try to push you around and make you do a whole lot of things you don't want to do.

Jim: Yeah and I, I'm, ya know, I'm, I'm about up to here with this kinda stuff. I hope you know that. It probably isn't your fault but it just is kinda the way things been goin'

Dr. Moyers: You're pretty fed up.

Jim: Yeah, my daughter, ya know, she uh (looks down, sighs, looks sad) she won't let me see the kids.

Dr. Moyers: Your grandchildren. What's that about.

Jim: Well, she'll let me see 'em but she won't let me take 'em anywhere any more.

Dr. Moyers: Really!?

Jim: And, and that really has me upset, ya know. She's afraid I'll, I'll take 'em and hurt 'em, drivin' around drinkin' and drivin' and things like that.

Dr. Moyers: Ohhh (sympathetically),

Jim: And I never have hurt one o' them kids.

Dr. Moyers: So she's afraid that if you take the children with you that you'll be drinking and you might hurt them or get in an accident.

Jim: And even if I say I won't drink she still won't trust me now, and, and that's really got me upset and really ticked off.

Dr. Moyers: So the fact that your daughter won't even take your word for the fact that you won't drink kind of bites at you a little bit.

Jim: And she says "well, you need help." Well ya know when she needed help I damn sure didn't uh, put any kind a condition on it, ya know. I don't know what the hell she means I need help, ya know. I've always bailed her out, I've always helped her financially. If she needs the kids watched. Anything she needs ole daddy's always given it to her. I don't know where she's getting' all this from. This is very . . . .

Dr. Moyers: What does she say about her concerns.

Jim: Well, she says she's afraid, you know, that I'll do somethin' that'll hurt the kids. But I ya know, never hurt them kids. I never have in my life done a thing to hurt 'em.

Dr. Moyers: Kind of a mystery to you why she'd even be worried about that?

Jim: Ever since my wife moved out I think she's just taken an attitude with my wife. Ya know she's sidin' with her for some reason. Ya know, up until, up until my wife moved out things were goin' pretty good. We're not divorced but my wife is kinda upset at me also. She moved out a couple 3 months ago.

Dr. Moyers: Do you kinda have the feeling that your wife and daughter are ganging up against ya?

Jim: It feels that way. I don' know, ya know, if that's true it kinda feels like whadda ya call it, once they got ye down everybody jumps on. That's the way I feel now, ya know, since that uh DWI, car wreck and everything and my wife's left and my daughter's . . . ya know, raisin' cane with me. Now my probation officer's wantin' ta, ta eat my lunch, put me in jail and, and ya' know break me financially and things. Ya know, my boss, my boss has all but said if I if I lose my license I won't have a job there. I've got about 3 more years to go before I retire. So a lot of what, what I'm doin' here, ya know, eh, why I'm comin' here, the only reason I'm comin' here is so that I can maybe save my drivers license so I won't lose my job so I won't lose my house. It's not that I want to do any of this crap!

Dr. Moyers: Umhmm. Yeah. You're not here because you think you have a problem. You're here because they sent you here.

Jim: Yeah The court sent me here.

Dr. Moyers: Uh h.uh. And that's the <u>only</u> reason you're here.

Jim: I'll be honest with ya. There's no reason for me to be lyin' to ya' unless you go down and tell the court that I'm not motived. But I don't like any of this. It's takin' a lot of time that I don't have. It's takin' a lot of money that I don't have, ya know, for the court and the fines and all this stuff. And on top of that I've gotta pay my lawyer a thousand dollars which I don't have, ya know, to represent me. And probably he's one of the reasons I'm here today. But ya know he and I drink together. Ya know I've know this guy ever since he got outta law school. He's a good friend of mine. And I said why do I have to go up there. I'm payin' you a thousand dollars to represent me now I gotta go over and go through this evaluation and all that. That is, does not make sense. An he says why you've got a drinkin' problem. Hell no! I've had to take him home

a lot of times. I've been the one standin' and he's been the one passed out and couldn't walk. Ya know this doesn't make sense. None of this makes sense.

Dr. Moyers: So it's confusing to you why your drinking should cause a problem or everybody should be talking about that when you look around and see that other people drink more than you do.

Jim: Well at this point in my life. It's be different now. I mean 10 years ago I, I probably would've taken my medicine without bein' cranky about it. But let me tell you something. I've changed an awful lot in 10 years. I used to be a rounder. I used to fight, I used to rodeo, I used to drink a lot. I made a livin' haulin' rodeo stock and everything. And now I've settled down the last 8, 10 years. I've got me a good job. I'm, I'm drivin short distance hauls. I drink a little bit but I work hard. Ya know, it's nothing when you sit down and drink a 6 pack or two of beer and still be able to function. I'm not like one of them bums you see layin' down there by the bus depot on the lawn sellin' their blood and stealin' hubcaps. I've never stolen anything and I've worked every day since I got a social security card.

Dr. Moyers: So it's kind of the same thing you were saying before. Which is that it feels like everybody's looking at your drinking but it's just not as bad as everybody thinks it is.

Jim: You might say that. I don't know that it's true but you might say that.

Dr. Moyers: Well let me ask you this. You've been forced to come here and since you're feeling like everybody's peckin' on you like a crow. There's a bunch of crows flyin around you peckin' on you about this thing about your drinking, what would you like to do with the time that you spend with me here? What would be helpful for you?

Jim: I don't know cause I ain't never been in one of these situations.

Dr. Moyers: This is all new for you.

Jim: Yeah and people keep sayin' you need to stop drinkin', I ain't never done that neither. Ya know. I think I could. I tried a couple times and I wasn't very (clear throat) I think one time I quit for a week or two just to show people I could stop drinkin'. And I wasn't too happy. And really I didn't know why in the hell I stopped anyway.

Dr. Moyers: It almost sounds like you don't know whether you could stop even if you wanted to.

Jim: (laugh) That's a funny thing to say. I can do just about anything but I can't say yes to that, ya know that I can stop. I think you're right on that one.

Dr. Moyers: Mmhmm. So you . . . .

Jim: Lot of things I can do but I've never tried to stop drinkin'. I've kept on thinkin' about it, honestly.

Dr. Moyers: What are the kinds of things you think would keep you from being able to stop? What would get in your way.

Jim: I got some buddies. They're pretty much like me. I'm not, I'm not the leader of the pack but I don't, none of them boss me around. We go down to the lake on the weekends. We, we got a spot we call it the bunker. We all take our boats down there. We all meet over on the east side of the Elephant Butte Lake there. We've kind of cleaned it all up, made a campsite out of it. We

all get down there and we hoot and holler and shoot guns, an have fishin' contests. We rastle around. Every once in a while we toss somebody in the lake, things like that.

Dr. Moyers: Sounds like you have a good time.

Jim: Yeah and I don't know how they'd feel about me quittin' drinkin'. I don't know what they'd call me.

Dr. Moyers: Oh. So they might have some names for you or they might ya know say things about you. . . .

Jim: Yeah, the worst thing they'd say, ya know is that I could hold my liquor and that's why I stopped and that ain't true. I can outdrink any of them.

Dr. Moyers: What would that be like for you? If you were around them and you didn't drink?

Jim: Well what do you do for a living'?

Dr. Moyers: Well I'm a psychologist.

Jim: Well what would you do if you couldn't be a psychologist?

Dr. Moyers: Yeah, it's hard to imagine, isn't it?

Jim: Yeah.

Dr. Moyers: And that's what it's like for you, can't even imagine it.

Jim: You couldn't give me an answer and I cain't give you one. So that's just kinda, that's a hard thing. Maybe that's somethin' I need to think about before I even do any of this stuff, ya know, what you're talkin', what they're talking about ya know.

Dr. Moyers: What else do you think might get in your way besides this thing with your friends and maybe not having things as easy socially as they were.

Jim: Well, I'm kinda an uptight guy. I have kind of a hard job. I work around a lot of old boys that are pretty rough and tumble. I drive long ways and I unload big trucks. An' I get tired. Sometimes I like to sit down and have a drink.

Dr. Moyers: It helps you relax and, and, ya know, cope with your life.

Jim: When I get really angry, I, I, ya know, I don't have to go and slap somebody around. I used to now. When I was younger and somebody'd upset me or irritate me I'd go over, I'd take it to 'em. But since I've gotten older I kinda ya know, 3 or 4 beers, I kinda cool down a little bit.

Dr. Moyers: You know you've mentioned that twice already that you used to be more hot tempered than you are right now. What do you think caused you to become less angry and uh, uh less violent?

Jim: (Laugh) Got put in jail a few times, that was one of them. Ya know I used to go down, hang out some pretty rough places. I got throwed in jail a couple times on disorderly conduct, public brawling, things like that. My wife had to come bail me out several times. It got pretty costly doin' that. Even though I enjoyed it, it got, got a little bit costly and I got a bad, bad name in town. Things like that. I'm from a little, small town twenty miles north of here. Everybody knows me. Specially policemen, they know me pretty good. (smile) They don't cut me no slack any more.

Dr. Moyers: So it looks like that was causing you problems in a lot of different areas, with the law and your family and a lot of other people in town.

Jim: Well just like this thing this DWI. Did Rich tell ya' about what happened?

Dr. Moyers: Yeah, he did.

Jim: I was settin' here at the damn stop sign. Well, first of all what happened it was Saturday mornin' and we were all goin' to the lake. I had my boat hooked up to my pickup and then my job called me and said they wanted me to come out there and drive just one load. Out to Haynes Spring and back and I'd be off for the rest of the day. Well I'd already had 3 or 4 beers, maybe more. We'd party'd last night before and I got up and I was kinda feelin' bad so I had 3 or 4 drinks that mornin' but I was just goin' to the lake I wasn't goin to work and I was . . . my Saturday off and then they called me. And I went ahead, and I was on my way up, up to the job, settin' there at that 4 way stop sign and this old woman, she musta been 100 years old, come flyin' down the road and crashed right into the back end of that pickup of mine. And the police come and damned if they didn't arrest me. And they said it was my fault for bein' there. Now that doesn't make sense.Ya know, some kids or a school bus been sittin' there she'd a wiped them out. She's lucky she hit my truck, didn't tear it up too bad but it bent it pretty good.

Dr. Moyers: So just because you were drinking they used that as an excuse to pin the accident . .

Jim: Yeah, pinned it on me. She walks away scott, scott free. Tore my pickup up. Now I gotta pay for fixin' her car and my pickup and I'm the one's that's havin' to pay the penalty 'cause somebody's gramma got out there, couldn't see, drivin' around there crazy. Ya know that's pretty weird, pretty stupid. That's got me upset too. Everytime I think about that, ya know.

Dr. Moyers: And this accident is what caused you to have to come in here and got you in all that trouble at work and now they're thinkin' about taking your drivers license away and that's why you gotta come here.

Jim: Yep. Is there anything you guys can do here, maybe about me keepin' my license and all that? Could you say somethin' to my, that witch I got as a probation officer? Maybe get her off my back? Or is there , ya know I wouldn't mind doin' some of this stuff if there was anything in it for me but so far I'm having to pay this and pay the lawyer and pay for the wreck and pay for the evaluation and everything and so far, old Jim ain't got nothin'.

Dr. Moyers: OK. Well let me just say that here in the treatment center we really don't, we try not to get too involved with legal aspects or the legal trouble. But lots of times that people have a DWI come here and they stay in treatment for a while and they quit drinking. And then usually if that happens they're kinda out of trouble with the DWI and with the probation officer. But then I don't know if that's something you're interested in at this point or not.

Jim: This treatment center thing is that here at this facility?

Dr. Moyers: Yeah.

Jim: Whatta y'all do?

Dr. Moyers: We do all different kinds of things. We have all different kinds of treatments here. Some people come and live for a while, some people come on an outpatient basis. Some people come with their families, some people come by themselves. And there's just all different kinds of ways to do it. There's definitely more than just one right way.

Jim: What's… You said some people come here to live. Do you think I would have to come here to live?

Dr. Moyers: Well you're the one that really has to make that decision, about what's the right kind of treatment for you. I, I couldn't decide that for you.

Jim: I wouldn't mind comin' here to live but I wouldn't want to be in one of them places where people sit around in pajamas, bunch a long-haired hippy types cryin' and bitchin'. That ain't my style, ya know.

Dr. Moyers: So you're kind of wondering what it would be like to be here.

Jim: Well I seen pictures and things. Watched TV and some of that stuff. How long do you think I'd be here?

Dr. Moyers: Well, again, I think that's something you'd need to decide. What kind of treatment you want. I mean there's some guidelines but on the other hand you need to be the one that decides that.

Jim: Well I'd want something that'd help me in court. Kin, kin you guarantee that?

Dr. Moyers: Well I surely can't guarantee that. All I can say is that for people who have been here in the past, we have been able to help them with that.

Jim: There's another thing I'm thinkin' about. If I don't stop drinkin' I'm gonna be right back in this mess again. So not maybe right away but maybe somewhere down the road.

Dr. Moyers: It sounds like, if you look ahead and maybe take a look at your drinking and see where you're gonna go with that, you're kinda worried about that.

Jim: Yeah. Cause if I can get outta this, if I can save my house and save my job, I'd better do somethin' that's gonna keep me from doin' this again, don't ya think?

Dr. Moyers: It's time for you to really get serious about this.

Jim: Yeah.

Dr. Moyers: Sounds like

Jim: I jes, I did something about the fightin. I just didn't go to bars no more.

Dr. Moyers: Right. You were successful in changing that in the past. And, sounds like you'd kinda like to be successful in this.

Jim: As long as I'm putting all this money in, ya know I'd like to come out with something.

Dr. Moyers: Like to get something for your money, huh?

Jim: Yeah. That makes sense, doesn't it?

Dr. Moyers: Yeah, sure does.

Jim: But well I'll tell you one, I'm sure not really looking forward to this, to any of it. I don't know.

Dr. Moyers: So you kind of feel two ways about it, you know. On the one hand you think you'd like to have the change and you'd like to quit drinking and on the other hand you kinda dread it.

Jim: Yeah. Is that normal?

Dr. Moyers: That's <u>real</u> normal for people when they first start thinking about something like this.

A Consensus Statement on Change Talk

Paul Amrhein, William R. Miller, Theresa B. Moyers, and Stephen Rollnick

The term "change talk" did not appear in the first edition of *Motivational Interviewing*. In the 1991 book, as in the original article (Miller, 1983), we used the term "self-motivational statements" to describe a broad category of client speech that favored change. We differentiated four subtypes of self-motivational statements: (1) Advantages of change, (2) Disadvantages of status quo, (3) Optimism for change, and (4) Intention to change.

In preparing the second edition, we responded to comments from trainers that the term "self-motivational statements" seemed a bit awkward, and so we coined "change talk" as a simpler alternative. Thus the second edition (Miller & Rollnick, 2002) contains "change talk" as a substitute and synonym for self-motivational statements, with the same four subcategories.

Several studies, however, failed to find the predicted relationship between change talk defined as above (and as used in MISC 1) and behavior change outcomes (Miller, Benefield, & Tonigan, 1993; Miller, Yahne, & Tonigan, 2003; Peterson, 1997). Subsequently Paul Amrhein's psycholinguistic analyses of MI sessions suggested a different structure for coding client speech in MI (Amrhein, Miller, Yahne, Palmer, & Fulcher, 2003). His coding system required a specific goal proposition, in essence the target behavior change. Some examples of such behavioral goal propositions would be: to stop smoking; to cut down or quit drinking; to get my blood glucose under control; to bring down my blood pressure. In relation to a specific goal proposition, the client offers certain motivational modifiers such as:

Desire	I would like to stop smoking
Ability	I could quit smoking
Reasons	Smoking really flares up my asthma
Need	I've got to quit smoking
Commitment	I am going to quit smoking

Amrhein's data further pointed to a sequential process whereby Desire, Ability, Reasons and Need (DARN) did not themselves predict behavior change, but did predict strength of client commitment to change. The strength of committing language in turn predicted behavior change (drug abstinence). This supports the importance of differentiating commitment language from other kinds of change talk, and also supports our original (Miller & Rollnick, 1991) intuitive differentiation of MI into Phase 1 (enhancing motivation for change) and Phase 2 (strengthening commitment to change).

So how, then, should change talk be defined and coded? After a series of discussions we offer the following three recommendations.

1. Use "Change Talk" as the Generic Term

Consistent with the second edition (Miller & Rollnick, 2002), we recommend using "Change Talk" as the generic term to encompass all forms of speech that favor change. We considered but rejected a return to "self-motivational statements" as the generic term.

2. Differentiate Change Talk into Preparatory Language and Commitment Language

Within this overall category of Change Talk, we recommend differentiating Commitment Language from preparatory forms of change talk including Desire, Ability, Reasons and Need (DARN), which are non-committing antecedents of commitment.

3. Change Talk Strength Rating Scales Should Have No Zero Value

For purposes of coding strength of change talk (e.g., on a Likert scale), we concur that no numeric zero value should be used. Such rating scales can be unipolar and valenced toward a particular proposition (e.g., +1 to +5), or can be bipolar, with negative values representing strength of commitment to status quo (e.g., -5 to +5, as in MISC 2). In either case, no zero value should be used.

Ambivalent About Resistance

Still under discussion is how to refer to speech that favors status quo. In practice to date, we have often used "counter-change talk" and "resistance" as synonymous generic terms for this purpose. There are, however, forms of interpersonal speech that signal dissonance in the relationship and could clearly be considered resistance by prior definitions (Engle & Arkowitz, 2005; Patterson & Forgatch, 1985), yet do not constitute counter-change talk. Such behaviors include interrupting the counselor, disagreeing with or discounting the counselor, and changing the subject away from discussion of change. Terminology in this area is still "under construction." **MB**

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What The Research Says

About Change Talk: Part III. Commitment Language

Grant Corbett

Evoking client statements about change has been part of Motivational Interviewing (MI) from the beginning (Miller, 1983). Why? You will find answers explored in the last two columns (Corbett, 2004b/2005).

In this third and last part, we will look at how "change talk—"including the newest subtype, commitment language—has changed. We will end with practice implications of what we have discussed over the series.

"Change Talk" has Changed

The second edition of *Motivational Interviewing* named four types of "change talk" (MI2; Miller & Rollnick, 2002, p.47). These were: 1) "disadvantages of the status quo", 2) "advantages of change", 3) "optimism for change", or 4) "intention to change."

However, in that edition, we also saw "intention to change" referred to as "commitment". "Optimism for change", or self-efficacy by another name, became "confidence talk" (Miller & Rollnick, 2002; p. 111-125). These were the first of recent changes to the concept.

One year later, Bill Miller proposed that "an interviewer needs to differentiate commitment from other forms of change talk" (Miller, 2003; p. 3). So, "intention to change" became "commitment language". Perhaps, to be consistent with other MI terms, we might call this "commitment talk".

With "confidence talk" and "commitment talk" the new language for "optimism for change" and "intention to change", I concluded that "change talk" was left to describe the "disadvantages of the status quo, (and) advantages of change" (i.e., decisional balance). However, Bill writes (W. R. Miller, personal communication, June 30, 2005) that he

and Drs. Rollnick, Amrhein and Moyers:

> ...are trying to come to consensus on use of these terms. At the moment it appears that Change Talk will be the generic term, with subtypes of Preparatory Talk (DARN) and Commitment Talk.

DARN is the acronym for client language that communicates desire, ability, reasons or needs.[1]

How then do we refer to the "disadvantages of the status quo" and "advantages of change"? Perhaps they could be the two sides of "decisional-balance talk" (or "cost-benefit talk")? Then "change talk" would be the umbrella term. The subtypes: "cost-benefit talk", "confidence talk" and "commitment talk", would become the three C's of "change talk". However, is this classification useful? That depends on your answers to two questions.

First, are DARN statements equivalent to "decisional-balance talk" and "confidence talk"? I would say yes. Decisional balance refers to the expected gains and losses from a decision. Gains have been described as including affective, social and utilitarian benefits (Janis & Mann, 1977). Desire (D) is "a state of mind whereby an agent has a personal motivation to perform an action or to achieve a goal" (Perugini & Bagozzi, 2004), and anticipated emotions predict desire (Leone, Perugini & Ercolani, 2004). So desire involves the anticipation of an emotional reward, which one might expect from an interpersonal or practical gain.

Examples of the strongest desire language in MISC2 are (Miller, Moyers, Ernst & Amrhein, 2003):

➤ Absolutely. I want to get off drugs for good.

➤ I want to be clean and sober, period.

ing about reasons decreased the association between an attitude and behavior, *unless* reasons were analyzed *after* consumers were asked about their attitude. This makes sense if one considers a statement about what one believes as both an attitude and a commitment.

The foregoing suggests three hypotheses for future MI research to confirm. First, to be motivated, people need time to process ambivalence to make reasons for change clear. Second, that frequent evocation of desires and of reasons are separately related to intention. Third, following the expression of "commitment talk", asking a person about their reasons can lead to an increase in the frequency and strength of that language and, subsequently, to behavior change.

Practice Implications

In the May 2003 MINUET (renamed *MINT Bulletin* in 2005), Bill Miller suggested where we might get stuck in learning MI. The following is an adaptation of his list for working with "preparatory talk" and "commitment talk", based on research and practice reviewed in the three columns in this series:

1. Menschenbild. Help trainees remain open to MI by explaining the cross-disciplinary research supporting the philosophy and practice of MI. For example, show how the research by Amrhein and colleagues (2003) is helping us to understand the "causal chain" of change (Miller, 2001).

2. Communication Skills. Experienced clinicians may question the need for review and practice of empathy, and of reflecting and responding skills. Explain to them that their demonstration is not the terminal objective, but rather to be able to use them in a "directive" way to evoke a client's "preferred self", "preparatory talk" and "commitment talk".

   Examples of client statements that imply a "preferred self", which clinicians can evoke through additional questions, include:

   ➢ I don't see myself that way.

   ➢ How do I get them to see all the good things I do?

   ➢ *Then* I realized what this said about me!

3. Recognizing Preparatory and Commitment Talk. Terri Moyers offers the following (T. Moyers, personal communication, February 07, 2005):

   I want clinicians to understand that they should look for change talk (really any kind of change talk) and respond to it, rather than trying to categorize it...[as] we do not have evidence that [DARN] differentially predict[s] anything, and there are not yet differential clinical responses depending on whether or not the client speaks about Desire or Ability or Reason or Need (although future research may clarify or change this). The clinical response ... is the same no matter what flavor it is and the point is to move it forward to commitment language if possible since that (at least

in one study) predicts behavior change.

The MISC manual (Miller, Moyers, Ernst & Amrhein, 2003) can be useful for learning types of client language, even though in practice you will focus primarily on differentiating preparatory talk and commitment talk. I would recommend reading Paul Amrhein and colleagues' paper (2003) at least twice (I did to get all of the learnings).

4. Evoking and strengthening Preparatory and Commitment Talk. Once clinicians can recognize these two forms of client language, the next step is to be able to evoke and to reinforce that talk in the direction of change. Thus, I would recommend that trainees read (or review) the following sections or chapters from *MI2*:

   Change talk effects (p. 8-9)

   Change talk: self-motivating speech (p. 23-24)

   Change talk and resistance (p. 46-51)

   Eliciting change talk (p. 76-78)

   Methods for evoking change talk (p. 78-83)

   Responding to change talk (p. 85-97)

   Eliciting and strengthening confidence talk (p. 113-125)

   Discuss with them the more recent information in this article that may change some of what they have read. This includes evidence for the importance of evoking desires and reasons.

5. Collecting and throwing bouquets. Teach students to use OARS: (1) Open-ended questions, (2) Affirmations, (3) Reflective listening and (4) Summaries differentially, as these are the tools for working with client responses. In particular, affirming and summary statements are critical. I would recommend they read pages 65-76 in *MI2* for specifics.

   Propose that learners attend to and affirm a person's "preferred self/view", and integrate this self

in summaries of "preparatory talk" and "commitment talk". Encourage them to reflect client responses to those summaries, and to affirm self-perceptions in the direction of change. For example, to the client's statement: "I don't see myself that way", one might respond, "You're surprised that others see you that way, and you want them to look at you the way you see yourself."

6. Rolling with resistance. Help trainees recognize and respond to counter-change talk using the same responding skills discussed in the pages of *MI2* that were recommended reading (above).

7. Transition to other therapeutic methods. Clients may need help in the Action phase. Perhaps a review of the research supporting how to move from commitment to Action would be a good topic for a future column?

Comments and questions on this column are welcomed by writing me at grant.corbett@behavior-change-solutions.com. ◼️◼️

Notes

[1] DARN is a configuration of "speech acts that when uttered, result in behavior change either in the speaker, listener, or both." Thid "is based on observations made by speech act theorists (e.g., [U.K. philosopher John L.] Austin, 1962; [American analytic philosopher John R.] Searle, 1969, 1971[9], 1985) who have analyzed how language can change behavior when certain things are said by a person having certain intentions about the purpose of their utterances." (P. Amrhein, personal communication, July 12, 2004)

[2] This finding has parallels with Transtheoretical Model theory and research (TTM; commonly called the Stages of Change approach). TTM studies tell us that the benefits of change and self-efficacy increase as a person moves to the Preparation Stage. Once in Preparation, a person engages in a Process of Change called Self-Liberation (Commitment) to move to Action (see Prochaska, DiClemente, & Norcross, 1992, for detail on the ten "Processes of Change").

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Preparatory and commitment talk can be evoked with the following questions:

Evocative questions: "What do you make of that?"
About the pros and cons: "What is good and not so good about ...?"
For elaboration: "Could you tell me why that was a concern?"
For the worst-case scenario:"What is the worst that could happen if...?"
Clients to look forward: "If you didn't take this medication, what ...?"
Clients to look backward: "Have there been other times when...?"

The tools for working with responses have the acronym OARS: (1) Open-ended questions, (2) Affirmations, (3) Reflective listening and (4) Summaries (Miller & Rollnick, 2002)

MINT Forum 2005

Judith Carpenter and Jacki Hecht

The MINT Forum provides the opportunity to share and exchange ideas related to all aspects of MI training. This international meeting, to be held in Amsterdam, The Netherlands, from 1-3 September, offers participants the opportunity to keep abreast of state-of-the-art developments in MI training, as well as to be updated with the latest research within the MI field. The format of the meeting allows participants to consider numerous training options by exchanging training formats and exercises.

The agenda for this year's meeting is almost complete, with a range of opening exercises, presentations, and workshop sessions to allow participants plenty of opportunity to practice and discuss innovative ways that MI is being used. This year there are also scheduled networking opportunities built into the programme, a live symposium, and a panel discussion on the final day

to draw the experiences of the Forum together.

Historically, one of the highlights of the MINT Forum has been the demonstration and sharing of training exercises. While each day will begin with an "energiser" exercise that aims to engage participants and highlight some core principle of MI, participants are also encouraged to share other types of training exercises during the breakout workshops, if appropriate. In addition, there are designated "networking" sessions immediately following lunch on Thursday and Friday that could be used to share additional training exercises, if the need and desire arises. So, if you are attending the

Forum and would like to consider sharing a training exercise, please come prepared and we will find a time slot for you. If you prefer to discuss your ideas in advance, email Jacki Hecht at jhecht@lifespan.org.

As in previous years, the MINT Forum brings together trainers of all levels of experience to facilitate and participate in sessions, thereby creating an interactive, participant-driven meeting that has been a successful formula in years past.

The preliminary agenda for the Forum follows, and as last year, the proceedings will be written up for publication in the *MINT Bulletin.*