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MOTIVATIONAL INTERVIEWING

Strategies for Supporting Change

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MOTIVATIONAL INTERVIEWING – STRATEGIES FOR SUPPORTING CHANGE

It is common for people to struggle and experience ambivalence when considering making a change or when others may be expecting them to make one. When those working in helping roles encounter this ambivalence in their clients, it is often interpreted as resistance and they may feel unable to respond in an effective way. By exploring the framework and strategies of motivational interviewing, this workshop will provide new ways to facilitate the change process in the people they work with. Motivational interviewing is a method for helping people find their internal motivation for finding solutions to their problems. Participants will learn strategies that start from a place of empathy and draw on the client's personal motivation to create their own goals for change.

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WHAT IS MOTIVATIONAL INTERVIEWING?

Motivational Interviewing (MI) originated from William R. Miller's experience working with people with alcohol addiction and was then further developed by Miller and his colleague Stephen Rollnick (2013). MI is a communication style and way of being with clients that emphasizes empathic connection, rather than a set of strategies or techniques used on clients.

Definition:

- Collaborative _____
- Goal-oriented _____
- Focused on the language of change _____

Important considerations:

- Change happens as a result of the counsellor communicating in a way that prompts the client to find their own reasons for changing and see the benefits.
- Motivation comes from within the client and the counsellor's goal is to help them find and recognize their own motivation.
- MI has been described as simple, but not easy! It takes practice, feedback, and dedication.

WHEN TO USE MI

- When the client's motivation is low
- The client expresses mixed feelings about changing (ambivalence)
- When engaging the client in treatment is a challenge
- The client has had difficulties making positive health-related changes

Notes:

THE INFLUENCE OF PERSON-CENTRED THERAPY

MI evolved from Carl Rogers' person-centred therapy model, also known as client-centred or Rogerian therapy. Rogers believed that every one of us has the capacity and desire for personal growth and change. He referred to this as *self-actualization*.

KEY CONCEPTS IN PERSON-CENTRED THERAPY

Clients or the people we support:

- Have a natural tendency toward growth, healing, and self-actualization
- Know more about themselves than anyone else and are doing the best they can with the tools and resources they have available
- Are regarded as equal partners
- The attitudes and characteristics of the counsellor as well as the quality of the client–counsellor relationship play major roles in the outcome of the counselling process

Counsellors:

- Provide *accurate empathy*, or empathic understanding; accurate empathy conveys what the counsellor thinks the client is feeling or thinking by summarizing or restating what the client said
- Provide *unconditional positive regard*; both the positive and negative experiences of a client should be accepted without any judgement or conditions
- Provide *congruence* or genuineness; the counsellor is open, real, and authentic during their interactions with the client
- Follow the client's lead whenever possible and avoid directing counselling sessions
- Maintain a focus on understanding how the world looks from the client's point of view and check their understanding with the client

Notes:

THE ROLE OF EMPATHY IN CHANGE

Counsellor empathy can be a significant determinant in a client's response to treatment. Empathy is a specific skill for understanding a client's meaning through the use of reflective listening (also referred to as accurate empathy). By creating an empathic connection, we invite clients to safely explore their ambivalence and possibly move toward positive change.

Empathy is:

- A learnable skill
- The ability to clearly understand what a client is experiencing; to "get" them
- More than guessing what a client is thinking or feeling (we might be wrong)

Empathy is not:

- The same as sympathy; sympathy is feeling pity or sorrow for someone
- Identifying with someone; empathy doesn't mean that you have to have a similar feeling or experience as the client
- Starting the majority of your reflective listening statements or summaries with "I"
- Agreeing to every perspective, no matter what is said
- "One-upping" (sharing a situation that you think is worse than the client's in order to make them feel better about their own situation

Empathy looks like:

- Client: "You have no idea what this is like for me."
- Counsellor: "It's hard to imagine how I can understand what you're going through."

Notes:

REFLECTION

01 | Imagine a time when you were waiting in line at the store and someone stepped ahead of you. Create a backstory for that person that reflects empathy.

02 | Do you notice any shift in how you feel about that person now? If so, what do you notice?

READINESS FOR CHANGE

Change is a process that includes internal motivation (client) and external support (helper). The presence and level of each of these factors can contribute greatly to how a person approaches change and whether actual steps toward change are possible. Consider the following:

- Change is not a linear process. Setbacks in the process are normal.
- Ambivalence about change is normal. Most people are NOT ready to take action at any given moment.
- Change is influenced by the interactions between people.
- Expressing empathy is a way of influencing change.
- Readiness for change is not static.

A client's level of readiness for change influences the change process (for information about the stages of change, see the Appendix).

SIGNS THAT A CLIENT IS READY TO CHANGE

- Decreased resistance
- Increased willingness to try something new
- Talking about how life might be after change
- Questions about how to make a particular change
- Experimenting with change
- Change talk

Notes:

READY, WILLING, AND ABLE

Confidence and importance are components of a client's internal motivation for change. It's useful to understand (a) how confident they feel about making a change, (b) the importance of that change, and (c) how ready they feel to make a change. A useful tool for determining these is a scaling ruler and asking the client how they would rate themselves on a scale of 0 to 10 for each of the following:

CONFIDENCE

On a scale of 0-10, with 0 being not confident at all and 10 being extremely confident, how confident would you say you are right now that you could . . . if you decided to?

0	1	2	3	4	5	6	7	8	9	10

Not confident at all — Somewhat confident — Extremely confident

IMPORTANCE

On a scale of 0-10, with 0 being not important at all and 10 being extremely important, how important would you say it is to you right now to . . . ?

0	1	2	3	4	5	6	7	8	9	10

Not important at all — Somewhat important — Extremely important

READINESS

On a scale of 0-10, with 0 being not ready at all and 10 being extremely ready, how ready would you say you are right now to . . . if you decided to?

0	1	2	3	4	5	6	7	8	9	10

Not ready at all — Somewhat ready — Extremely ready

Notes:

STRATEGIES FOR BUILDING CONFIDENCE, IMPORTANCE, AND READINESS

- Ask evocative questions.

Example: "What do you draw confidence from that could help you get started?"

_____

_____

- Explore the client's personal strengths.

Example: "What would a good friend say are some of your positive strengths and how might those help you with making a change?"

_____

_____

- Review past successes.

Example: "When was a time you overcame something very difficult that you didn't think you could do, but you did?"

_____

_____

- Ask the miracle question.

Example: "Suppose the obstacles to changing were completely gone. How would you know they were gone? What would you be thinking, feeling and doing?

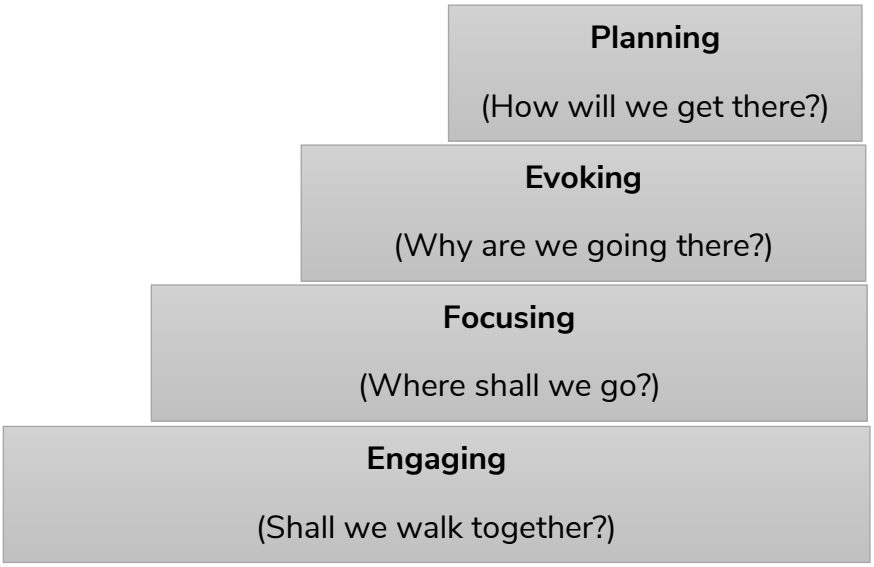
_____

_____

Notes:

FRAMEWORK FOR MI CONVERSATIONS

A common framework for understanding and structuring MI conversations consists of four processes:



Engaging: Counsellors often rush in quickly to help clients, taking action before the client is ready. However, that action isn't likely to be effective if time hasn't been taken to properly engage the client. The engaging process helps to establish a helpful connection and working relationship so that the client's goals and motivation can be clearly understood. This needs to continue throughout MI.

Focusing: Most clients bring many worries, concerns, and challenges into their conversations with MI counsellors. The focusing process helps to ensure the client and counsellor are focusing on the same goal (i.e., understanding and changing a specific behaviour). The goal is determined by the client, not the counsellor.

Evoking: Evoking the client's own reasons for change is such a fundamental aspect of MI conversations that it's included in the definition of MI. The evoking process helps clients to get clear about why a change is important and how confident they are in making change happen.

Planning: The planning process is a conversation about taking action. It involves developing commitment to change as well as creating a specific plan of action. Planning happens when a client starts talking more about *when* and *how* they're going to change and less about whether or why they should change.

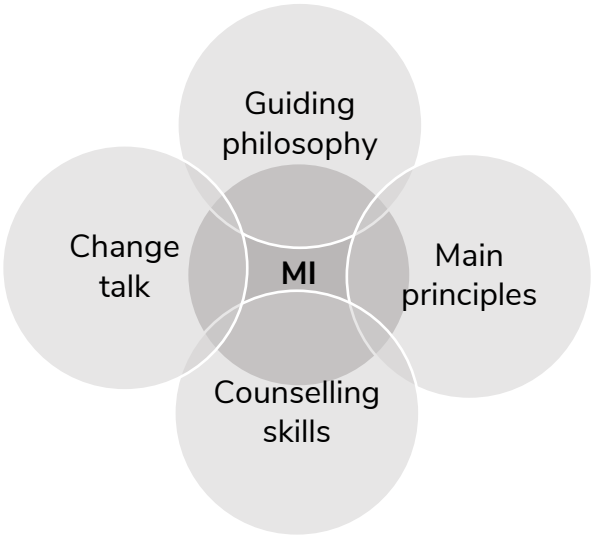
REFLECTION

01 | Which of these processes do you feel most comfortable with? Why?

02 | Which of these processes do you feel would be more challenging? Why?

THE ESSENTIAL ELEMENTS OF MI

Guiding philosophy, main principles, counselling skills, and change talk are the four essential elements of the motivational interviewing model. Each plays a role in the MI conversation, which can lead to a client's deeper connection with their own motivation for change.



Adapted from Rosengren, 2009

ESSENTIAL ELEMENT 01 | GUIDING PHILOSOPHY OF MI

The guiding philosophy, or *spirit*, is the *foundation of every MI conversation*. The delivery of MI is inseparable from the person delivering it. The relationship and the strategies both affect success.

The MI spirit contains three key elements: *collaboration*, *evocation*, and *autonomy*. The intention of the MI spirit is to communicate respect, compassion, acceptance, and partnership.

- **Collaboration** (versus confrontation): MI is a *two-way conversation* in which perspectives are shared and questions are explored. A goal is for the client to speak at least half the time. Clients bring life experience and self-knowledge to the process while the counsellor brings structure and skills to evoke change talk and explore ambivalence.
- **Evocation** (versus education): The counsellor *draws on the client's own motivations and skills for change* as well as their goals and values rather than the counsellor providing these. Lasting change is more likely when based in a client's own reasons and determination to change. The practitioner's job is to draw out these motivations and skills, not to tell people what to do or why they should do it.
- **Autonomy** (versus authority): Clients have the right and capacity to decide how they make change happen. Counsellors recognize and reinforce that there are multiple ways that change can occur – there is *no single* "right" way to *change*.

ESSENTIAL ELEMENT 02 | MAIN PRINCIPLES OF MI

MI is grounded in four principles that form the acronym RULE. They're the guiding framework to help the counsellor choose strategies, techniques, and skills. To stay connected with the spirit of MI, follow the RULE:

01 | **R**esist the urge to fix your client's problems (referred to as the "righting reflex").
02 | **U**nderstand what motivates your client.
03 | **L**isten to what your client is saying.
04 | **E**mpower your client to believe they're capable of making a change.

Resist the urge to fix your client's problems. Counsellors have a genuine desire to help others and want positive outcomes for their clients. The righting reflex describes the counsellor's tendency to try to fix the client's problems by giving advice, persuading, or telling clients what to do. Change is triggered by the client's own motivation, not ours.

Understand what motivates your client. Approach your client with genuine curiosity and seek to understand their goals, values, and concerns. Use active listening and inquire about aspirations, beliefs, and goals and how those relate to present behaviours. Clients are more likely to change when they recognize that their behaviour is in direct conflict with their own values and goals.

Listen to what your client is saying. Listening skills are essential to understanding what will motivate the client. Listen with a respectful attitude that tries to see the world from their point of view and accept their perspective. Remember that accepting a client's perspective is not the same as agreeing or approving of it.

Empower your client to believe they're capable of making a change. It's essential to be hopeful about the possibility of change for people and to convey this hope to them. Draw on the client's past successes and explore their ideas and available resources that could help to make a change.

Notes:

REFLECTION

A counsellor's own view of change contributes to how they will guide clients toward or away from change.

01 | What is your perspective of change? Is it something you embrace or do you tend to resist it?

02 | What has impacted your approach to change?

03 | What attitudes about change do you have that can positively or negatively impact your work with clients?

ESSENTIAL ELEMENT 03 | MI COUNSELLING SKILLS

These are client-centred skills intended to build relationships and convey empathy. These skills form the acronym OARS and can be used right from the very first conversation with the client and onward.

Open-ended questions: This type of question is used to encourage a full, meaningful answer using the client's own knowledge and feelings. It is the opposite of a closed-ended question, which encourages a short or single-word answer. Open-ended questions help to establish rapport, safety, and trust so that the client is doing most of the talking.

Example: "Are you sad today?" (closed) vs. "How are you feeling today?" (open)

The optimal way for the counsellor to respond to a client's answer to an open-ended question is with a reflective listening statement. The goal is to keep clients from passively responding to question after question. A guideline is to avoid asking three questions in a row.

ACTIVITY

What are some of your favorite open-ended questions? Share with your fellow workshop participants.

Affirmations: Positive statements that acknowledge the client's efforts, strengths, and successes; they also convey empathy for the client's struggles. Keep in mind:

- Affirmations are not the same as cheerleading or praise.
- Receiving counsellor praise can be perceived as patronizing or parental by the client.
- Focus on specific behaviours; avoid using "I" and focus on descriptions, not evaluations.

Example of affirmation: "You haven't had a drink in four days – that's the longest you've gone without a drink in the past year. How did you manage that?" (This response invites the client to identify some of the strengths and strategies they used around their struggle with drinking).

Example of praise: "Wow, I'm really impressed you haven't had a drink in four days." (This implies that you approve the client's behaviour by which you're potentially building external motivation rather than evoking their own internal motivation).

Reflective listening: Conveys that you're listening to understand the client, not to judge, correct, or persuade. Use statements to articulate the client's thoughts, feelings, hopes, values, and ideas. Keep in mind:

- This is a reasonable guess about the meaning of a client's statement and communicating that to the client. Even if wrong, this can lead to more conversation and a greater understanding of the client's perspective.
- Counsellors often find that what they think the client means is not what they actually mean.
- Stay client-centred and think about *how* you want to respond to the client.

Examples: "It sounds like…," "You're wondering if…," "You feel…"

It's helpful to match the level of reflection with the situation.

Simple reflection: Statements that mirror or paraphrase what the client is saying, often using the same or similar words as the client. However, be sure to avoid parroting exactly what the client has said. Simple reflections often fit either at the beginning or toward the end of a session, or if you have less understanding of what a person means.

Example:

- Client: "I'm not sure I want to be here talking with you."
- Counsellor: "You're not sure."

Complex reflection: These are statements that reflect what the counsellor thinks the client might be thinking or feeling. They help strengthen the empathic connection and move the conversation forward. These often fit during the middle or heart of a session.

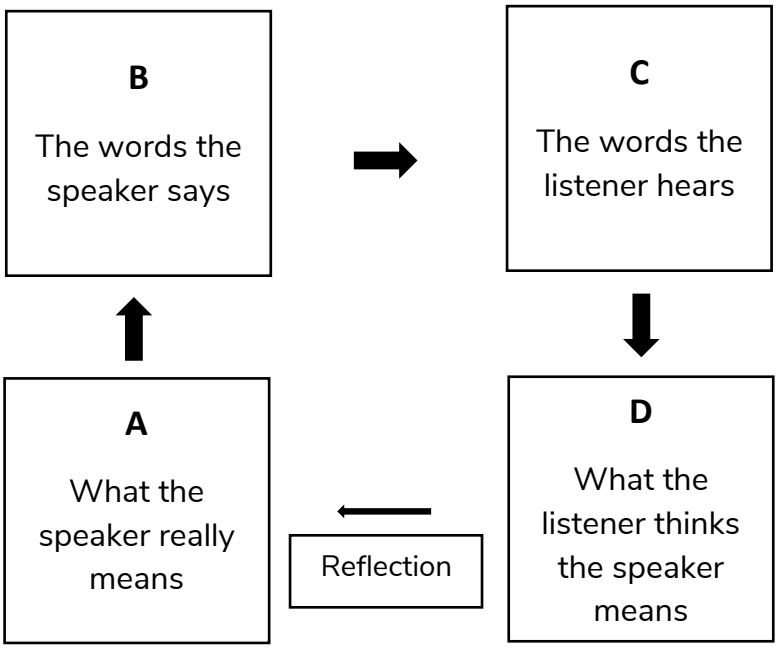
Example:

- Client: "I don't want to take antidepressant medication; I should be able to handle things on my own."
- Counsellor: "You don't want to be dependent on a drug to feel better. It feels like a crutch to you."

Notes:

THE FLOW OF A MI CONVERSATION

Thomas Gordon developed a model of communication that helps to understand the reflective listening process:



Adapted from Gordon, T. (1975). P.E.T.: Parent effectiveness training. NY: New American Library.

Summaries: Brief statements that help clients to:

- Organize and gain greater understanding of their experiences
- Stay focused
- Highlight their ambivalence and change talk

Use summaries to focus attention on discrepancies between a client's behaviour and goals, keep the conversation moving forward, or bring the conversation to a close. Keep in mind:

- Summaries can be offered throughout the MI conversation.
- Keep the summary brief and succinct.
- A summary that has landed well for the client may lead the client to naturally plan for or take concrete steps toward making a change.

Examples: "Here's what I've heard about your situation. Let me know if I've missed anything or haven't got it quite right…," "Let me see if I understand so far…"

Example if the client is expressing ambivalence: "On the one hand…and on the other…"

After providing a summary, we can ask the client if there's anything else they would like to add or that needs correcting.

ROADBLOCKS TO LISTENING

Often when we're not engaged in reflective listening, we jump in with advice, ask questions to get at the facts, or offer reassurance to make the client feel better. Our intention is to help, but we make statements that actually do the opposite.

Our responses can create roadblocks for the client that hinder them from exploring the direction of change they might want to take. The roadblock responses listed below are not "wrong," but would not be part of a motivational interviewing conversation.

01 | Ordering, directing, or commanding

Example: "You need to stop complaining and do something about it."

02 | Warning, cautioning, or threatening

Example: "You're going to end up in jail if you get charged with drinking and driving again."

03 | Agreeing, approving, or praising

Example: "I would do exactly the same thing. Good for you!"

04 | Shaming, ridiculing, or labeling

Example: "You're not really behaving like an adult, it's typical for addicts to act that way."

05 | Reassuring, sympathizing, or consoling

Example: "Don't worry so much, things are going to turn out just fine."

06 | Questioning or probing

Example: "Why are you still hanging out with those people? Aren't they a bad influence?"

07 | Withdrawing, distracting, humoring, or changing the subject

Example: "There are some new shows on Netflix that look really good, have you seen any of them?"

08 | Other roadblocks you can think of?

REFLECTION

Read over the list of roadblocks and check the ones you tend to use.

ACTIVITY: PRACTICING MI CONSELLING SKILLS

01 | Organize into groups of three and choose a speaker, listener, and observer.
   a. Each person will have the opportunity to be in each of the three roles.
   b. Each practice round will consist of 5-7 minutes for the conversation between the speaker and listener, followed by 3-5 minutes for the observer to share their observations.

02 | The **speaker:** Begin with, "I feel two ways about…"

03 | The **listener:** Use the MI counselling skills (OARS) to respond to the speaker.

04 | The **observer:** Use the observation form below to track the number of times each type of skill is used.

05 | Switch roles after the observer has shared their observations and repeat steps 1 through 4 until each person has been in each role.

OBSERVATION FORM FOR PRACTICING MI COUNSELLING SKILLS (OARS)

The observer in the Practicing MI Counselling Skills activity should use this form to keep track of the MI counselling skills the listener uses in the conversation.

OARS Skill	Number	Example(s)
Open-ended questions		
Affirmations		
Reflections		
Summaries		

Adapted from Tomlin, Walker, Grove, Arquette & Stewart (n.d.)

ESSENTIAL ELEMENT 04 | CHANGE TALK

Change talk refers to statements clients make that indicate they are moving toward making a specific behavioural change to address problematic behaviour. Change talk can indicate that the client is either (a) preparing for change or (b) mobilizing themselves for change. There are four elements that can help counsellors recognize client statements as change talk:

01 | Client statements that indicate a desire to change, a belief that they have the ability to change, a commitment to change, and/or they can see the benefits of changing their behaviour

02 | Client statements that are specifically connected to the problematic behaviour

03 | The statements typically come from the client, although change talk can also be a reflective statement provided by the counsellor that the client confirms as accurate

04 | Change talk is phrased in the present tense

Counsellors need to actively listen for, elicit, and reinforce the client's change talk. People are better persuaded by their own reasons for change than those provided by others.

Change talk typically contains the following elements that form the acronym DARN CAT. These elements are presented as distinct from one another, but they typically overlap. The important distinction to make is between preparatory (DARN) and mobilizing (CAT) change talk:

- **Preparatory talk:** Indicates that the client is thinking about changing a problem behaviour but is not expressing a commitment to do so.
- **Mobilizing change talk:** Indicates the client is committing to change and moving toward resolving their ambivalence regarding the problem behaviour. Mobilizing change talk typically contains action words and a goal to act.

Notes:

PREPARATORY CHANGE TALK (DARN)

Desire: The client's statements indicate a clear desire for change; they can see the benefits of change, but are not expressing specific reasons for changing.

Examples: "I wish…," "I want to…," "I would like to…"

Ability: The client's statements reflect their belief that they can make changes.

Examples: "I could…," "I know I can…," "I might be able to…"

Reason(s): The client's statements reflect the reasons or motivations for considering a change. The reasons are often more cognitive and rational than emotional.

Examples: "I would probably feel better if…," "I need to have more energy to…"

Need: The client's statements indicate that there's a problem with keeping things as they are. Often the need to change is more emotionally focused.

Examples: "I need to…," "I can't keep…," "I have to…"

Notes:

MOBILIZING CHANGE TALK (CAT)

Commitment: The client's statements indicate an intention or obligation to change a particular behaviour.

Examples: "I intend to…," "I'm going to…," "I will…," "I promise…"

Activation: The client's statements reflect a willingness to start making a change.

Examples: "I'm ready to…," "I'm starting tomorrow…," "I'm planning to…"

Taking steps toward change: The client's statements describe a specific action(s) the person has recently taken toward the target change.

Examples: "Yesterday I started…," "I actually went out and…," "I got rid of…"

Notes:

SUSTAIN TALK

The opposite of change talk, *sustain talk* reflects one side of a client's ambivalence about change. Sustain talk consists of statements clients make that favour the status quo rather than movement toward a change goal. Sustain talk might indicate a client's worries about making a change, a desire or need to keep things as they are, or reasons not to change.

Examples: "Gambling is the only way I can deal with all the stress I'm feeling," "I enjoy drinking, it's such a big part of my lifestyle."

Notes:

ELICITING CHANGE TALK

One of the main goals of MI is to draw out the client's own motivation from what the client says and does, and then highlight that for them to explore further. MI counselling skills can be helpful to elicit change talk, as can the following strategies:

- Use strategic open-ended questions that naturally lead to change talk. These questions are helpful in eliciting the client's Desire, Ability, and Reason.

  Examples: "How would you like things to be different?" "What's your next step?"

- Ask for clarification, additional details, or an example. This helps elicit the client's Desire, Ability, Reason, and Need.

  Example: "What else?"

- Help the client investigate their worst-case scenario if the problematic behaviour continues and also explore their best-case scenario if change happens. This strategy is helpful in eliciting the client's Desire, Reason, and Need.

  Example: "What concerns you most about…?" "What would be the best-case scenario you could imagine if you made a change?"

- Encourage the client to explore a time in the past when things were going better. This helps bring out the client's Desire, Ability, Reason, and Need.

  Example: "What were things like for you before…?" "What's changed?"

- Encourage the client to talk about what they hope for or imagine in the future, or express what they expect the future consequences of not changing would be. This provokes the client's Desire, Ability, Reason, and Need.

  Example: "How would you like things to be different in the next six months?"

- Explore how the client's values and goals fit in with the change they want to make. This helps the client find their Reason for changing.

  Example: "What things are most important to you?"

- Use scale questions (typically 0-10) in which clients provide a rating of their level of confidence for making a change, the importance of the change, or their readiness for change. After the client has provided a rating, the counsellor probes the reason for selecting that rating and why a lower rating was not selected. This helps to elicit the client's Desire and Ability.

  Example: "On a scale of 1-10, how ready do you feel to make a change, where 1 represents not ready at all and 10 represents completely ready?" → "What led you to choose a 6 versus a 3?" → "What would it take for you to move from a 6 to a 7 or 8?"

AMBIVALENCE

Most of us are familiar with the experience of both wanting to do something *and* not wanting to do it. This is ambivalence, and it's a normal part of the human experience. Counsellors can fall into the trap of persuading, educating, or giving advice to a client when encountering ambivalence, however, this often increases the client's sustain talk.

Ambivalence is often misinterpreted as a lack of motivation. The question for the counsellor to consider is "What specifically motivates this client?" instead of "Why aren't they motivated?" MI proposes that clients resolve their ambivalence by talking themselves into changing.

STRATEGIES FOR WORKING WITH AMBIVALENCE:

- Ask questions that move the conversation toward finding reasons for changing.
  Example: "How would you like things to be different with your family?"
- Use a "picking the flowers" strategy: Reflective listening in which the counsellor listens for and selects the things ("flowers") clients tell us about possibly making a change.
  Example: "It's hard to imagine your lifestyle has become so hard on your health."
- Organize the flowers you've picked from the client's statements into summaries ("bouquets") so that the client can see the connections between the flowers and the elements that are still needed to move toward a change.
  Example: "Some health issues have cropped up, and that's a source of concern for your family and perhaps you as well. Drinking is something you've done for a long time, and you feel like it's the only thing that helps to deal with all of your stress. Although you don't like to be told what to do, it might also seem like folks have a point, and you might be a bit scared of what might happen if you don't make some changes. You might like to have some other things in your life and not have folks on your back all the time."
- Ask direct questions about a client's values: What are their most important values? What does each value mean to them?
- This can also be done using a values card sort (VCS), which is a deck of cards (each card has a value printed on it) that the client can sort into "not important" and "important" piles. Free printable versions of the VCS are available online. The next step is to explore how the client's current behaviours fit in or don't fit in with their most important values.
  Example: "In what ways are you succeeding in living out your most important value? In what ways are you not living out this value as successfully as you would like?

RESISTANCE

Resistance can be seen as a sign that the counsellor and client are out of step with each other. Client resistant behaviours reflect a movement away from a desired change, and can include:

- **Arguing**: Challenging, discounting, or being directly hostile to the counsellor.
- **Interrupting**: Talking over or cutting off the counsellor.
- **Negating**: Blaming others for the problem, disagreeing with the counsellor's suggestions, excusing the client's own behaviour, or minimizing the impact or risk of the problem.
- **Ignoring**: Client inattention, not answering or responding to a counsellor's questions, or changing the conversation topic.

REFLECTION

01 | What are some reasons people might resist change?

02 | What kind of resistance do you encounter in your work and community?

03 | How have you heard those around you describe this resistance?

04 | Consider a time when you needed to make a change. How did you know you were ready (or not ready) for change? How did others respond to your decision?

STRATEGIES FOR RESPONDING TO RESISTANCE

A helpful starting place with responding to resistance is to acknowledge the client's disagreement, feelings, or perception. Reflective listening statements can serve that purpose. Other ways to respond:

- **Reframing:** Offering another perspective to a client's statement.

  Example: "It sounds like your sister cares about you and is concerned, but she expresses it in a way that makes you angry."

- **Shifting focus:** Offering responses that shift away from a client's obstacles to areas that might be more productive or helpful.

  Example: "You drink red wine to be healthy. What else do you do to be healthy?"

- **Agreeing with a twist:** Agreeing with the client's statement and/or providing a reflection followed by a reframe.

  Example: "You're right, it seems there are some health benefits to drinking red wine, along with some risks."

- **Emphasizing personal control and choice:** Assuring a client that only they can choose to change their behaviour.

  Example: "It's completely up to you, you're the one in charge here."

- **Siding with the negative:** Acknowledging that this might not be the right time, place, or circumstance for change. The counsellor is presenting one side of the ambivalence which can often invite the client to present the other side.

  Example: "You're probably right. I'm not sure you have enough motivation to pull this off."

Notes:

MI TRAPS TO AVOID

In our efforts to be helpful, counsellors can easily fall into certain traps that reduce the chance that a client will connect with their internal motivation. Here are some common traps to avoid:

- Taking sides (for example, between a teen and a parent)
- Persuading instead of motivating
- Unintentionally shifting into an expert role by activating the "righting reflex"
- Working harder than the client (which can lead to blaming the client and will impact their readiness for change)
- Overfocusing on outcomes
- Getting drawn into the client's hopelessness
- Focusing before establishing a working alliance with the client, resulting in a mismatch between what the client and the counsellor see as the problem
- Focusing on blame or fault-finding instead of change
- Falling into a pattern of questions and answers with the client without providing reflective listening statements and/or summaries
- Getting lost in and/or overwhelmed with the complexity of the client's issues

HELPER TIPS

- Take time to actively listen before jumping in with questions.
- Be mindful of the number of questions you're asking. If you've asked three questions in a row, use one of the other MI counselling skills.
- Try to make at least half of the questions you ask open-ended, rather than closed.
- Try to offer two reflections for each question you ask.

Notes:

CASE STUDIES

01 | YOUTH

Fifteen-year-old Liam has been caught under the influence of drugs on school property and must now attend a mandatory in-school suspension for 10 days. Liam is sullen and non-communicative, and clearly resents being in the program. His background is checkered with sporadic school attendance, behavioural difficulties, and fluctuating grades. He lives at home with an older sibling and his mother, who has shown little interest in Liam's academic life. There is some indication that there may be addictions in the home, but there are no concrete reports. Although Liam's attitude is uncooperative, he shows up on time for his first day of suspension.

You are a member of the resource team that has been assigned to Liam.

01 | How might you engage with Liam?

02 | What open-ended questions could you ask him?

03 | What strengths might you be able to build on with Liam?

04 | What affirmations could you provide?

02 | MENTAL HEALTH

Natalie, 27, has been struggling with undiagnosed mental illness. She has come to see you because the children's protective agency has apprehended her seven-year-old son and has insisted she seek help for her issues. Natalie is currently stable since she spent three weeks in psychiatric services at the hospital and is taking medication; however, her lack of cooperation at the hospital has left her with very little follow-up care and no firm diagnosis. Natalie is shy and mistrustful, but wants to be reunited with her son, with whom she currently has supervised visits twice a week. According to her social worker, when Natalie is not experiencing psychosis, she demonstrates good parenting skills and manages to do well at her job and as a part-time student.

You are a counsellor in a community health centre.

01 | How might you engage with Natalie?

02 | What open-ended questions could you ask her?

03 | What strengths might you be able to build on with Natalie?

04 | What affirmations could you provide?

03 | ADDICTIONS

Pete is a 42-year-old man who has requested counselling. He tells you his wife has threatened to leave him if he doesn't get help with his gambling. Pete does not understand why she would leave him when he has been able to bring home quite a few "wins" in the last couple of months. He describes how a $9,000 win at the horse races has made his gambling efforts double to take advantage of his "hot streak." Although he reports that he has lost a great deal of money lately, he feels confident that this will turn around. Pete is frustrated by the lack of understanding from people around him and feels isolated and abandoned. He hopes that by attending counselling, his wife and friends will "get off his back." He inquires about how long the process will take, since he has little spare time these days.

You are a member of the counselling team that has been assigned to Pete.

01 | How might you engage with Pete?

02 | What open-ended questions could you ask him?

03 | What strengths might you be able to build on with Pete?

04 | What affirmations could you provide?

APPENDIX

STAGES OF CHANGE

Understanding the stages of change model can help us to determine where our clients are at and better match our efforts to support them. The stages are:

Precontemplation: Not interested in or intending to make any change. Clients in this stage may be perceived as resistant, unmotivated, or in denial.

Contemplation: Interested in change sometime in the future and may be aware of the benefits of making change, but the costs and barriers to changing tend to stand out more. Clients in this stage are often experiencing significant ambivalence that causes them to stay in this stage for long periods of time.

Preparation: Interested in making change in the short term. Clients have often thought about making plans to change a behaviour and may be gathering information about ways to change.

Action: Clients have begun to actively take steps toward change and are following through on plans and goals.

Maintenance: Continuing to keep up new behaviours and prevent relapse, however frequency or intensity of change processes may decrease. External supports might also decrease over time. People at this stage are particularly vulnerable to move back to earlier stages in the process, which is normal.

Relapse: In this stage, clients have resumed some (or all) of the problem behaviour. Relapses are common in any behaviour change. Often the experience of relapsing and then returning to the desired behaviour can strengthen a client's motivation.

The stages of change are described as a linear process, but change rarely happens in a straight line. The process of change is highly unique to each person. People can move backward or forward in each stage, and can even be in more than one stage at the same time.

Notes:

OPEN-ENDED QUESTIONS TO ELICIT CHANGE TALK

- "What are your goals in life?"
- "What are the things and/or people that are most important to you in your life?"
- "When have you felt successful in making a change?"
- "What was that like?"
- "What tells you that it might be time to make a change?"
- "What concerns do you have about your current situation, if any?"
- "How would you like things to be different?"
- "How important is it for you to make this change?"
- "What are the benefits that you see in making this change?"
- "What are you already doing to be healthy?"
- "How confident do you feel about making this change?"
- "If you decided to make a change, how would you do it?"
- "How do you think your family/friends might help or hinder your progress?"
- "What might it take for you to make a decision to…?"
- "What do you think will happen if you don't change anything?"
- "What questions would be helpful for me to ask?"
- "Can you tell me more about…?"
- "What are your options?"
- "What would you like to do now?"
- "Where do we go from here?"
- "So, what do you make of all of this now?"
- "What, if anything, do you plan to do?"
- "What might be a first step to take?

Notes:

SPOTLIGHT ON YOUTH

Youth are often considered resistant. What they are resisting depends on the teenager, but typical examples are resisting parental or adult controls, rules, structure, being labelled, or conforming to the status quo. Adolescence can be a difficult time, both for the youth and the adults around them.

Some common characteristics of teenagers include:

- Teens are seeking their own identity and often "try on" different ways of being.
- Often teens are considered rebellious by the adults around them.
- Teens become embarrassed by their parents or caregivers and often avoid them.
- Teens go through tremendous physical and emotional changes.
- A teen's privacy becomes more important to them.
- Peer relationships become a priority over familial relationships.
- Often teens feel they are all-knowing and invincible.
- Teens often feel marginalized and poorly treated by the adults around them.
- Teens often experience intense emotions that they may not fully comprehend.

Often the adults in a teenager's life respond to these characteristics in a way that makes things worse instead of better. Parents and other caregivers attempt to increase their power and control over the youth, which may be successful for short-term behaviour management; however, this may cause the teen to become more secretive and withdrawn.

Helpful things to remember:

- It's a necessary and healthy part of adolescent development to push back and discover limits, consequences, and one's own values.
- Adolescents need BOTH kind nurturing and firm, structured boundaries.
- Adolescents need to practice problem solving, making choices, and making mistakes. Positive support to learn from mistakes or difficult consequences is very important.
- Parents and caregivers also need support because they can feel rejection and fear as they watch their teen try out values and make choices that are different from those their family and community hold or would make.

SPOTLIGHT ON ADDICTIONS

People experiencing addictions are another population often described as resistant. Those closest to a person with an addiction often feel a sense of helplessness as they witness their loved one having little success in breaking the pattern of continued use of a substance or activity that causes them harm.

Some important facts about addictions:

- While we have choices about how we manage them, nobody chooses to have an addiction.
- Addictions affect emotional, cognitive, behavioural, and social functioning.
- If people have been involved with an addictive substance or process for a long time, they can have a hard time developing new self-awareness and stay stuck in "younger" ways of thinking and behaving.
- There is a stigma attached to addictions which serves to increase isolation and distress and presents barriers to seeking help and support.
- Many factors contribute to one's vulnerability to an addiction such as genetics, early childhood stress and attachment injuries, trauma, poverty, and family dysfunction.
- Addictions often replace the people in a person's life as one's *best friend* or source of support for coping with other life stressors.
- Family and friends surrounding a person with an addiction often become greatly affected by the addicted person's addiction cycle.

Helpful things to remember:

- It is important to remember there are many components to a person's overall heath: emotional, intellectual, physical, social, environmental, financial, occupational, and spiritual.
- People can lack health in one area yet have strengths and health in others.
- It is often helpful to assist people with addictions to attend to their external supports and expand connections with positive and strengths-based resources.

Notes:

SPOTLIGHT ON MENTAL ILLNESS

People experiencing mental illness are also often seen as resistant clients. Mental illnesses are characterized by changes in thinking, mood, or behaviour, which often lead to distress and affect normal functioning.

There are different kinds of mental disorders, each with different sets of symptoms that affect how one thinks, feels, and behaves. The symptoms of mental illness range from mild to severe and are different depending on the type of mental illness. To be classified as a mental illness, symptoms must cause distress in one's life and reduce one's ability to function as they would like.

Some facts about mental illness:

- In Canada, 1 in 5 people will personally experience a mental health issue or illness.
- Mental illness directly or indirectly affects all people at some time in their life through personal experience, a family member, friend, or colleague.
- Mental illness affects people of all ages, educational levels, cultures, and income levels.
- Onset of mental illness is often during adolescent years.
- There is often negative social stigma attached to mental illness. As a result, those with mental illnesses are often marginalized and treated poorly.
- Mental illness and mental health are two different things; a person can have a mental illness and maintain positive mental health. This involves emotional regulation skills, communication skills, empathy, and active engagement with activities and relationships that bring meaning and joy.

Helpful things to remember:

- It is important to increase our understanding of mental health issues and address our own fears and assumptions.
- All people have strengths. Often those with mental illness are seen without any.
- A curious, empathic, and client-centred approach can be a helpful way to address resistance in this population and prevent further marginalization and stigmatization.

STEPPING OUT OF POWER STRUGGLES

Sometimes we can get into power struggles without realizing it. It is vital that we become aware of the signs of a power struggle, as it undermines the therapeutic alliance because it sets up an expectation of a *winner* and a *loser*. Instead, we want to walk alongside our client in order to see things from their perspective. This often means we need to accept our client's own pacing and their right to choose how, when, or if they want to change.

Signs to notice in the counsellor/helper:

- Feelings of urgency (the "righting reflex") or frustration.
- Falling into an MI trap. For example, trying to persuade or convince the client of something.
- Using phrases like "Yes, but if you look at it this way," "No, I think you're missing the point," or "Don't you think…?"
- Sarcasm, contempt, or tension in your words or body language.

Signs to notice in the client:

- Visible signs of frustration, such as becoming agitated, raising their voice, or becoming very negative and/or saying no to everything you suggest.
- Withdrawing or shutting down: silence, closed body language (e.g., arms folded across chest), avoiding eye contact.
- Using statements such as "You just don't get it," "You're not listening to me," "This is stupid," or an adamant "I don't know" or "Whatever."

STRATEGIES FOR AVOIDING POWER STRUGGLES

01 | **Be grounded/reground yourself**: Develop your own practice for reconnecting with your empathy, curiosity, etc., before and during client interactions.

02 | **Acknowledge it**: Name it and invite curiosity. For example, "You know, I feel like you and I are struggling a bit here, I wonder what that's like for you?" or "I'm noticing you and I are at odds and I wonder what would be helpful right now?"

03 | **Attune to your client**: When we are able to connect with our client's experience and successfully communicate that connection with them through skills like reflective listening, we can increase trust and safety in the helping relationship. For example, "I feel like I'm not seeing your side of things as clearly as I want to. Would you tell me more about your position on this?"

04 | **Do your own work**: If the power struggles persist, it is possible some of your own issues are getting in the way. Consulting with supervisors, peers, seeking your own therapy, or increasing your self-care can provide more clarity and energy to productively work on them.

PLANNING FOR CHANGE WORKSHEET

01 | Important reasons for making this change are:

02 | My main goals for myself are:

03 | Steps I will take toward making this change are:

Specific action: _____ When: _____

Specific action: _____ When: _____

Specific action: _____ When: _____

04 | People who can support me in these changes:

Person: _____ How they can help: _____

Person: _____ How they can help: _____

Person: _____ How they can help: _____

05 | Obstacles that may get in my way and how I will handle them:

Possible obstacle: _____ Response: _____

Possible obstacle: _____ Response: _____

Possible obstacle: _____ Response: _____

06 | How will I know my plan is working? What results will I see?

Adapted from Miller and Rollnick (2002)

MI MYTHS

Over the years MI has been widely utilized and the model has been adapted, modified, and reinvented, resulting in some misconceptions and the dilution of some of the model's critical elements. Some points to consider:

- MI is not actually based on the stages of change (transtheoretical) model. There's a connection between the models, however, MI is a specific method for enhancing personal motivation for change.
- MI is not focused on confronting or tricking people into doing what they don't want to do.
- MI is not a technique to get people to change. It's a communication approach that aims to increase a client's inner motivation.
- Having clients weigh the pros and cons of making a change (a decisional balance) is not the main goal of MI.
- MI focuses on eliciting the strengths and resources the client already has and supports them to connect with these.
- MI is more than person-centred counselling – it is goal-directed and strategically listens for change talk.
- MI is not easy. It involves a complex set of skills involving deliberate and disciplined use of specific principles and skills to evoke the client's own motivation for change.
- MI is more than being a good reflective listener. It requires specific skills to guide the client to resolve ambivalence about changing a problematic behaviour.
- MI is not a broad cure-all for every mental health issue. It's a specific approach for addressing when a client may need to change and is feeling ambivalent or reluctant to do so.

Notes:

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WEBSITES

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Institute for Research, Education and Training in Addictions website: www.ireta.org

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