Implementing Motivational Interviewing in Your Organization

Organizational strategies

Designate an MI Skills Development person or team to promote ongoing training and skills practice opportunities within the agency

Develop an organizational philosophy of care statement that aligns with MI spirit and practice

Include MI experience as a job requirement or preference when advertising for, screening, and hiring new staff, especially direct-service and supervisory positions

In job interviews, ask applicants to provide MI-adherent responses to sample statements (e.g. Helpful Responses Questionnaire), demonstrate their MI skills in a “mock interview” in the moment, or submit a sample tape of their practice to be reviewed later

Ensure that clinical supervisors are trained in MI and are MI-consistent in their supervisory methods

In supervisory sessions make it an expectation for supervisors to pay attention to staff progress in MI skill-building

Include MI skill-building as a professional development goal for all practitioners in their job performance plans

Revise program intake forms and progress notes to reflect and promote an MI-consistent approach

Participate in MI-related clinical research studies (or possibly seek out opportunities to conduct research)

Create MI-related visual reminders (posters, signs, buttons, importance and confidence rulers)

Develop an online MI discussion forum within your agency

Provide opportunities for select staff to be trained in using the MICA (Motivational Interviewing Competency Assessment) or MITI (Motivational Interviewing Treatment Integrity) tool to code MI conversations for feedback and coaching

Encourage selected staff to become trained as MI trainers through the Motivational Interviewing Network of Trainers (MINT) and participate in the MINT community of practice
Strategies to Build Skills

Establish **MI learning circles** (aka communities of practice, coaching circles) that meet regularly to sustain learning and strengthen skills

- Groups of 4-8
- Identify skillful facilitators and equip them with MI practice activities/resources
- Focus on practicing specific MI skills and incorporating them into practice conversations with accurate feedback and coaching

Offer regularly scheduled introductory and advanced **MI training opportunities** (ensuring that participants are assigned to or already a part of an ongoing learning circle)

Contract as needed with **external MI coaches, trainers, and consultants** to promote ongoing learning

Encourage **self-initiated learning** by providing resources such as MI books, ebooks, articles, training tapes, skill-building exercises, and other learning tools

**Code audiotaped segments of MI** conversations using the MICA (Motivational Interviewing Competency Assessment) or MITI (Motivational Interviewing Treatment Integrity) tool to provide feedback and coaching

Initiate your own **inspired ideas**...
What is Motivational Interviewing?

The desire to help people improve their health and well-being is a noble calling. However, all too often our efforts to help are spent trying to get people to change, rather than using a guiding approach to tap into patient’s own motivation for change.

Consider whether you’ve ever heard your colleagues (or yourself) utter something like this:
- I give people my best advice, but they just won’t listen.
- She resists all of my efforts to convince her to get screened.
- She just needs to keep her medical appointments.
- He’s in total denial about his heart condition.
- Some folks just don’t want to be helped.

Many of us have ample experience in trying to persuade, educate, entice, cajole, bribe, guilt-trip, or use other means to get people to change. It is a natural human instinct to fix, or make right, what we perceive as misguided or harmful. However, such efforts to persuade someone to change are typically counterproductive, especially if the person is not convinced that making a change is desired or needed. It turns out that people don’t like being pressured to do something because someone else thinks they should do it, even if it’s in their best interest. The desire for self-determination runs deep in the human spirit.

**Motivational interviewing (MI)** is a method of talking with people about change. It is “a collaborative conversation style for strengthening a person’s own motivation and commitment to change” (Miller & Rollnick, 2013). The individual determines the focus or change goal while the practitioner serves as a guide. MI assumes that people already possess what they need to be motivated to change. They are not empty vessels in need of being filled by an external source. They’re already filled with desires, life experience, values, hopes, knowledge, skills, wisdom, and more.

MI helps shine a light on and explore the rich resources people already possess, in order to help them make decisions about next steps on their life’s journey. According to positive psychology, this process builds positive emotions, which in turn opens people up to their internal and external resources that they can use to improve their lives.

**Where and when did it develop?**

The concept of Motivational Interviewing (MI) grew out of the experience of providing treatment for problem drinkers and was first described by psychologist, William R. Miller, in an article published in 1983.

Historically the addictions treatment field, especially in the United States, has been characterized by a highly confrontational, shame-based approach believed to break down people’s denial so they will come to their senses about their need to change. This approach has proven to be mostly ineffective. In general, human beings tend to resist other people’s attempts to get them to change, even when those efforts are well intended.

With the publication of William R. Miller and Stephen Rollnick’s seminal book, Motivational Interviewing, in 1991, practitioners were introduced to an alternative way to engage in a
"helping conversation" with people misusing substances. The authors described a way of interacting based on a particular conversation style and use of specific communication skills and strategies.

A second edition, Motivational Interviewing: Preparing People for Change, was published in 2002. It further refined the MI approach, provided an emerging research base for MI, and detailed its spread to other areas beyond substance use disorders including health, behavioral health, corrections, and schools.

A third edition, Motivational Interviewing: Helping People Change, 2013, expanded on the MI approach and included some new concepts including the four processes of MI conversations (engaging, focusing, evoking, and planning) and distinguishing between sustain talk and discord. Today, MI has circled the globe, and support and respect for the practice is growing.

How does it work?

Practicing MI requires a healthy sense of humility. It brings us face-to-face with the recognition that we don’t have the power to change others. In truth, we can only change ourselves. However, we are able to have an influence on others and their motivation to change. As Madeline Hunter says: “They say you can lead a horse to water, but you can’t make him drink. But I say, you can salt the oats.” The goal of MI is to help people become “thirsty” for change by creating conditions under which a fruitful conversation about change can occur.

While the MI approach is generally low-key, it has the potential to stir up uncomfortable thoughts and feelings for people due to its evocative nature that invites them to look at difficult realities in their lives. The aim is to help people look honestly at their behaviors without becoming overly defensive. As practitioners, we seek to create a safe, trusting partnership with individuals so that they see us as allies in the process of looking at discrepancies between who they are and who they want to be, and between their actions and their values.

If we confront, people will tend to defend themselves. MI differs significantly from advice-giving or confrontational styles of counseling in this way. The MI style is not flashy or “in the client’s face.” The focus is on drawing out the person’s own knowledge, experience, and inner wisdom in a genuine, empathic manner.

Those who are used to confronting and giving advice may feel they’re not “doing anything” when practicing MI. As one practitioner—more accustomed to a confrontational style of counseling—observed, “I feel like MI ties my hands behind my back.” For some helpers, this approach can feel dangerous, like we’re giving permission for people to maintain risky positions. But, as Miller and Rollnick (2013) point out, these aggressive strategies, typically driven by a desire to help, more often push the person away from engagement and retention in services, as well as miss their goal of enhancing motivation to change and improve.
The evidence for MI

A wealth of studies indicate that MI has a statistically significant positive effect on behavior change, with some studies showing that those changes are durable over time. MI remains effective when used as a stand-alone intervention, infused within other approaches to treatment, as well as a precursor to other treatment (Lundhal et al., 2013). A number of studies have revealed that patients defined as “least ready to change” experience the largest MI effect (Heckman et al., 2010).

Of course, MI works only as well as the practitioner using it and the quality of the alliance that develops between practitioner and person. Poor MI promotes poor results. Structural and environmental factors can also affect the success of MI, like any best practice. For example, housing instability can hinder efforts to address substance use. For others, a history of trauma may create obstacles to accessing mental health treatment. MI sees people’s struggles in the context of their lives and works with them to focus and prioritize.

Developing competence

Ongoing practice with accurate feedback and coaching is needed to develop MI skills. Research shows that MI competence requires expert feedback based on observed practice and coaching to support shifts from current practice to MI proficiency. Many individuals and organizations have instituted Learning Circles as a way of increasing their MI knowledge and skills. In addition, many excellent training and coaching opportunities exist.

For information about MI resources including the latest MI related research, visit the Motivational Interviewing Network of Trainers website at:
https://motivationalinterviewing.org/motivational-interviewing-resources
If You Have Five, Fifteen, or Fifty Minutes: MI Basics

Miller & Rollnick, 2013

What is it?
“A collaborative conversation style for strengthening a person’s own motivation and commitment to change”... “a way of helping people talk themselves into changing”

The spirit (mindset and heart-set) of motivational conversations
Partnership – collaborating with the client’s own expertise

Acceptance – communicating absolute worth, accurate empathy, affirmation, and autonomy support

Compassion – promoting the client’s welfare, giving priority to the client’s needs

Evocation – eliciting the client’s own perspectives and motivation

Four processes that guide motivational conversations
Engaging – establishing the relational foundation

Focusing – clarifying a particular goal or direction for change

Evoking – eliciting the person’s own motivation for a particular change

Planning – developing a specific change plan that the person is willing to implement

Four conversational skills (OARS)
Open question – offers client broad latitude and choice in how to respond

Affirmation – statement valuing a positive client attribute or behaviors

Reflections – statements intended to mirror meaning (explicit or implicit) of preceding client speech

Summaries – reflections that draw together content from two or more prior client statements

Sample questions to explore ambivalence and elicit/strengthen motivation
Tell me more about this issue/concern/dilemma (that’s been identified)? What’s okay about how things are? What’s not?

If you decide not to change anything, what would be at stake?

If you were to make a change, what would be the benefits of (or your reasons for) doing so? The most important benefit or reason?

If you were to decide to change, how would you go about it to be successful? What do you think would work for you?
Looking at your life currently, how important or urgent is it for you to make this change? For example, on a scale of 0-10 (0 = not at all important; 10 = totally important), where would you place yourself? What makes it already a ___ and not a ___ (several numbers lower)? What would it take to move from a ___ to a ___ (next highest number)?

**How confident** are you that you could be successful in changing? (scaling questions works well here too)

**How can I or others** be helpful to you in supporting this change?

What do you think you might do as a very **next step** to move towards this change?

**Exchanging information**

A few considerations
- It's all right, and sometimes imperative, to express your concerns
- There are many pathways to change
- Focus on helping the person evaluate options
- Offer information and advice, don't impose it

Method: Elicit-Provide-Elicit

**Elicit**
- Ask what person already knows
- Ask what person would like to know
- Ask permission to provide information/advice

**Provide**
- Prioritize what person most wants to know
- Be clear; use everyday language
- Offer small amounts of information with time to reflect
- Acknowledge freedom to disagree or ignore

**Elicit**
- Ask for person’s response, interpretation, understanding

*Adapted from Motivational Interviewing, 3rd edition by Miller & Rollnick, 2013*
Imagine taking a drink of a carbonated beverage that has gone flat. It still tastes vaguely like itself, but the fizz has gone out of it. It’s no longer worth drinking, and you’ll probably pour it down the drain. The spirit, or the mindset and heart-set, of MI is the “fizz” of motivational conversations.

In describing MI spirit, Miller and Rollnick write: “When we began teaching MI in the 1980s we tended to focus on technique, on how to do it. Over time we found, however, that something important was missing. As we watched trainees practicing MI, it was as though we had taught them the words but not the music... This is when we began writing about the underlying spirit of MI, its mind-set and heart-set.” (Motivational Interviewing, 3rd edition)

The spirit, or mindset and heart-set, of how we provide care and services significantly impacts people’s willingness to accept our assistance. Helping is fundamentally relational – taking the form of a partnership.

Our approach, mindset and heart-set, needs to be genuine and real. It’s embodied in how we carry and conduct ourselves. It’s conveyed through our eyes, non-verbal expressions, and tone of voice. It’s communicated in how we express ourselves. It’s imparted through our attitudes and intentions. This mindset and heart-set is the essence of what people experience in our presence. Each element is briefly described below.

**PARTNERSHIP**
Forming a collaborative working relationship with someone; letting go of the need to be the expert; showing genuine respect for the other person’s life experience, hopes, and strengths; assuming that both of you have important expertise and ideas; “dancing rather than wrestling”

**ACCEPTANCE**
Meeting a person “where they’re at” without negative judgement; believing in the person’s inherent worth and potential; conveying empathy – seeking to understand where they’re coming from; shining a light on the good things you see in them instead of focusing on what’s wrong with them

**COMPASSION**
Coming alongside people in their suffering (e.g., homelessness, trauma, mental illness, addiction, grief, stigmatization, racial injustice, denial of rights); offering the gift of a safe, listening presence; being in solidarity with; acting for and with people

**EVOCATION**
Inviting or “calling forth” from people what they already possess – their hopes, values, desires and aspirations; learning what people are passionate about, what they already know and can do, what they want to learn, what’s important to them, how they’d like their lives to be different, what changes they’re willing to consider making, and more.
Four Processes of Motivational Interviewing

MI conversations have a purpose and direction. They seek to help people identify and explore their hopes, values, and change goals using an empathic, guiding approach. This guiding approach used in motivational conversations generally moves through four processes.

These processes – engaging, focusing, evoking, and planning – tend to be sequential in MI conversations but sometimes each requires revisiting. Using MI is similar to improv theatre; you don’t have a script, but there is a basic storyline that you’re trying to follow.

Below is a sampling of inquiries you might use within in each of these processes.

**Engaging** – getting to know someone and building trust
- “Welcome. It’s really good to meet/see you.”
- “How are things going in your life currently?”
- “What are some things you’ve been doing to support your health?”

**Focusing** – figuring out together what to talk about
- “What would you like to focus on in our time together today?”
- “You mentioned some concerns about your weight. Also, about occasional shortness of breath. And that you’ve been feeling more anxious lately. Where shall we start?”
- “Would it be all right if we took a closer look at you and alcohol?”

**Evoking** – drawing out the person’s own desire, reasons and ability to change (with a focus on drinking)
- “How would you describe the role of alcohol in your life?”
- “What does drinking do for you?”
- “What concerns, if any, do you have about your drinking?”
- “What impact, if any, does it have on you’re the way you want to live your life?”
- “If you were to cut back or quit drinking, what would be some reasons for doing so? What benefits do you think it might have?”
- “How would you go about it in order to be successful?”
- “Given everything in your life, how important is it for you to make this change?”
- “How confident are you that you could cut back or quit if you wanted to?”

**Planning** – developing a specific change plan that the person is willing to put in action
- “What do you think you’ll do next?”
- “Who or what could be of help?”
- “What might get in the way of your plan?”
- “How will you know when your plan is working?”

*Adapted from Motivational Interviewing, 3rd edition by Miller & Rollnick, 2013*
**QARS: Open Questions**

Open questions invite people to say as much or as little as they want about a topic. They allow people to decide for themselves what ideas, thoughts or feelings they want to share. Answering open questions tends to help people understand themselves better and think in new ways about their situation. Here are some examples of open questions:

- What’s going well in your life? What’s not going so well?
- What would you like to talk about today?
- Would it be all right if I told you a bit about myself and my role?
- What’s most important to you in your life currently?
- If you could change anything about your current circumstances, what would it be?
- What do you value most about your current living situation?
- If you were to cut back or quit using meth, what would be your reasons to do so?
- What specific changes are you thinking about making?

Closed questions, in contrast, limit the conversation. They are most often used to gather specific information or ask yes or no questions. For example:

- What is your date of birth?
- What is your income?
- When is the last time you saw a dentist?

Open questions are used throughout the four processes of MI and help to engage with the person, increase understanding, strengthen collaboration, find a focus, draw out motivation, and develop a plan for change. As a general guideline, open questions should be used more than closed ones.

**QARS: Affirmations**

Affirmations are statements that shine a light on what is good about a person. They put emphasis on people’s strengths rather than their deficits. Strengths can include a person’s behaviors, attitudes, qualities, knowledge, skills, efforts, and much more. Affirmations often help people recognize strengths they have difficulty seeing for themselves. Affirmations can also build a person’s confidence in being able to make changes.

Affirmations typically focus on:

- Highlighting positive traits or skills
- Prizing of the person in general
- Emphasizing intentions and actions
- Reframing actions or situations in a positive light

An affirmation must be genuine and from the heart. People will know if it seems false and might be less likely to trust you. Affirming someone’s strengths is different than cheerleading or praising. Praise statements put you in a “one-up” position and are usually based on judging someone’s performance. Furthermore, praise can be both given and withdrawn. When forming affirmations, it’s usually best to avoid starting with “I” and instead center the comment on “you.” It’s also helpful to be specific. Here are a few examples of affirmation.

- You were very courageous to speak up for yourself in that situation.
- You know what’s best for you and you aren’t going to be easily swayed.
- You’re showing your commitment to getting better by taking your meds as prescribed.
- It was hard, yet your efforts to not drink on the weekend paid off.
- Thank you for taking the time to talk with me about this health concern.

*Adapted from Motivational Interviewing, 3rd edition by Miller & Rollnick, 2013*
OARS: Reflective Listening

“What people really need is a good listening to.” – Mary Lou Casey

“Good listening is fundamental to MI. The particular skill of reflective listening is one to learn first because it is so basic to all four processes of MI. It takes a fair amount of practice to become skillful in this way of listening so that reflections come more naturally and easily.” [p. 48]

Reflective listening is the skill of “bending back” to people what we hear them saying in an effort to understand “where they’re coming from.” In other words, to see the world through the other person’s eyes. This kind of listening means giving a person your full attention. We do this with our words, actions, and body language. Reflective listening is a special gift we can offer to others in both our work and personal lives.

Reflective listening takes the conversation to a deeper level. This is especially true of reflective statements that go beyond repeating what was said by making a reasonable guess about the person’s meaning. Such statements “have the important function of deepening understanding by clarifying whether one’s guess is accurate. Reflective statements also allow people to hear again the thoughts and feelings they are expressing, perhaps in different words, and ponder them. Good reflective listening tends to keep the person talking, exploring, and considering. It is also necessarily selective, in that one chooses which aspects to reflect from all that the person has said.” [p. 34]

Forming reflections requires the ability to think reflectively. Since words can have multiple meanings, and people don’t always say exactly what they mean, it is useful to regard people’s statements as a “first draft.” In other words, rather than assuming what someone means, check it out. Because reflections are statements, not questions, the inflection usually turns down at the end. For example, notice the difference between:

You don’t have any concerns about your smoking?
You don’t have any concerns about your smoking.

Some reflective statements basically repeat or slightly rephrase what a person has said. These simple reflections can convey basic understanding and help the flow of the conversation. However, they add little or no meaning to what the person said and can stop the conversation from going to a deeper level. For example:

Statement: I can never seem to find the time to check my blood sugar regularly.
Response: It’s hard to find the time./It’s a challenge to fit it in.

Complex reflections add meaning or emphasis to what someone has said by making a guess about what is unspoken. Complex reflections tend to help people think more about their situation. When first learning to use complex reflections, it can feel a bit strange. However, when you get used to it, such reflections communicate real understanding. For example:

Statement: I can never seem to find the time to check my blood sugar regularly.
Response: You’ve got a lot going on./Your feeling frustrated about this./Even though it’s a challenge, you have a desire to check it regularly./You’re hoping to find a way to make it more of a priority.

Adapted from Motivational Interviewing, 3rd edition by Miller & Rollnick, 2013
Common Sentence Stems in Forming Reflections

It sounds like...
As I listen to you, I get a sense that...
What I think I’m hearing is that...
You’re thinking about...
My sense is that you’re feeling...
It’s almost as if...
It’s like...
It would be...
You’ve noticed that...
For you, it’s a matter of...
From your point of view...
You’re feeling...
As you see it...
You...
You’re wondering...
You really...
It’s really important to you that...
This is really...
You care a lot about...
You’re hoping...

On the one hand..., on the other hand...
You’re uncertain about...
Part of you..., yet another part of you...
It’s not that you..., it’s that...
You believe...
Your concern is that...
You’re not really...
You feel as though...
Your fear is that...
It seems that you...
You’re not terribly excited about...
You’re not all that concerned about...
As you look back...
As you look ahead...
It’s hard to understand why...
Even though others think...
Your heart is telling you that...
Your best instinct is to....
You really value...

(Others)
OARS: Summaries

A summary is a statement that draws together two or more things that someone has said previously. It is basically a paragraph of selected reflective statements. Deciding what to choose to include in a summary depends on the situation. However, usually you want to pick the things that move in the direction of change – kind of like picking the tastiest chocolates from a box of candy. Summaries can be offered at various times in a conversation to draw ideas together and guide the conversation.

Summaries, like the other OARS skills, are used throughout the four processes of MI. Particularly in the engaging and focusing processes, summaries show that you have been listening carefully and that you value what the person has said. They also provide an opportunity for asking the person to fill in what you have missed.

In the evoking process, summaries are often used to emphasize things that support a person’s change goal. Summaries can have different purposes. Collecting summaries pull together “in one basket” various statements the person has made. Linking summaries connect what the individual has said with something they said in a prior conversation. Transitional summaries are used as a wrap-up at the end of a conversation, or to create a bridge for shifting the conversation. In all three cases, emphasis is placed on shining a light on the persons change talk (see more on page 9).

During the planning process of MI, summaries are generally used to recap the person’s reasons for wanting to change and what they intend to do. This can help strengthen commitment to make the change.

Below are some guidelines for developing and offering summaries. Remember to keep summaries brief and to the point.

1. Begin with a statement indicating you are making a summary. For example:
   
   Let me see if I understand so far…
   Here is what I’ve heard. Tell me if I’ve missed anything.

2. If the person is “feeling two ways” about changing, name both sides of the uncertainty in the summary. For example:

   On the one hand, you . . . on the other hand . . .”

3. Highlight change talk you heard – statements indicating the person’s desire, ability, reasons, need, and commitment to change. For example:

   You mentioned several reasons why you would want to make this change, including . . .

4. End with an invitation. For example:

   What would you add?

Adapted from Motivational Interviewing, 3rd edition by Miller & Rollnick, 2013 and handouts created by David B. Rosengren, Ph.D.
Evoking Change Talk

*Change talk* refers to anything someone says that “favors movement toward a particular change goal.” Evoking, or “calling forth,” change talk helps people come up with their own reasons to change. This is far better than someone else trying to convince them to change, which often makes people defensive and argue against changing. As a worker you can use the OARS skills (Open questions, Affirmations, Reflective listening, and Summaries) to “ask for” and respond to change talk. Notice that change talk comes in different flavors that form the phrase DARN-CAT.

**Preparatory Change Talk** – “thinking about changing”
- **Desire** – I want to, I would like to, I wish, I hope
- **Ability** – I can, I could, I am able to
- **Reasons** – It would help me, I’d be better off if
- **Need** – I need to, I have to, something has to change

**Mobilizing Change Talk** – “taking action”
- **Commitment** – I will, I promise, I give you my word
- **Activation** – I’m willing to, I am ready to, I am prepared to
- **Taking steps** – I cut back on my weekend drinking

**Methods for Evoking Change Talk**

**Asking evocative questions**
- What worries you about your current situation?
- Why would you want to make this change?
- How might you go about it, in order to succeed?

**Using the importance ruler (also use regarding person’s confidence to change)**

On a scale of 0 to 10, how important is it for you to make this change? Tell me about being at ___ compared to (several numbers lower)? What would it take to move from ___ to (next highest number)? And how I might I help you with that?

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| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10
| Not at all important | | | | | | | | | | Extremely important |

**Exploring extremes** – What concerns you absolutely most about ___? What are the very best results you could imagine if you made a change?

**Looking back** – What were things like before you...?

**Looking forward** – How would you like things to be different in the future regarding ___?

**Exploring goals and values** – What do you value most in life? What are your most important reasons for wanting to decrease your risk for cancer? How do your current eating habits fit with your personal goals around healthy eating?

*Adapted from* Motivational Interviewing, 3rd edition by Miller & Rollnick, 2013
Exchanging Information

While MI is inherently a person-centered approach, it doesn’t mean that the practitioner never offers information, suggestions, or even advice. In MI, both parties are viewed as having expertise; thus, there may be occasions when this kind of input is valuable. However, information and suggestions are provided sparingly and with permission, not as a first line of response.

There are two main differences in how input is offered in MI, as compared to being dispensed in an unsolicited, authoritative manner. The first is that it is offered only with permission from the person. Secondly, it is provided not as the “final word” but rather in the context of helping people come to their own conclusions about its relevance and value. It is often helpful to verbally acknowledge this with people.

Intent of providing information and suggestions in MI

- Not an attempt to convince people of the folly of their ways
- Provides an opportunity to express concerns and help the individual move further along in the process of change
- Can help a person come to a decision

A few considerations

- It’s all right to express your concerns
- There are many pathways to change; your way may not be the way of another
- Focus on helping the person evaluate options
- Offer information and advice, don’t impose it

Suggested method: Evoke-Provide-Elicit (E-P-E)

Elicit

- Ask what the individual already knows about the issue at hand
- Inquire what more the individual would like to know
- Ask permission to provide input – e.g., “Would it be all right if I share some ideas/information/possible options/suggestions for your consideration?”

Provide

- Offer small dose of information or advice in a kind, nonjudgmental manner

Elicit

- Ask for the person’s response – e.g., “I wonder what you think of that”
- Emphasize change talk, provide affirmations, and instill hope.
- Recognize and affirm it is the individual’s decision to make – e.g., “Of course, you’re the only one who can make this decision.”

Adapted from Motivational Interviewing, 3rd edition by Miller & Rollnick, 2013 and handouts created by David B. Rosengren, Ph.D.
Responding to Discord

What do you do when someone “pushes back” at you in a way that feels like it’s personal? Maybe the person says, "Who are you to tell me what to do!" or “You don’t really care about me!” Or, the individual refuses to talk. Or, perhaps agrees to do something, but then doesn’t do it. When these things happen, you can be pretty sure that something’s gone wrong in the relationship. In MI, we call this discord.

This rift can occur for various reasons as noted below. Rather than placing blame on the individual, it is important for workers to look at their own behavior to consider what might be prompting the person to react. The presence of discord in the relationship is a signal to try a different approach.

**Common causes of discord in the relationship**
- The two of you have different goals
- You’re trying to get the person to change
- When either of you brings anger and frustration into the situation
- You’re not truly listening, or you’re making assumptions or interrupting
- There’s a lack of agreement about roles in the relationship

**Practitioner behaviors that tend to increase discord**
- Pushing too hard on the person to change
- Assuming you’re the expert; not working collaboratively
- Criticizing, shaming, blaming; using negative emotions to get the person to change
- Labeling; “that’s because you’re an alcoholic/addict”
- Being hurried
- Giving the impression that you “know what’s best for the individual”

**Practitioner behaviors that tend to decrease discord**
- Using simple and complex reflective statements
  - “You’re wondering if I can help you”
  - “You’re not sure you can trust me”
- Other responses
  - Apologizing – “Sorry, I didn’t mean to lecture you.”
  - Affirming – “You’ve been doing this for a long time and know how to keep yourself safe.”
  - Shifting focus – “Maybe there’s something else that would be more useful to talk about for now.”
  - Emphasizing personal choice and control – “It is entirely up to you. This is your decision. No one else can make it for you.”

*Adapted from Motivational Interviewing, 3rd edition by Miller & Rollnick, 2013*
## MI Self-Appraisal

<table>
<thead>
<tr>
<th>As the interviewer, I...</th>
<th>0- not at all</th>
<th>5- extremely well</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provided a <strong>safe, welcoming</strong> presence with my words and actions. <em>Example:</em></td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>2. Engaged with and showed <strong>genuine interest</strong> in the person, e.g., what she or he enjoys, needs, values. <em>Example:</em></td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>3. Found out and clarified what the person wanted to <strong>focus</strong> on currently. <em>Example:</em></td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>4. Helped explore <strong>both sides of the person's dilemma</strong>, e.g., what's working and what's not; upsides and downsides. <em>Example:</em></td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>5. Avoided trying to “fix” the problem or <em>get</em> the person to change by advising, confronting, warning, or teaching. <em>Example:</em></td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>6. Elicited what might be some possible <strong>reasons</strong> to change <em>if</em> the person were to decide to change. <em>Example:</em></td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>7. Learned about <strong>possible ways</strong> that he or she might go about making this change. <em>Example:</em></td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>8. Asked <strong>how important</strong> it is at this time for the person to make this change. <em>Example:</em></td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>9. Asked <strong>how confident</strong> she or he feels to be <em>able</em> to make this change. <em>Example:</em></td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>10. Inquired about <strong>what steps</strong>, if any, the person might take next. <em>Example:</em></td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>11. Asked permission before providing <strong>information or suggestions</strong>. <em>Example:</em></td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>12. Used the <strong>core skills</strong> of MI (open questions, affirmations, reflective listening, summaries) throughout the conversation.</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>13. Consistently demonstrated the <strong>spirit</strong> of MI:</td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>&gt; <strong>Partnership</strong></td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>&gt; <strong>Acceptance</strong></td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>&gt; <strong>Compassion</strong></td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>&gt; <strong>Evocation</strong></td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

*Developed by Ken Kraybill based on Miller, W.R. & Rollnick, S., Motivational Interviewing: Helping People Change, 2013*
Possible Behaviors for Change

Instructions: Pick a change that you've been thinking about making but haven't made yet. It could be a behavior, attitude, relationship, situation, or role about which you have mixed feelings. It should not be too personal or private (e.g. illegal activities), nor too inconsequential (what to eat for dinner). The dilemma should be something that you feel comfortable talking about with your learning partner.

- Accepting what I cannot change
- Alcohol/other substance use
- Allowing others to take advantage of me
- Anger/frustration management (e.g., cussing)
- Arriving late
- Avoiding action on issues such as the environment or social justice
- Avoiding conflict
- Awfulizing; making “mountains out of molehills”
- Behaviors regarding rules/policies
- Behaviors with my supervisor or managers
- Blaming
- Bossy, pushy
- Can't say no—take on too much responsibility
- Cluttered mind—lack of serenity
- Co-dependent behaviors
- Computer games
- Controlling others
- Creating drama
- Criticizing others
- Criticizing others to third parties
- Diet, food choices
- Disorganized
- Dominating conversations
- Driving behaviors (e.g., speeding, road rage)
- Exercise, under-exercising
- Failure to set priorities, goals
- Failure to take risks
- Failure to reconcile breached relationships
- Failure to volunteer; Always volunteering
- Fear of speaking up
- Fighting lost causes
- Getting even
- Giving unsolicited advice
- Gossiping
- Hard to admit I’m wrong
- Health issues
- Holding grudges
- Impulsive spending
- Interpersonal control issues
- It's all about me
- Judgmental attitudes/behaviors
- Jumping to conclusions
- Know-it-all
- Lack assertiveness
- Lack confidence
- Lack generosity (e.g., giving to worthy causes)
- Lack empathy, compassion
- Lack tolerance
- Leaving undesirable tasks to others
- Listening to spouse, partner, teenage child
- Materialistic
- Meddling
- Money management
- Neglecting time with family or friends
- Not sticking to goals (e.g., furthering education)
- Not doing my part
- Not letting go – “beating dead horses”
- Neglecting my needs for sake of others
- Opinionated
- Over-eating; Under-eating
- Overly concerned about what others think of me
- Overly confident
- Passive-aggressive behaviors
- Pessimism, cynicism
- Perfectionistic
- Picking fights
- Procrastinating
- Smoking
- Social media
- Solving other people’s problems
- Spending emotional energy on issues over which I have no control
- Spiritual or religious disciplines (e.g., church attendance, meditation, study)
- Stirring up conflict
- Taking medications
- Taking offense easily
- Tactless
- Take things too personally
- Too critical of myself
- Too much TV
- Time management
- Too outspoken
- Too neat; too messy
- Unforgiving
- Wasting time
- Whining
- Worry too much
Activity: A Guided Conversation across the Four Processes of MI

*Instruction:* Find a willing partner. As the interviewer in this activity, conduct a 10-15 minute conversation (or longer if you choose) using the template below to guide your conversation. After you conclude, debrief what was helpful (or not) from your own and your partner’s perspective.

**Engaging:**
Begin with an *open inquiry:* “Please tell me about three core values or goals that are important to you in your life?” (perhaps related to health, integrity, creativity, open-mindedness, competency, family, spirituality, community, autonomy, meaningful work, security, fairness, love, and more)

*Listen, using mostly reflections, affirmations or supportive statements;* please, no closed questions, no problem solving or advising

When you feel your partner has had an ample opportunity to self-explore and express her/his perspective regarding the three core values, *summarize* your understanding of what you heard, and then ask, “What would you add to that?”

**Focusing:**
Now you might *ask* this question: “Of these three values, which one would you like to continue to talk about together for the next few minutes?”

**Evoking:**
*Below are possible inquiries you might use in the evoking process. Remember to listen, reflect and affirm as your primary skills.*

“Tell me more about why this value is important to you.” (*Listen, reflect, affirm*)

“In the last month or so, what are some things you have been doing that support this value?” (*Listen, reflect, affirm*)

“In the last month or so, what have been some challenges in supporting this value?” (*Listen, reflect, affirm*)

“How important is it to you to continue making efforts to support this value?” (*Listen, reflect, affirm*)

“How confident are you in being able to do so, if you choose?” (*Listen, reflect and affirm*)

**Planning:**
*Possible inquiries:*

“What are some ways that you might you be considering to more strongly support this value?” (*Listen, reflect, affirm*)

“What would be some next steps you’d be ready to take, to support this value?” (*Listen, reflect, affirm*)

“What or who would be helpful to support you?” (*Listen, reflect, affirm*)

*Adapted from activity developed by Ali Hall*
Instructions: Underline any parts of the patient statements below that sound like change talk, including the less obvious statements that only hint at change. This is not an exact science so don’t be concerned about being right or wrong.

1  Interviewer: Tell me about your drinking.
2  Client: Well, I just love the way it makes me feel. It makes me feel great. I can’t really imagine a day without that feeling.
3  I: It sounds like a day without alcohol would be difficult.
4  C: Yeah, I don’t think I could cope. I mean, I get really stressed by my work, and I need a few drinks to calm down.
5  I: So, you use alcohol to deal with stress.
6  C: Yeah, I don’t think I’ll ever quit drinking. I really don’t want to quit, and I mean, what would be the point?
7  I: You don’t see any reason to quit.
8  C: Yeah, I tell you, just this week I bought a pack of beers from around the world, and I started drinking a different one each day, to start the evening out each night.
9  I: What, if anything, do you not like about alcohol?
10 C: Well certainly, it costs a lot of money. I mean, I’m sure I could spend the money in better ways.
11 I: The money is an issue for you. Is there anything else you don’t like about it?
12 C: Yeah, the way I feel when I wake up. I still feel pretty groggy all day at work. I would like to feel a little more clear-headed.
13 I: You’ve been noticing that the gogginess affects your work.
14 C: Well, certainly I’m a little more short-tempered than I might be. I really gotta get a handle on that. I mean, I’m a salesperson, so if I’m not patient with the idiots who call up wanting something, then I lose the sale.
15 I: So, alcohol has affected your ability to do your job.
16 C: Yeah, I guess so.
17 I: So, on a scale from 0-10, with 0 being not at all motivated, and 10 being extremely motivated, how motivated would you say you are to cut down or quit drinking?
18 C: I’d say a 2.
19 I: And why not a 0? Why not the lowest possible motivation?
20 C: Well, I really want to feel better at work. And, I need to make more sales, which means I need to drink less. And things would certainly be better financially if I wasn’t spending so much money on alcohol. In fact, I’d say I’m more around a 3 than a 2. I just don’t think I can do it, you know. I don’t think I can cut down.
21 I: So, part of you is not sure you’d be able to cut down, and yet another part of you wants to cut down, has reasons to cut down, and thinks you need to cut down.
Change Plan Worksheet

A change I want to make...

The reasons why I want to make this change...

My strengths and skills that will help me be successful...

Specific ways others can assist and support me...

| Person, program, resource | Ways to assist and support |

The next steps I plan to take...

How I’ll know when my plan is working...

Who I’ll turn to if I get discouraged...

How I’ll celebrate successes along the way...
MI Self Check for Practitioners

Individuals I meet with would say that I...

☐ Believe that they know what’s best for themselves
☐ Help them to recognize their own strengths
☐ Am interested in helping them solve their problems in their own way
☐ Am curious about their thoughts and feelings
☐ Help guide them to make good decisions for themselves
☐ Help them look at both sides of a problem
☐ Help them feel empowered by my interactions with them

*Adapted from Hohman. & Matulich. Motivational Interviewing Measure of Staff Interaction, 2008*

Selected Resources


Website: [www.motivationalinterviewing.org](http://www.motivationalinterviewing.org)

What are Communities of Practice?

Communities of practice are formed by people who engage in a process of collective learning in a shared domain of human endeavor: a tribe learning to survive, a band of artists seeking new forms of expression, a group of engineers working on similar problems, a clique of pupils defining their identity in the school, a network of surgeons exploring novel techniques, a gathering of first-time managers helping each other cope. In a nutshell:

Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly.

Note that this definition allows for, but does not assume, intentionality: learning can be the reason the community comes together or an incidental outcome of member's interactions. Not everything called a community is a community of practice. A neighborhood for instance, is often called a community, but is usually not a community of practice. Three characteristics are crucial:

1. **The domain:** A community of practice is not merely a club of friends or a network of connections between people. It has an identity defined by a shared domain of interest. Membership therefore implies a commitment to the domain, and therefore a shared competence that distinguishes members from other people.

2. **The community:** In pursuing their interest in their domain, members engage in joint activities and discussions, help each other, and share information. They build relationships that enable them to learn from each other.

3. **The practice:** A community of practice is not merely a community of interest – people who like certain kinds of movies, for instance. Members of a community of practice are practitioners. They develop a shared repertoire of resources: experiences, stories, tools, ways of addressing recurring problems—in short a shared practice. This takes time and sustained interaction.

It is the combination of these three elements that constitutes a community of practice. And it is by developing these three elements in parallel that one cultivates such a community. Communities of practice are not called that in all organizations. They are known under various names, such as learning communities, learning groups, or learning circles.

Communities of practice come in a variety of forms. Some are quite small; some are very large, often with a core group and many peripheral members. Some are local and some cover the globe. Some meet mainly face-to-face, some mostly online. Some are within an organization and some include members from various organizations. Some
are formally recognized, often supported with a budget; and some are completely informal and even invisible.

Communities of practice have been around for as long as human beings have learned together. At home, at work, at school, in our hobbies, we all belong to communities of practice, a number of them usually. In some we are core members. In many we are merely peripheral. And we travel through numerous communities over the course of our lives.

In fact, communities of practice are everywhere. They are a familiar experience, so familiar perhaps that it often escapes our attention. Yet when it is given a name and brought into focus, it becomes a perspective that can help us understand our world better. In particular, it allows us to see past more obvious formal structures such as organizations, classrooms, or nations, and perceive the structures defined by engagement in practice and the informal learning that comes with it.

Adapted from: www.ewenger.com/theory/index.htm

**Motivational Interviewing Learning Communities**

Learning together is often more fun than learning alone. Not everyone has access to an expert MI coach, but it may be easier to find colleagues who are also interested in developing their skills in MI. We have been experimenting with such learning communities as a resource to support continued development. There need not be an identified expert in the group, although some do invite an experienced coach to visit with them occasionally. The idea is peer-supported learning, to puzzle together over questions like:

“How could I apply MI in this particular situation?”
“What is a good next step in practicing MI?”
“How else might I have responded at that point in the session?”
“Should I be trying MI in this situation?”
“What interviewer responses seem most likely to evoke change talk?”

We believe that, as with coaching, listening to each other’s practice is a crucial resource for learning. So is practicing skills together. Talking about MI is not as likely to promote learning as actually practicing skills within a supportive learning community. We recommend that every meeting include some listening to practice recordings and some skill practice. Some clinicians who have developed a learning community of this kind have told us that they look forward to the meetings as one of the most rewarding experiences of their week or month. Here are some practical suggestions for skill practice with learning communities.

1. Focus on a particular interviewing skill or task. If you’re trying to increase your use of complex reflections, focus on that.
2. Try using “real play” instead of role play. That is, have the colleague who is speaking as a “client” talk about something real, such as a change that he or she is actually considering or wanting to make. We find that this tends to promote learning better than enacted role plays.

3. Don’t let practice go on too long before you stop for discussion. Usually 10 minutes is enough time to get in some good practice without boring observers.

4. Give observers something to do while watching. If there is more than one observer, they could use different coding tasks such as counting reflections, questions, or both; listening for change talk and sustain talk; when change talk occurs, what was the next thing the interviewer said; listening for any responses that might be inconsistent with an MI style such as giving advice without permission, confronting, or arguing with the client.

5. When a practice is done, the first person to comment on it should be the one who was practicing MI. What were they experiencing during the interview? Next, the “client” should comment. What did the “client” experience during the conversation? What was particularly helpful? Then observers can provide their objective feedback based on their structured coding tasks. Observers should focus on the positive. It is very easy (and demoralizing) for observers to make many specific critiques and suggestions. Avoid the righting reflex here too. Focus on what was good about what was observed.

6. If someone is to make a recommendation of something to try, let it be just one suggestion. Changing one thing is plenty to try on subsequent practice.

A caution here is that with solely peer-led learning groups it is possible to get off track without realizing it. At least periodic check-ins with a well-trained observer/coach are advisable.

Adapted from Motivational Interviewing, 3rd edition by Miller & Rollnick, 2013 (pages 327-329)

**Recommendations for an MI Peer Support Group/Community of Practice**

MINT, 2009

Developing proficiency in motivational interviewing (MI) is rather like learning to play a sport or a musical instrument (see Coyle, 2009; Miller et al., 2006). Some initial instruction is helpful, and real skill develops over time with practice, ideally with feedback and consultation from knowledgeable others. One way to do this is to form a local group to support and encourage each other in continuing to develop proficiency in MI. When a group like this is well done, participants enjoy coming and sometimes say that it is one of the most interesting and rewarding aspects of their job. Here are some ideas for such a group.
1. Schedule regular meetings for the sole purpose of working together to strengthen MI skills. Don’t let administrative details or other agenda items fill the time. An hour meeting once or twice a month would be one possibility.

2. In early meetings, it may be helpful to discuss specific readings. There is a rapidly growing list of books and articles at www.motivationalinterviewing.org. Periodically the group may also wish to watch "expert" tapes, coding and discussing the skills being demonstrated in them. For those particularly interested in new research on MI, a "journal club" of 20 minutes or so might be added. Take it easy with any reading assignments, though. People learn a lot, and fast, just from bringing in and discussing tapes (see #3).

3. A key learning tool to be included in regular meetings is to listen together to and discuss tapes of participants’ MI sessions. Some groups have experienced that the energy and engagement level of the group picked up when they began to listen to each other’s tapes. A rotation schedule can be arranged whereby participants take turns bringing in new tapes. We recommend listening to and discussing one tape per session. A 20-minute segment of tape is probably about right. We recommend using a recording device with external microphone(s) to improve the quality of sound and facilitate listening.

4. Written permission should be obtained from clients for this use of recording, explaining how the tapes will be used, who will hear them, and how and when the tape will be destroyed.

5. Be sure to thank and support those who bring in a tape to share. They are taking a risk and being vulnerable, which can be difficult, particularly early in the life of a group. Beware of having high “expert” expectations when someone is just beginning.

6. Rather than simply listening to a tape, make use of some structured coding tools. Some examples are:
   - Counting questions and reflections
   - More generally coding OARS
   - Coding depth of reflections (simple vs. complex)
   - Counting client change talk, and noting what preceded it
   - Tracking client readiness for change during the session, and key moments of shift
   - Coding forms can be found on www.motivationalinterviewing.org. Participants may use the same coding form and compare their findings, or participants can use different coding forms to attend to different aspects of the session.

7. In introducing a session to be heard by the group, it is advised to indicate what target(s) for behavior change is being pursued. Without this, it is not possible to identify change talk, which is goal-specific.

8. In discussing a participant's tape, it is suggested that the person who did the interview comment first on its strengths and areas for improvement.
9. In discussing any tape, focus discussion on the ways in which the session is and is not consistent with the spirit and method of MI. Again, it is useful for the person who did the interview to lead off this discussion. Participants can ask each other, “In what ways was this session MI consistent?” and “What might one do to make this session even more MI consistent?” When providing feedback to each other, adhere to the supportive spirit of MI. Always emphasize what you heard or saw that seemed particularly effective and consistent with the style of MI. One approach is a “feedback sandwich” in which any suggestion for further strengthening practice is sandwiched between ample slices of positive feedback. The group atmosphere should be fun and supportive, not pressured or competitive. Group participants report that they often learn more from helping others than from receiving feedback on their own tapes.

10. Focus on what is important within MI. There is always temptation to wander off into more general clinical discussion of cases: Focus learning on the spirit, principles, and practices of MI.

11. The group may focus on practicing and strengthening specific component skills of MI. One such sequence of skills to be learned is described in: Miller, W. R., & Moyers, T. B. (2006). Eight stages in learning motivational interviewing. Journal of Teaching in the Addictions, 5, 3-17.

12. Some groups begin with a “check-in” period in which anyone can bring up an issue for discussion.

13. Bringing coffee and refreshments can add to the relaxed atmosphere of a group.

14. Consider whether there is a prerequisite for participating in the group. Some groups have required, for example, that participants complete an initial training in MI before beginning to attend. Others have left the group open for any who wish to learn MI skills.

15. Consider whether you want to contract for a specific length of time or number of meetings together. If so, at the end of this time each member can consider whether to continue for another period.

16. An “MI expert” in the group might resist taking on an expert role, because doing so can stifle participation and learning. Don’t withhold your expertise, particularly if invited, but avoid a pattern of interaction in which the group always looks to the expert for the “right” answers.

17. Most of all enjoy this privileged learning time together. As with other complex skills like chess, golf, or piano, gaining proficiency in MI is a lifelong process (see Coyle, 2009). A real source of fun and learning in these groups is admiration for the many artful ways that people find to apply MI within their own clinical style and the people with whom they work.
Selected Online MI Resources

MI Resources – MINT website
http://www.motivationalinterviewing.org/motivational-interviewing-resources

MI Learning Activities
MI Training for New Trainers Manual 2014 (213 pages - allow extra time to download)

Interactive MI iBook
Authors: Ken Kraybill, Jeff Olivet, Scott R. Petersen, Collin Whelley

MI Podcast series: Changing the Conversation
http://us.thinkt3.com/podcast
16 October 2015 What is Motivational Interviewing? Ken Kraybill
24 September 2018 Motivational Interviewing 1: Ali Hall & Ken Kraybill
8 October 2018 Motivational Interviewing 2: Susan Butterworth and Ali Hall
(More to come)

Podcast: The Power of Motivational Interviewing
Revolution Health Radio – podcast #49
Chris Kresser interviews Ken Kraybill (June 2018)
https://chriskresser.com/podcasts/

MI Learning and Demonstration Clips
William Miller on MI (~ 2 min.) https://www.youtube.com/watch?v=a0chqEXb43w

William Miller and MI and Quantum Change (~ 1 hr 25 min – starts at around 8.5 minute mark)
https://www.youtube.com/watch?v=2yvuem-QYCo

Intro to MI - Bill Matulich (~ 17 min) https://www.youtube.com/watch?v=s3MCJZ70GRk

Empathy: The Human Connection (~ 5 min) https://www.youtube.com/watch?v=cDDWvj_q-o8

Motivational Interviewing in Child Welfare Services (~ 39 min)
http://ats.ucdavis.edu/ats-video/?kmid=0_pcc9au5x

MI in Dental Practice
- How NOT to do Motivational Interviewing in Dental Practice Addressing Tobacco Use with David - Marilyn Herie (~ 3 min) https://www.youtube.com/watch?v=SytVckoox4U
- Motivational Interviewing in Dental Practice Addressing Tobacco Use with David - Marilyn Herie (~ 4 min) https://www.youtube.com/watch?v=rFLrDvUexC8
- Motivational Interviewing in Dental Practice: Emily's Oral Piercing
https://www.youtube.com/watch?v=HMS6acj3Fjw
MI with Survivors of Intimate Partner Violence (scenarios 1, 2, 3)
- Emmy’s first encounter with an IPV counselor (~ 23 min)
  https://www.youtube.com/watch?v=P3IUXQ4kkHs
- Vanessa’s second meeting with a hospital social worker (~ 16 min)
  https://www.youtube.com/watch?v=lrnkEQRUyJM
- Liv’s fourth session with an IPV advocate (~ 18 min)
  https://www.youtube.com/watch?v=jxNBQKMW1wg

MI in a Vocational Rehabilitation Setting (The videos below feature two different VRC’s and follow “William” from intake to the decision to move forward to build a VR plan for employment and the steps he commits to takes.)
- Building engagement during the intake process https://youtu.be/Z0mSNm20ZWU
- Using agenda mapping to focus the conversation https://youtu.be/b4xqR_gzVXo
- Conversation about values to demonstrate sustained reflective listening practice to deepen meaning https://www.youtube.com/watch?v=0DAncPnGOiw
- Roadmap for change strategy https://youtu.be/ZIEa6UPlufU
- Change planning conversation https://www.youtube.com/watch?v=oZmvfMaEPK4

MI in a Vocational Rehabilitation Setting (The videos below demonstrate a team intake and three picture card sort activities to generate information about “Mike’s” preferences, strengths, priorities, needs and concerns to contribute to a “comprehensive assessment” for development of a VR plan for employment. Mike experiences an intellectual and developmental disability.)
- Building engagement with a group during the intake process. Includes Mike, family member and advocate https://youtu.be/RyT6I66jtbI
- Strengths Picture Card Sort https://youtu.be/EfPTNZdWYE4
- Values Picture Card Sort https://www.youtube.com/watch?v=miOEme0JL8o
- Roadblocks Picture Card Sort https://youtu.be/R0JQVpmTWds

MI for the Busy Clinician: Mr. Smith’s Smoking Evolution
https://www.youtube.com/watch?v=0z65EppMfHk (~ 10 min)

Stop It – Bob Newhart (An example of what MI is not!)
https://www.youtube.com/watch?v=n-Tej0297wk (~ 6 min)
Open Questions Practice Sheet

Convert the closed questions below to open ones. Remember there are many possible responses. Be creative. Come up with at least five open questions for each example. You want your questions to *elicit* the person's thoughts, feelings, concerns, hopes, etc. regarding the topic. It's usually wise to avoid asking *why* questions, as they can have an accusatory or demanding tone, and thus put people on the defensive.

*Have you been homeless a long time?*

*Is there some reason you can't check your blood sugar twice a day?*

*Did you make it to your appointment at the clinic?*

Write at least three open questions for each of the four processes that one would likely ask when having a conversation about change.

*ENGAGING*

*FOCUSBING*

*EVOKING*

*PLANNING*
Activity: Providing Affirmations

1. Think of someone you consider a friend. Write down one or more affirming statements that you might say to this person under each of the four categories below.
   - Highlight positive traits or skills
   - Prize of the person in general
   - Emphasize intentions and actions
   - Reframe actions or situations in a positive light

2. Now, think of someone who is rather difficult for you to be around or perhaps “pushes your buttons.” Write down one or more affirming statements that you might say to this person under each of the four categories listed below.
   - Highlight positive traits or skills
   - Prize of the person in general
   - Emphasize intentions and actions
   - Reframe actions or situations in a positive light

3. What did you notice about providing affirmations in these two examples?

Forming Reflections

**Overview:** In groups of 3-6, practice forming and responding with reflective statements to what a Speaker says. Choose from the activities below, or make up your own.

1. A designated Speaker begins talking about a topic (favorite activity, person who inspires them, decision they're facing, challenging situation, dilemma, other) for 30-45 seconds. In turns, each person in the circle responds with a reflective statement choosing different reflection stems listed below. After several rounds, repeat the activity with another Speaker.

2. As in #1, a designated Speaker begins talking about a topic. This time the person to the left of the Speaker responds with a reflective statement using one of the stems below. The Speaker responds briefly to that statement and then the next person in the circle forms a reflection based on what the Speaker just said, thus deepening the conversation. After several rounds, repeat the activity with another Speaker.

Sounds like...  Your concern is that...
You're saying that...  You're hoping for...
You're feeling...  Your fear is that...
Almost as if...  It seems that...
It's like...  You're not terribly excited about...
It feels like...  You're not much concerned about...
For you, it's a matter of...  This really...
From your point of view...  You feel so...
As you see it...  It's really important to you that...
You...  You're not really...
You're wondering  You feel as though...
You really...  What I heard you say was...
You believe...  (Others)

*Stems list adapted from Community Care of North Carolina MI Resource Guide*
Using Reflective Statements Strategically

For each client statement, respond with sample reflective statements that:

- Convey empathy/understanding, or
- Recognize ambivalence, or
- Highlight change talk

**Example**
I’ve been having a lot of dizzy spells and should probably go to the clinic, but to be honest, I don’t think I even want to know if there’s something serious going on.

- Convey empathy/understanding: “You’re worried about your health.”
- Recognize ambivalence: “It’s scary to think about what they might find; and at the same time, it’s kind of scary not knowing why you’re having these spells.”
- Highlight change talk: “A part of you feels like you’d like to get more information about what’s going on with your health.”

I know I could do some things differently, but if she would just back off, then the situation would be a whole lot less tense; then these things wouldn’t happen.

I’ve been depressed lately. I keep trying things other than drinking to help myself feel better, but nothing seems to work, except having a couple of drinks.

So, I’m not too worried, but it’s been over a year since I’ve had an HIV test. I know I’m not perfect, but why do they have to always tell me what to do. I’m not 3!

I probably should, but I don’t use condoms. It’s not my thing.

I might have a problem, but who are you to be giving me advice. What do you know about drugs? I bet you’ve never even smoked a joint!

I don’t think I have a drinking problem. It’s just that my partner is overly sensitive because her dad was an alcoholic.

*Adapted from Rosengren, DB. (2009). Building Motivational Interviewing Skills: A Practitioner Workbook*
Forming and Offering Summaries

Instructions:
1. Find a conversation partner with whom to practice. Invite your partner to engage in a 10-15 minute conversation about a personal concern or dilemma that they’d be willing to explore.

2. Use your MI spirit (partnership, acceptance, compassion, evocation) and conversation skills (open questions, affirmations, and reflections) to explore your partner’s identified issue or concern.

3. After approximately 5-7 minutes, at a point in the conversation that seems fitting, offer a collecting summary using the framework below:

   1. In your own words, begin by signaling that you’d like to summarize what you’ve heard thus far.
   2. Consider what to include in your summary with an eye towards reflecting empathy and understanding, noting both sides of ambivalence that you hear, and/or highlighting language that favors change.
   3. Offer your summary (keeping it relatively concise).
   4. End with an invitation – e.g. What do you make of that? What would you add? What did I miss?

4. Continue to carry on the conversation for another 5-7 minutes and notice when the conversation is coming to a transition point (for example, when the conversation is moving from the focusing process to evoking, from evoking to planning, from the planning process to wrapping up the conversation, or perhaps some other transition such as moving to another topic of focus). Offer a transitional summary at this point using the framework described above.

5. Debrief the activity together, with the interviewer commenting first. What was your experience like facilitating the conversation? What did you do well in forming and providing summaries? What’s one thing you might do differently next time? Then, have the “client” comment. What was your experience during the conversation? What did the interviewer do well in providing summaries? What’s one thing you might suggest that the interviewer do differently next time?

6. Switch roles as you wish and repeat the activity.
Rowing with OARS (with Observers)

**Purpose:** Interviewers practice how to use OARS strategically to move toward a particular change goal.

**Overview:** Once one is comfortable using OARS in a nondirective manner, the next task is to learn how to use selective questions, affirmations, reflections and summaries to evoke change talk.

**Guidelines:** Work in groups of four: One speaker, one interviewer, and two observers at a time. The speaker’s topic is “One thing in my life (or about myself) that I would like to change...” This instruction is to start with a topic about which the person already has some desire to change, and therefore soliciting change talk should be both easier and natural.

The interviewer’s task is to use OARS to evoke change talk (e.g. desire, ability, reasons, need, important, confidence, and commitment to change). It may be useful to discuss beforehand various methods for eliciting change talk or have a menu from which to choose (see Methods for Evoking Change Talk below). The interviewer should refrain from giving advice, and stick to the OARS, being careful to offer more reflections than questions.

One observer uses an OARS sheet and records occurrences of each of these responses. The usual procedure is to make hash marks next to O, A, R, and S as these occur, and also to write down what the observer regarded to be particularly good examples of each.

The second observer listens for change talk from the speaker. You can assign this coder to work in various ways, such as (1) simple counting of change talk statements, (2) placing hash marks in D A R N and C categories, (3) writing down particularly good examples of change talk, (4) rating the strength of change talk, (5) also tracking sustain talk, or (6) also noting what the interviewer did right before each change talk statement.

The interviewer may pause at any point in the conversation to consult with the observers.

Allow the conversation to proceed for about 8-10 minutes, and then give a 2-minute warning at which time the interviewer should offer a bouquet summary of the speaker’s change talk and ask what the speaker might add to that.

Debrief the exercise by 1) having the interviewer talk about what he/she did well and one thing to improve upon, 2) having the speaker tell the interviewer all the things the interviewer did well, and one suggestion for improvement, and 3) have the observers report what they observed using their coding sheets to summarize their observations, and mention particularly good examples that they noted.

**Methods for Evoking Change Talk**

**Asking evocative questions**

*What worries you about your current situation?*

*Why would you want to make this change?*

*How might you go about it, in order to succeed?*
Using the importance ruler (also use regarding person’s confidence to change)

On a scale of 0 to 10, how important is it for you to make this change? Tell me about being at ___ compared to (several numbers lower)? What would it take to move from ___ to (next highest number)? And how I might I help you with that?

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all important</td>
<td>Extremely important</td>
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**Exploring extremes** – What concerns you absolutely most about ___? What are the very best results you could imagine if you made a change?

**Looking back** – What were things like before you began drinking more frequently?

**Looking forward** – How would you like things to be different in the future regarding ______?

**Exploring goals and values** – What’s most important to you in life? What are the rules you’d say you live by? How does drinking fit with your personal goals?

**Notes:** This is quite a complex exercise, and benefits from the trainer/facilitator circulating, observing, and coaching. The exercise can be repeated if desired, so that each participant gets to play each role.

*Adapted from David Rosengren and Bill Miller*
Change Talk Quiz
*Modified from Moyers & Martin, 2005*

**Instructions:** Underline any parts of the client statements below that sound like change talk, including the less obvious statements that only hint at change. This is not an exact science so don’t be concerned about being right or wrong.

1. **Interviewer:** Tell me about your drinking.
2. **Client:** Well, I just love the way it makes me feel. It makes me feel great. I can’t really imagine a day without that feeling.
3. I: A day without alcohol would be difficult.
4. C: Yeah, I don’t think I could cope. I mean, I get really stressed by my work, and I need a few drinks to calm down.
5. I: So you use alcohol to deal with stress.
6. C: Yeah, I don’t think I’ll ever quit drinking. I really don’t want to quit and I mean, what would be the point?
7. I: You don’t see any reason to quit.
8. C: Yeah, I tell you, just this week I bought a pack of beers from around the world, and I started drinking a different one each day, to start the evening out each night.
9. I: What, if anything, do you not like about alcohol?
10. C: Well certainly, it costs a lot of money. I mean, I’m sure I could spend the money in better ways.
11. I: The money is an issue for you. Is there anything else you don’t like about it?
12. C: Yeah, the way I feel when I wake up. I still feel pretty groggy all day at work. I would like to feel a little more clear-headed.
13. I: The grogginess affects your work.
14. C: Well, certainly I’m a little more short-tempered than I might be. I really gotta get a handle on that. I mean, I’m a salesperson, so if I’m not patient with the idiots who call up wanting something, then I lose the sale.
15. I: So, alcohol has affected your ability to do your job.
16. C: Yeah, I guess so.
17. I: So, on a scale from 0-10, with 0 being not at all motivated, and 10 being extremely motivated, how motivated would you say you are to cut down or quit drinking?
18. C: I’d say a 2.
19. I: So, why not a 0? Why not the lowest possible motivation?
20. C: Well, I really want to feel better at work. And, I need to make more sales, which means I need to drink less. And things would certainly be better financially if I wasn’t spending so much money on alcohol. In fact, I’d say I’m more around a 3 than a 2. I just don’t think I can do it, you know. I don’t think I can cut down.
21. I: So, I’m really hearing two things. You want to cut down, you need to cut down and you have reasons to cut down, but you’re not sure that you will be able to cut down?
22. C: Yeah, I’m afraid it might be too hard.
23. I: It sounds like drinking has been part of your life for a long time.
C: Since I was fourteen. My friends and I used to shoplift it from the Quickie Mart down the street. We got caught a few times, but we just kept doing it. Then after high school, I had a friend at work that would buy it for me, but only if I paid and he got half of the booze. That was hard because I was spending almost all my paycheck just to get half the booze.

I: So it cost quite a bit back then. How about now? You mentioned the money before.

C: I’d say I spend way too much on it these days. But, I gotta have that buzz after work, like I said.

I: Without it you’d be too wound up to function.

C: Well, I don’t know about function. I’d function OK, I guess, I just wouldn’t be as happy.

I: What other things do you like to do?

C: I like to watch TV, hang out with my friends, but they all drink too. And I like to go see movies.

I: And you’re not drinking when you see movies.

C: No, a movie is usually distracting enough that I can go without until I get home. I suppose I could go see a movie every night! I think I’ll try that. Two hours without drinking is like 4 less beers a night.

I: And cheaper than 4 beers, I would imagine.

C: Not when you drink like I do. I get the cheapest beer possible, because I drink so much of it. A movie costs $10 these days, but 4 beers only costs me like 2 bucks.

I: So, seeing a move wouldn’t really help financially, but you would probably feel better the next day.

C: Yeah, and I would probably be more patient on the phone with customers, which might mean more sales. That would help financially. I get paid on commission.

I: Are there periods in your life when you didn’t drink?

C: Yes, once I quit for a couple of weeks.

I: It wasn’t something you wanted to keep doing.

C: Well, I was more productive, but the stress was terrible. I started to exercise, and that helped.

I: So, you were able to quit for two weeks, and exercise helped reduce the stress that you felt from work.

C: Yep. You know, I bet I could do that again. I could exercise.

I: So, it sounds like you have two plans in mind, to go to a movie each night and to exercise to relieve stress. Do you think you could do both?

C: I don’t see why not. It might even help me to eventually quit.

Instructions: After underlining all of the change talk, go back and note in the odd-numbered squares which of the O-A-R-S the interviewer uses. Notice how they are used to both elicit and respond to change talk throughout the conversation.
Snatching Change Talk from the Jaws of Ambivalence
Adapted from Bill Miller & Terri Moyers

Instructions:
I. Underline the change talk (desire, ability, reason, need or commitment) in statements 1-10.
II. Form triads: Client, Listener 1, Listener 2
   • Client reads entire statement of ambivalence. Listener 1 responds to change talk with reflective statement. Client responds with more change talk.
   • Listener 2 responds to new change talk with reflective statement. Client responds with even more change talk. (Rotate roles and go to next statement.)

Example: I really don’t want to stop smoking, but I know that I should. I’ve tried before and it’s really hard.
Options: A. You really don’t want to quit. B. It’s pretty clear to you that you ought to quit. C. You’re not sure if you can quit. (Option B is the reflection that reinforces the change talk.)

1  I don’t drink any more than most people I know. Sure, I sometimes feel a little foggy the next day, but it wears off quick. It’s no big deal.
2  Sure, I want my kids back, and I want to be a good mother, but the court’s making it impossible. There’s no way I can do all those things they’re making me do.
3  I wasn’t doing anything wrong! I just went along for the ride, and I didn’t know they were going to grab that lady’s purse. Now they’re saying that I violated my probation. I guess it’s not smart to be cruising around at 2 in the morning but it happened so fast, there was nothing I could do about it. I didn’t break any laws, and I’m not going back to jail for this.
4  It’s such a hassle to take those pills. I’m supposed to remember to take them 4 times a day and half the time I don’t even have them with me. I guess there’s a good reason for it, but it’s just not possible for me.
5  Last time I tried to quit smoking, I was really bad to be around for 5 days. I was just going off on everybody. But, then, after that I was pretty cool and then after 2 weeks, I was able to be cool all the time. But, I can’t be losing my cool with people for 5 days you know. In my situation, if I go off on the wrong people, it could be bad man, real bad.
6  Sometimes, doing my rituals makes me want to scream. But, then I think, if I didn’t have my OCD, I’d probably be a lot less conscientious. I think my OCD is part of what makes me a good person.
7  Hey, I can’t go inpatient. If I’ve got to go someplace, why can’t I go to AA or something? If I go inpatient for 28 days, I’m going to lose my job, plus a lot of other bad stuff. You understand what I’m saying.
8  When you take that first hit man, there’s no feeling like it. At that moment, you just don’t care about all the bad stuff drugs do to your life; it’s just this amazing rush and nothing else matters.
9  Yeah, I was going to night classes. I went every day, did my homework and I admit, I was feeling good about that. But, it’s gotten just too hard, you know, it’s causing me to be tired at work, and even though my wife says she’s for me finishing, I can tell she is getting tired of having the extra burden with the kids and all. Man, I would like to have that certificate, though.
10 I have no time to go to counseling. I really hate that I’m so much more impatient with my kids than I used to be because I’m so miserable. But, I can’t leave them alone. I don’t trust anyone else to take care of them the way I do.
Change Plan Worksheet

A change I want to make...

The reasons why I want to make this change...

My strengths and skills that will help me be successful...

Specific ways others can assist and support me...
*Person, program, resource*       *Ways to assist and support*

The next steps I plan to take...

How I’ll know when my plan is working...

Who I’ll turn to if I get discouraged...

How I’ll celebrate successes along the way...
Four Processes in the Round

Set-up
1. Practice in groups of approximately 4-8.

2. Have the group come up with a client scenario to practice MI skills through the four processes of Engaging, Focusing, Evoking, and Planning. Use less challenging scenarios for groups who are newer to MI, and more challenging ones for groups with more advanced skills. Choose someone, perhaps the person who identified the scenario, to take on the client role.

3. Explain that the group will go around the circle and take turns using the core interviewing skills of MI (OARS) to move through each of the four processes. Before each process, the group will first discuss possible ways to approach that process, and then debrief what happened after each process is completed. It may also be useful in the midst of practice to pause for brief discussion, feedback or coaching.

Exercise example
After briefly discussing how we might proceed in Engaging with this "client," the person to the left of the "client" begins the conversation and starts with Engaging. The aim is to go for a few exchanges (using more reflections than questions) before passing it on to the next person to the left (a clock-wise movement around the circle). Several people continue practicing Engaging until the trainer/facilitator calls time and the group then debriefs.

This structure is followed for each of the remaining processes of Focusing, Evoking, and Planning. During each process practice, the trainer/facilitator allows the flow to continue, or may choose to briefly stop action and coach in the moment, or may allow the group to briefly discuss a question that emerges, or someone may offer a suggestion they have for how someone might proceed.

The trainer/facilitator keeps an eye on the clock and moves things along to ensure all participants have an opportunity to practice.

Adapted from and with thanks to Sandy Downey
MI Conversation Exercise

Instructions: Consider doing this exercise with a learning partner. Have one person read the client’s part and one read the health coach’s part. Initially read through the entire conversation to make it “come alive.” Then go back and discuss your observations and respond to the prompts in Column B.

Key: CL is “client;” HC is “health coach.” Assume that introductions have been made and the conversation is starting. Read the conversation in Column A and in Column B write your observations focusing on:

- **Type of client speech:** is it sustain or change talk or a mix of both
- **Method(s)** used by the health coach from OARS+E and any specific type of method from the skills list: there may be more than one used in the exchange, reflection, open question, affirmation, summary, exchanging information, etc.
- What MI process is represented: Engaging, Focusing, Evoking, Planning
- Identify the type of summary (gathering, linking or transitional) when instructed: gathering or collecting information offered by the client; linking different topics explored to shine a new light on the subject; and transitional, usually accompanied by a key question, which moves the conversation from one process to the next
- Comment on how the client’s change talk is acknowledged and invited where you notice it.

<table>
<thead>
<tr>
<th>A. Conversation</th>
<th>B. Observation</th>
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</thead>
<tbody>
<tr>
<td>HC: What are your main concerns today?</td>
<td>Method(s):</td>
</tr>
<tr>
<td>CL: My doctor said I needed to focus on my stress, that the way I do or do not handle it is causing me health problems.</td>
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<tr>
<td>HC: It was more of your doctor’s idea for you to be here than yours.</td>
<td>Method(s):</td>
</tr>
<tr>
<td>CL: Well, I would not be here otherwise, but I don’t think it is a bad idea.</td>
<td></td>
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<tr>
<td>HC: You have some concerns yourself.</td>
<td>Method(s):</td>
</tr>
<tr>
<td>CL: I’m 55 years old, work at a high stress job where I see others my age or younger getting laid off. I work lots of hours to make sure they see me as productive. This keeps me pretty tense and I guess my doctor thinks my high blood pressure stays up because of this and how I do or do not handle the stress.</td>
<td></td>
</tr>
<tr>
<td>HC: You mentioned that earlier. Tell me what goes on with you and stress.</td>
<td>Method(s):</td>
</tr>
</tbody>
</table>
CL: I guess I am like a lot of people I know. I don't take time for lunch, just eat something fast, like a slice of pizza; I drink coffee or some kind of caffeine all day. Once I leave work and get home, I have a few drinks at night and just sit on the sofa and watch TV until bedtime and then I don’t sleep well. Then I get up and do it all again. I often work on at least one day on the weekend and the other day, I just sit around, drink some beer and watch sports on TV.

HC: A very tiring, vicious cycle of your life where you are never quite off duty, never relaxed. You do things during the day to keep going and then just collapse at home. And your doctor has concerns about your blood pressure as well.

CL: You got it right! At this rate I may not even make it to retirement. I might have a heart attack or stroke before they can even lay me off!

HC: This is serious from your point of view. What concerns you the most?

CL: Well, my own father died when he was 59 from a heart attack; he had high blood pressure, never took any time to relax, and he worked himself into the grave.

HC: You can see yourself on the same path and that really has your attention.

CL: Right! I don’t want that to happen to me but I don’t have a clue what to do. Like you said, I am in a cycle here and just keep doing the same thing. I’m gaining weight, and I feel tired all the time.

HC: And it seems like even more than what is going on with you that has you thinking about it; also what you saw happen to your father has you concerned. You want to avoid the same outcome and are not sure yet where to start.

CL: When Dr. Jones told me it is time to get serious, to come talk to you, I guess I was a little relieved, that he was saying I didn’t have to just let this happen, that maybe it’s not inevitable.

HC: You recognize it is time to do something. You are taking responsibility and are hopeful we can figure out something that would be helpful.

What is the process thus far?
Let me see if I understand thus far, you want to be healthier and reduce stress, and the way you have been handling the stress from your job hasn't been helping much, you feel even worse. You mentioned being concerned about your food choices, sitting around, not getting adequate exercise and drinking each evening.

Where do you think we should start?

<table>
<thead>
<tr>
<th>Method(s):</th>
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<tbody>
<tr>
<td>Type of summary?</td>
</tr>
<tr>
<td>What process is next with this question?</td>
</tr>
<tr>
<td>Why does the health coach ask the client, rather than decide or become directive?</td>
</tr>
<tr>
<td>What way of responding could have created discord?</td>
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</tbody>
</table>

CL: My doctor thinks I should make a change in how much I drink, kind of a shock to me.

<table>
<thead>
<tr>
<th>Method(s):</th>
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<tbody>
<tr>
<td>How is client's change talk acknowledged or invited?</td>
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</tbody>
</table>

HC: You were surprised. What is your understanding about why he is focusing on alcohol?

<table>
<thead>
<tr>
<th>Type of client speech:</th>
</tr>
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<tbody>
<tr>
<td>How specific kind of reflection is this?</td>
</tr>
<tr>
<td>How could discord have been created?</td>
</tr>
</tbody>
</table>

CL: This is what he told me: alcohol can raise blood pressure, disrupt sleep, and cause weight gain. He said if I did better with how much I drink, that might help. Now he didn't say I am an alcoholic and I don't think I am, just that some changes would help me in a lot of ways.

HC: You don't want to be labeled and at the same time, you are paying attention to what your doctor said.

<table>
<thead>
<tr>
<th>Type of client speech:</th>
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</thead>
<tbody>
<tr>
<td>What process is starting now?</td>
</tr>
<tr>
<td>How is client's change talk acknowledged or invited?</td>
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</table>

CL: I like drinking but I don't want to make things worse for myself.

HC: You feel two ways about this, not wanting to give up a pleasure and also not wanting to risk your health.

<table>
<thead>
<tr>
<th>Type of client speech:</th>
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<tbody>
<tr>
<td>What will I do?</td>
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</table>

CL: Drinking helps me relax, unwind so if I don't do that as much, what will I do?
<table>
<thead>
<tr>
<th>HC: You don't want to be left with no way to unwind, since your life is pretty stressful. If you were considering changing how you use alcohol and looking at some other ways to relax, what are some ideas you have?</th>
<th>Method(s): How is client's change talk acknowledged or invited?</th>
</tr>
</thead>
<tbody>
<tr>
<td>CL: In the past I exercised and that helped in lots of ways: weight, stress, even sleep. I just stopped when this job became so stressful. I got so worried about being laid off at my age that I just let myself go.</td>
<td>Type of client speech:</td>
</tr>
<tr>
<td>HC: Not losing your job is an important priority and you are a serious worker. You have used exercise in the past to reduce stress; tell me what you did and how that worked for you.</td>
<td>Method(s):</td>
</tr>
<tr>
<td>CL: After work, I had several things I could do in the past. I used to enjoy tennis, going on a vigorous walk, riding my bike in the neighborhood, or even a yoga class every now and then.</td>
<td>Type of client speech:</td>
</tr>
<tr>
<td>HC: Quite a variety! If you were considering anything now, what might you want to do?</td>
<td>Method(s): How is client's change talk acknowledged or invited?</td>
</tr>
<tr>
<td>CL: I guess getting back to any of those but it seems very hard to think about.</td>
<td>Type of client speech:</td>
</tr>
<tr>
<td>HC: What gets in the way, outside of the worry about the job security?</td>
<td>Method(s):</td>
</tr>
<tr>
<td>CL: I think just starting back; it has become so easy to go home, open a beer or make a drink and turn on the television.</td>
<td>Type of client speech:</td>
</tr>
<tr>
<td>HC: Easy to slide into habits that are not so good, you've got accustomed to it and at the same time you are recognizing that this might be a time to consider what has worked for you in the past. Let me see if I have it right, the conversation with your doctor got your attention, you are concerned about your health and how the way you handle stress is not helping you, that you don't want to end up like your father and are starting to look at the patterns you have developed with drinking and enjoying the sofa and TV after work. Where do you think you are in being ready to plan on some changes?</td>
<td>Method(s):</td>
</tr>
</tbody>
</table>

Type of summary: Moving into what process? How could discord have been created?

Thanks to Ali Hall for this exercise.
Observer Sheet: Spirit of MI

Listen for how the interviewer conveys the spirit of MI in body language, words and actions. Write down examples in the appropriate row. Rate each element from 1 (low) to 5 (high).

<table>
<thead>
<tr>
<th>Elements of MI Spirit</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Partnership**<br>*Demonstrating profound respect for the other; both parties have expertise; dancing rather than wrestling* |  | 1 2 3 4 5  
(low) (high) |
| **Acceptance**<br>*Prizing the other's inherent worth and potential; providing accurate empathy; supporting autonomy; affirming strengths* |  | 1 2 3 4 5  
(low) (high) |
| **Compassion**<br>*Coming alongside in a person's suffering; actively promoting the other's welfare; giving priority to the other's needs* |  | 1 2 3 4 5  
(low) (high) |
| **Evocation**<br>*Eliciting the person's own knowledge, wisdom, strengths, and motivation; “you have what you need and together we will find it”* |  | 1 2 3 4 5  
(low) (high) |
Observer Sheet: Four Processes of MI

Listen for how the interviewer guides the flow of the conversation among the four processes. Write examples of what the interviewer says and does within each process.

<table>
<thead>
<tr>
<th>Four Processes of MI</th>
<th>Examples of what interviewer says and does</th>
</tr>
</thead>
</table>
| **Engaging**
*Providing warm welcome, establishing safety and trust, demonstrating genuine interest, offering hopeful presence* | |
| **Focusing**
*Clarifying a particular goal or direction for change to explore further* | |
| **Evoking**
*Eliciting the person’s own motivation for change, exploring ambivalence, drawing out desire, reasons, need, ability, commitment to change; asking about importance and confidence to change* | |
| **Planning**
*Developing a specific change plan that the person is willing to implement* | |
Observer Sheet: OARS+I

As you hear examples of the interviewer’s use of the OARS+I skills, place a hash mark in that row and write down examples of each. Also note any roadblocks you might hear.

<table>
<thead>
<tr>
<th>Interviewer Responses</th>
<th>Count</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Questions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closed</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Affirmations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reflective Statements</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Simple</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complex</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Summaries</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Providing Information and Suggestions with permission</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Roadblocks</strong> – advising, confronting, teaching</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Observer Sheet: Change Talk

Listen for examples of the five kinds of client change talk. As you hear them, place a hash mark in the appropriate row. Write down examples of each type of change talk you hear.

<table>
<thead>
<tr>
<th>Change Talk Type</th>
<th>Count</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desire</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Want, wish, would like to</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Can, could, would be able to</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reasons</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Specific arguments or reasons to change</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Need</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Urgency, important to, have to (without stating specific reasons)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commitment</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Will, plan to, intend to, going to, willing, ready</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>As the interviewer, I...</td>
<td>0- not at all</td>
<td>5- extremely well</td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>1. Provided a <strong>safe, welcoming</strong> presence with my words and actions. <em>Example:</em></td>
<td>0 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>2. Engaged with and showed <strong>genuine interest</strong> in the person, e.g., what she or he enjoys, needs, values. <em>Example:</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Found out and clarified what the person wanted to <strong>focus</strong> on currently. <em>Example:</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Helped explore <strong>both sides of the person’s dilemma</strong>, e.g., what’s working and what’s not; upsides and downsides. <em>Example:</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Avoided trying to “fix” the problem or get the person to change by advising, confronting, warning, or teaching. <em>Example:</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Elicited what might be some possible <strong>reasons</strong> to change, <em>if</em> the person were to decide to change. <em>Example:</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Learned about <strong>possible ways</strong> that he or she might go about making this change. <em>Example:</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Asked <strong>how important</strong> it is at this time for the person to make this change. <em>Example:</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Asked <strong>how confident</strong> she or he feels to be <em>able</em> to make this change. <em>Example:</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Inquired about <strong>what steps</strong>, if any, the person might take next. <em>Example:</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Asked permission before providing <strong>information or suggestions</strong>. <em>Example:</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Used the <strong>core skills</strong> of MI (open questions, affirmations, reflective listening, summaries) throughout the conversation.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 13. Consistently demonstrated the **spirit** of MI:  
  > **Partnership**  
  > **Acceptance**  
  > **Compassion**  
  > **Evocation** | |

*Developed by Ken Kraybill based on Miller, W.R. & Rollnick, S., Motivational Interviewing: Helping People Change, 2013*