

Motivational Interviewing Training for New Trainers (TNT)

Resources for Trainers

Motivational Interviewing Network of Trainers
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In science, when you begin to get somewhere, you find that the principle is quite simple but has enormous implications and is not easy to discover. I feel that we have made progress in client-centered therapy in approaching some of the truth of what happens in the process of change and how it can be facilitated. And to try to help people to grasp that and begin to try it out, experience it, and finally come to live it in more than just the therapeutic hour—that's what training is all about.

- Carl Rogers

from C. R. Rogers & D. E. Russell (2002). *Carl Rogers: The Quiet Revolutionary*.
Roseville, CA: Penmarin Books, p. 275.

Welcome to the training manual for the Motivational Interviewing Network of Trainers (MINT). The primary mission of MINT is to promote the quality of training and practice of motivational interviewing. Toward that goal, this manual provides a variety of training ideas, specific exercises, metaphors and activities all designed to help learners understand the spirit and practice of motivational interviewing. Most of these training ideas were designed for a workshop format, but many are also suitable for individual training and supervision as well.

This manual was compiled through the generosity of MINT trainers, who volunteered their ideas and were not compensated for them. In that same spirit, this manual is offered as a free gift for you, the potential trainer or supervisor of motivational interviewing. Any sale or duplication of this manual is prohibited. We ask that you provide proper attribution when you quote or use this manual.

This manual organizes training methods by content areas with which they are often used. Most of the training exercises described in this manual, however, can also be used flexibly in learning other content and aspects of motivational interviewing.

Best wishes as you move forward in your training and supervision of motivational interviewing!

The Motivational Interviewing Network of Trainers

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A. PROCESSES OF TRAINING

A.1. Preparing for Training

Designing

Abstract: Different methods are called for in different learning situations. Trainees are actively involved in designing a particular type of group, training, individual intervention, etc.

Overview: This helps trainees draw flexibly on their own experience and a range of methods that have been presented, to design an MI intervention (or training) to accomplish particular goals, or to deal with specific challenges or populations.

Guidelines: Assign small groups to design a specific MI intervention or training that is tailor-made for a particular population, goal, or setting. Groups may be assembled arbitrarily, by self-selection, or by identification of different topics to be addressed. Set a specific length of time within which to design the application, and identify a reporter to describe the result to the larger group.

Designing Example 1: Design an MI Intervention: Group MI

After discussing and practicing individual MI, and presenting the hypothesized way in which MI works (by eliciting change talk and commitment language), small groups are challenged to design a group-therapy format that will optimally elicit change talk and commitment from its members. You may want to specify certain attributes of groups, regarding which a decision needs to be made. For example:

Entry criteria for members: Is there a target problem?

Homogeneous or heterogeneous, and on what dimensions?

Will the group be open (new members can join) or closed?

Optimal size of the group

Number and type of facilitator(s)

Is cross-talk allowed? If so, what are the guidelines?

Optimal length and number of sessions (or is it ongoing?)

Degree of didactic, group process, etc.

Designing Example 2: Design a training

Design a MI training experience or program with specific goals and objectives. This can focus on a discrete event like a workshop, or a process that would extend over time (e.g., involving feedback and coaching).

Issues:

Learning goals – Discovery, Deepening, Renewal. If it involves training to criteria of proficiency, what are the criteria?

Domain goals – Understanding, Skill development, Context adaptation

Depth of Training – Exposure, Experience, Expertise

Breadth - General MI, special populations/issues, special settings

Setting – Off-site workshop, on-site training or supervision

Audience size – Small group (2-10), medium group (10-20), large group (20-50), “crowd” (50+)

Length of training – 1-2 hours, 2-8 hours, 8-32 hours, 32+ hours

Heterogeneity – Job site, job setting, clinical focus, professional background, experience level, language/cultural/ethnic factors

Enrollment – Self-enrollment, voluntary facilitated participation, employer-assigned participation

Practical Matters – Time, location, A/V, Breaks, Food, Bathrooms, etc.

Methods:

Structured, semi-structured, open-ended

Notes: If several small groups are pursuing parallel design tasks, this exercise can be combined with a Contest. Groups can also be assigned different training tasks.

Eight Tasks in Learning Motivational Interviewing

This is content from Miller and Moyers (2006) that can be useful in conceptualizing training. Where is the trainee or audience currently in this developmental process? What tasks will be addressed in this training? These tasks can also provide a framework for developing a sequence of training.

1	Overall Spirit of MI	Openness to a way of thinking and working that is collaborative rather than prescriptive, honors the client's autonomy and self-direction, and is more about evoking than installing. This involves at least a willingness to suspend an authoritarian role, and to explore client capacity rather than incapacity, with a genuine interest in the client's experience and perspectives.
2	OARS: Client-Centered Counseling Skills	Proficiency in client-centered counseling skills to provide a supportive and facilitative atmosphere in which clients can safely explore their experience and ambivalence. This involves the comfortable practice of open-ended questions, affirmation, summaries, and particularly the skill of accurate empathy as described by Carl Rogers.
3	Recognizing Change Talk and Sustain Talk	Ability to identify client "change talk" and commitment language that signals movement in the direction of behavior change, as well as client sustain talk. Preparatory change talk includes desire, ability, reasons, and need for change, which favor increased strength of commitment.
4	Eliciting and Strengthening Change Talk	Ability to evoke and reinforce client change talk and commitment language. Here the client-centered OARS skills are applied strategically, to differentially strengthen change talk and commitment.
5	Rolling with Sustain Talk and Resistance	Ability to respond to client sustain talk and resistance in a manner that reflects and respects without reinforcing it. The essence is to roll with rather than opposing it.
6	Developing a Change Plan	Making the transition into Phase 2 of MI. Ability to recognize client readiness, and to negotiate a specific change plan that is acceptable and appropriate to the client. This involves timing as well as negotiation skills.
7	Consolidating Commitment	Ability to elicit increasing strength of client commitment to change, and to specific implementation intentions.
8	Transition and Blending	Ability to blend an MI style with other intervention methods and to transition flexibly between MI and other approaches.

Levels/Types of Training in Motivational Interviewing

The following are guidelines from the MI Network of Trainers regarding what can reasonably be accomplished with various lengths of time in a workshop. It is important to remember that a workshop alone is seldom sufficient to help people in learning MI, and training plans should provide for continuing coaching, feedback, and supervision.

	Type	Goals	Length
1	Introduction to MI	<p>To experience the basics of MI and decide level of interest in learning more</p> <p>To be familiar with the fundamental spirit and principles of MI To be acquainted with relevant evidence of efficacy To directly experience the MI approach and contrast it with others</p>	2 hours to 1 day
2	Application of MI	<p>To learn one or more specific applications of MI</p> <p>To be acquainted with the fundamental spirit of MI To learn practical guidelines for a specific application “in the spirit of MI” To have direct practice in and experience of this particular application To decide level of interest in learning more</p>	1 hour to 1 day
3	Clinical Training	<p>To learn the basic clinical style of MI, and how to continue learning it in practice</p> <p>To understand the fundamental spirit and principles of MI To strengthen empathic counseling skills (OARS) To understand and practice the directive aspects of MI To experience and practice an MI style for meeting resistance To learn the fundamental client language cues (change talk and resistance), that allow continued feedback and learning in practice</p>	2-3 days Might be offered in several 4-8 hour parts
4	Advanced Clinical Training	<p>To move from basic competence to more advanced clinical skillfulness in MI</p> <p>To have intensive observed practice in advanced MI skills To receive individual feedback regarding MI practice To update knowledge of MI (recent research and developments)</p>	2-3 days
5	Supervisor Training	<p>To be prepared to guide an ongoing group in learning MI</p> <p>To understand the sequence of skills for acquiring MI proficiency To learn observational/analytic methods for evaluating MI To learn methods for facilitating practice improvement over time To be prepared to certify MI practitioners and maintain quality control</p>	2-3 days
6	Training for Trainers	<p>To learn a flexible range of skills and methods for helping others learn MI</p> <p>To learn and practice an array of MI training methods To enhance confidence in training and demonstrating MI To assess the specific needs and context of trainees, and to design and adapt training approaches accordingly To update knowledge of MI and training (recent research/developments) To participate in the international MI Network of Trainers</p>	3-4 days

Pre-Training Screening

Abstract: It can be useful to know ahead of time about the current skill level of those you will be training. There are various ways to do this

Overview: People come to MI training with highly varied levels of counseling skills, motivation for learning, and current familiarity with and skills in MI. Pre-training screening can be done to inform you of the level and range of current skills, motivation, and familiarity with MI. It can also be used as a prerequisite to ensure a certain common starting level.

Guidelines: Well in advance of training, decide what (if anything) you want to know about your trainees. Consider requiring response to the screening instrument(s) by a specific date in order to be admitted to the workshop, because otherwise adherence can be a problem.

Example(s): Among the possibilities for pre-training screening are: (1) Self-ratings [0-10 Likert scale] of current familiarity with MI, interest in learning more, and general or specific MI skills. (2) An MI knowledge quiz. (3) A paragraph describing prior training and current interest in using MI (e.g., with what populations and problems). (4) A paper-and-pencil instrument posing specific client statements and how the person would respond [like the Helpful Responses Questionnaire]; (5) An audiotaped work sample of the person delivering MI with an actual client or role-play. (6) Formal skill coding of work samples.

Notes: Caution: Correlations between self-ratings and actual skillfulness in reflective listening or MI tend to be near zero. If you want to *know* about entry skillfulness, there is no real substitute for listening to work samples.

Helpful Responses Questionnaire

Miller, W. R., Hedrick, K. E., & Orlofsky, D. (1991). The Helpful Responses Questionnaire: A procedure for measuring therapeutic empathy. *Journal of Clinical Psychology, 47*, 444-448.

The following six paragraphs are things that a person might say to you. With each paragraph, imagine that someone you know is talking to you and explaining a problem that he or she is having. You want to help by saying the right thing. Think about each paragraph. On a separate sheet of paper write, for each paragraph, the *next thing* you might say if you wanted to be helpful. Write only one or two sentences for each situation.

1. A forty-one-year-old woman says:

"Last night Joe really got high and he came home late and we had a big fight. He yelled at me and I yelled back and then he hit me hard! He broke a window and the TV set, too! It was like he was crazy. I just don't know what to do!"

2. A thirty-six-year-old man says:

"My neighbor really makes me mad. He's always over here bothering us or borrowing things that he never returns. Sometimes he calls us late at night after we've gone to bed and I really feel like telling him to get lost."

3. A fifteen-year-old girl says:

"I'm really mixed up. A lot of my friends, they stay out real late and do things their parents don't know about. They always want me to come along and I don't want them to think I'm weird or something, but I don't know what would happen if I went along either."

4. A thirty-five-year-old parent says:

"My Maria is a good girl. She's never been in trouble, but I worry about her. Lately she wants to stay out later and later and sometimes I don't know where she is. She just had her ears pierced without asking me! And some of the friends she brings home--well, I've told her again and again to stay away from that kind. They're no good for her, but she won't listen."

5. A forty-three-year-old man says:

"I really feel awful. Last night I got drunk and I don't even remember what I did. This morning I found out that the screen of the television is busted and I think I probably did it, but my wife isn't even talking to me. I don't think I'm an alcoholic, you know, 'cause I can go for weeks without drinking. But this has got to change."

6. A fifty-nine-year-old unemployed teacher says:

"My life just doesn't seem worth living any more. I'm a lousy father. I can't get a job. Nothing good ever happens to me. Everything I try to do turns rotten. Sometimes I wonder whether it's worth it."

Note: The above instructions and items are examples only. Both the instructions and the stimulus items should be adapted for the particular group being trained.

Workshops and Ongoing Learning

Abstract: From research on MI training, it is fairly clear that most people do not develop the ability to competently practice MI by reading about it, watching videotapes, or attending a workshop. MI is a complex set of skills, like learning a sport or a musical instrument. Development of proficiency involves coaching and feedback based on observed practice

Overview: A training workshop is likely to provide knowledge about MI, and perhaps motivation to learn it, but is unlikely in itself to leave trainees skilled in its practice.

Guidelines: In negotiating and designing MI training, it is responsible to educate agencies about this. “Do you want your staff to learn *about* MI, or do you want them to actually be able to do it?” As with sports and music, there is no fixed dose of training that is sufficient to produce competence. People start from different points and learn at different rates. Think, therefore, in terms of training to criteria, to a standard of performance competence. A workshop can be a good starting point, but follow-up is needed over time to develop real skill.

Example(s): Ongoing training is most easily provided by an on-site supervisor, and agencies might consider putting training resources into getting one or two people really up to speed with in-house expertise for training and supervision, rather than offering a small dose of initial training for everyone. After an initial training event, ongoing feedback and coaching can be offered by (1) in-person sessions with a trainer, (2) telephone or televideo consultation, (3) an on-site peer learning group, etc. In all of these methods, there is no substitute for listening to recordings of actual practice. Imagine asking a pianist to teach you to play the piano but not listen to you, or a golf pro to teach you how to play golf but not watch you.

Notes: There is often initial resistance to making and sharing tapes of one’s own performance. Sometimes this takes the form of asserting that one’s clients would not allow or be comfortable with taping, but that is rarely the problem. Observed practice should be an expectation and norm in competent service settings.

A.2. Opening Strategies

There is no one right way to begin a training experience. Here are various options that MINT members have used to open MI training.

Structuring

Abstract: Quite simply, this is the process of helping trainees to know what to expect, framing and organizing the material to be presented in all or part of a training event.

Overview: Trainees differ in their need for structure. Some would like a detailed outline of what will happen. Others are happy to go with the flow. Providing some structure is quite helpful to those who desire it, and may be ignored by the rest.

Guidelines: At the beginning of a training, or when making a transition from one component or section to another, offer a brief summary of your plan for how you will proceed. Many trainees find it helpful to have an outline of material to be covered, if not a schedule. This can be done without compromising flexibility. Don't spend a lot of time describing the structure for trainees. Let trainees know what to expect, ask for any feedback or questions, and then move on. Structuring often includes some rationale for the plan.

Example(s): "This morning I plan to focus primarily on strengthening reflective listening skills. Good empathic listening skills are absolutely fundamental to motivational interviewing, and that's why we focus on them in this part of the training. I'll be giving you some guidelines, but mostly we'll spend the morning in demonstrations and experience, working through a series of practice exercises that we've found to be very effective in strengthening empathy. For some of you this is familiar material, and if you're particularly skillful in reflective listening you can be helpful to others along the way, perhaps participating in some demonstrations. In any event, the sequence of learning exercises that we use may be useful to you in helping clients or others sharpen up their listening skills. Then this afternoon, assuming all goes as planned, I'll move on to show you how reflective listening is used directly in motivational interviewing. Any concerns or questions before we begin?"

Notes: Trainers who themselves feel little need for structure may tend to overlook its importance for others. A lack of at least minimal structuring can be quite frustrating and an obstacle to learning for some trainees. It costs very little in time to offer such a framework, and doing so can avoid problems later. Structuring does require some forethought and organization, of course.

Ruler Lineup

Abstract: The concept of the readiness ruler is used to help trainees to examine their own readiness to participate in learning activities.

Overview: Have participants line up along a “ruler” on the floor, with numbers from 0 to 10. Then interview people at various points along the ruler as to why they are where they are on the scale.

Guidelines: Various topics can be used for self rating:

[Trainers] How ready do you feel to train others in MI?

How would you rate your own current level of clinical skill in practicing MI?

To what extent do you want to be here today? 0 = Required, don't want to be here

How important is it for you to learn MI?

Use numbers that correspond to the readiness rulers that trainees will be using with their own clients. Use index cards or pieces of paper to write numbers corresponding to the ruler. Spread the numbers out on the floor or along a wall and ask trainees to stand next to the number that corresponds to their current level. Then ask questions to elicit self-motivational statements and confidence. Go up and down the line and interview people at different numbers. Use a portable microphone if the room is large. Note that you are modeling the kinds of questions that are also used with clients.

1) “Why are you here at (number)?”

2) “Why here and not (zero or a lower number)?”

3) “What might it take to move you from a (chosen number) to (higher number)?”

Example(s):

This can be useful at the beginning of a workshop to assess participants' levels of interest or confidence in MI, the extent to which they chose or were required to attend, readiness to learn MI, self-perceived level of skill in practicing MI, etc. It can be a particularly good way of surfacing and reflecting initial resistances to training. When used midway in training, this exercise can point to areas on which the trainer needs to focus in the remainder of training. When used at the end of training, it serves as an assessment of where trainees are as a function of their experience, and what they need to do next to continue learning.

Notes: This exercise has the added advantage of demonstrating in a visual way how the readiness ruler method works. Interviewing people about their “readiness” also draws out the range of factors that feed into readiness: perceived importance, confidence, reasons, need, reactance, etc. People wind up at the same point for different reasons.

Thanks to: Carolina Yahne

Three in a Row

Abstract: Trainees specify some of the client and setting characteristics that present counseling challenges, and the process elicits discussion of helpful techniques.

Overview: This method is used to open a training event because it anchors subsequent discussion in the real-life experience of the trainee group, and facilitates their openness to hearing about MI.

Guidelines: The trainer asks the group to list the “typical characteristics” of their clients or patients, and records these on a large easel sheet.

The trainer then states that on this clinical day, the trainees are scheduled to see three of these clients in a row, and that they will be raising the subject of behavior change. The trainer next elicits from the group their cognitive and emotional reactions to this scenario, and records these. The trainer then asks the group to consider what actions they can take as counselors to improve either the responsiveness of the clients, or their own emotional reaction to seeing three of these clients/patients in a row. This usually elicits a number of MI-consistent strategies, which the trainer lists on a new sheet of paper.

Summarize the discussion by categorizing the helpful counseling techniques listed into MI categories, such as techniques to reduce resistance, promote collaboration, explore ambivalence, develop discrepancy, etc. Then state that you will be using the group’s ideas about their typical clients, and their list of helpful techniques, to learn MI, which can be described as a more systematic way for them to organize their counseling.

Notes:

Thanks to: Steve Rollnick http://www.motivationalinterview.org/mint/MINT10_1.pdf

The Instructor-Coach-Observer Continuum

Abstract: Trainees specify some of the client and setting characteristics that present counseling challenges for them, and the process elicits discussion of helpful techniques.

Overview: The aim is to teach the spirit of MI, without immersing practitioners immediately in a foreign MI language. To use terms to convey the spirit that might have them think, “Oh yes, I see, there are different ways of talking to people about change....”.

Guidelines: Draw the continuum on the board or paper and ask participants how these three roles are different. What does an instructor do? (Teach, tell, direct, show expertise) What does an observer do? (watch, listen, not participate actively at the moment). What does a coach do? (encourages, is patient, supportive, guiding). How would they like for you to work with them as an Instructor, as a Coach, or as an Observer who listens to their own experience? The likely response is “Some of each,” and indeed that is what you are likely to do. You can also ask participants to tell you where they spend most of their time (on this scale) in their own daily work.

Notes: Obviously there is a straightforward parallel to the Direct-Guide-Follow continuum, along which MI lies in the middle and involves a flexible and skillful blend of directing and following.

Thanks to: Steve Rollnick http://www.motivationalinterview.org/mint/MINT10_1.pdf

Brainstorming

Abstract: A good way to find out what people are thinking, to stimulate creative suggestions, and to enhance active engagement in learning.

Overview: Pose a particular topic, task or question, and ask the group to generate possible ideas, suggestions, methods, perspectives, etc. Obviously this is of particular value when the goal is to generate a range of possibilities.

Guidelines: The cardinal rule in brainstorming is to have no evaluation of suggestions that are made. The point is to generate a lot of ideas, not to critique them. Make it fun! Reinforce outlandish and humorous responses. The same brainstorming task can be assigned to parallel small groups, and it can be combined with a Contest, giving prizes for the group that comes up with the most (most creative, etc.) responses.

Example(s):

At the start of a training session:

“What is Motivational Interviewing?”

When discussing resistance:

“What kinds of resistance have you encountered?”

When discussing a menu of options:

“What kinds of treatments can you think of for this plan?”

Notes: An alternative is to use Solitary Writing first, whereby each member is challenged to take time to write down as many ideas as he or she can generate alone. This tends to triple the total number of responses generated because each member takes active responsibility for coming up with ideas. Group brainstorming tends to inhibit individual generation, though it allows members to take off from or build upon each other's ideas. After a Solitary Writing period, encourage members to contribute ideas that they generated, until all ideas have been expressed.

Rooting

Notes: This takes about 3 hours without a break.

Listening, I get to know, what the group identifies with, their work, their challenges. I have plenty of possibilities to model by reflecting, reframing, giving double sided reflections, summarizing, acknowledging and affirming their competence.
I let them define, what they want to learn and I do not have to tell them, what they are supposed to learn.

Contributed by Michael Peltenburg

PART 1:

Trainees elaborate the challenges of their context and daily work. Trainees work with the skills they have. (They **listen, summarize** issues important for them and **balance their ambivalence about their learning situation, their clients and themselves**).

Step I (30 Minutes)

Trainees split into pairs: One listener, one speaker. (**Listening exercise**) Role shifts after 10-15 minutes.

My client (with real first name) is a challenge for me or

The work with client (real first name) is satisfying.

The speaker is asked to describe his client, give an idea of the challenge or satisfaction and his thoughts and feelings about it.

As little discussion as accepted by the participants, maintaining roles of listening and speaking.

Step II (30 Minutes)

Pairs come together in groups of 6:

The listeners summarize the former speakers "client-stories" one by one so that the group ends up with six client-stories. (**Summarizing exercise**) The group chooses (according to the size of all participants: goal 6 to 8 client-stories of all groups together) 1 to 3 stories and tries to point out important issues, unresolved bits, feelings not only of the original speaker but of all the group members (**balance ambivalence in a safe setting**)

Step III (30 Minutes)

6-8 client-stories: A speaker of each group presents their clients with name, context, challenge, feelings of the participants within 5 Minutes. (**Summarizing exercise**) The Trainer puts important words (sometimes reframing softly, avoiding judgmental elements and in perspective to the agenda that will come up later) on a pin-wand (or similar) checking repeatedly whether any participant wants to add something.

END of Part I

Theory (45 –60 Minutes)

Here I would give an overview what MI is about, share some experiences with the participants (as Alain Zuckoff has described in his e-mail on the list serve of 13 march 2002 “Re: One hour talk on Motivational Interviewing”) talk about Resistance, Roadblocks, Ambivalence OARS, DARN C Change talk, Commitment talk, rolling with resistance etc and go to.

PART II

Two options (timeframe):

- a) Elaboration in the same groups of six (as in the First Part Step II) for 15 Minutes and then sharing with the whole group
- b) Elaboration right from the start in the whole group (faster, but less intense)

I would ask something like: now, that you have an idea of what MI is about, where do you see, it could be useful for your work or what elements have you already used, that helped you to be satisfied with the way the client develops.

I would then go from client (on the pin board) to client and elicit from the participants their expectations for the workshop in relation to these clients. I would be very careful to elicit all participants’ voices during this 20 to 40 Minutes block. My work is to reframe their expectations (while we work on the pin board or later during the workshop) into elements, MI is composed of.

At the end I inform participants, that we will use these, their clients for some of the different exercises during the rest of the workshop and would also inform participants about goals, we might not be able to achieve during the short period of training together. At the same time I take the opportunity to introduce the idea, that learning only starts with the workshop and that supervision, post-workshop phone-calls or solutions they come up with might be options.

Unfolding Didactic

Abstract: A method for presenting didactic material in a way that draws in the audience in through progressive clues, much in the manner of a detective story.

Overview: When there is a body of didactic material to present as part of training, it can be challenging to hold attention. Keeping didactic segments shorter is one way to do this. When there is a sequence of material to be presented, and it is advantageous to present it as a whole, it can be engaging to let the information unfold like a series of clues in a detective novel.

Guidelines: First and foremost, don't give away the bottom line at the beginning. Murder mysteries don't usually begin with a revelation of who committed the crime and why. Instead pose a puzzle to be solved; a general question about which trainees are likely to be curious. Then present material in a planned sequence so that the puzzle pieces are assembled one by one. Stop along the way to ask people to put the pieces together, and to consider what the most recent piece reveals in the context of the others already provided.

Example(s): Providing a rationale for motivational interviewing is an excellent place to apply this approach. One example of such a sequence of unfolding points (regarding confrontation) is:

1. Ambivalence normally precedes change. Candidates for change tend to be ambivalent.
2. What happens if you "confront" an ambivalent person, taking up one side of the internal argument? It elicits from the person the other side of the argument.
3. We become gradually more committed to that which we voice. (Bem's self-perception theory) Therefore, eliciting counter-change arguments would be expected to decrease likelihood of change.
4. Level of client defensiveness (taking the non-change side of the argument) is strongly influenced by the interviewer; it can be increased or decreased.
5. Counselor confront responses particularly elicit defensiveness (resistance, denial), and it only takes a few confronts to do it.
6. Client defensiveness predicts lack of behavior change.
7. Confrontational treatment methods produce little behavior change. Clients change least whose counselors are high in confrontation. Low defensiveness predicts change.
8. Confrontation can be thought of as a goal (to come face to face) instead of a particular method to pursue that goal. The question then is what the best way is to help people look at and take in somewhat threatening information, and to let it change them.

Ice Breaker Interview with a Twist

(30 to 40 minutes. Groups of 12 to 24)

Abstract: A multilevel ice breaker that helps start interactivity as it gets participants working in pairs to think about their practice and determine what parts they would like to do better. It also focuses attention on what aspects of a conversation facilitated exchange. .

Overview: This exercise may be particularly helpful with groups who are not accustomed to working in an interactive way, or may be reluctant to do so. The participants are asked to pair up and given a few minutes to interview each other in order to introduce each other to the group. The trainer also makes use of this exercise to begin discussion of what makes people more comfortable and disclosing during a conversation.

Guidelines: After initial introductions, introduce this exercise as a way to learning more about each other. Ask the group to pair off, and in case they already know some of the other participants to pair with someone they know less or don't know at all. In case of odd numbers their can be one triad. If the total is a multiple of three the exercise also works with triads. In order to keep conversations relatively brief, provide the following rules: Each is to interview the other for three minutes asking the following questions:

1. What would you like the others to know about you and your practice?
2. What are some of the things you are really comfortable with or good at in your practice?
3. What tasks are you less comfortable with in your practice?
4. What would you hope to be doing better after this training?

Tell participants that they will each make a 30-60 second introduction of their partner, summarizing what seem the most relevant pieces of information, being factual without adding interpretations.

After three minutes, tell the partners to switch roles. When triads are used, a third round of 3 minutes is included. During the exercise keep an eye on the participants to see if anyone seems uncomfortable or may not be doing the exercise.

Announce when time is up, and tell the group: "Before starting the summaries I want to ask how you felt when you were the person being interviewed." Most responses will be positive, though some may have felt a bit uncomfortable. Ask what it was about the conversation, or what the partner did, that helped them feel comfortable in sharing information about themselves. Reflect aspects that will connect later to the spirit of MI. Make a list of these conditions that make it easier to talk.

Then proceed with introductions. If the group is too large to take time for all individual introductions, you can ask for examples of answers to each question.

Example(s): Some of the usual answers are: it felt safe, I trusted my partner, I came here freely, I know we share the same concerns, I know I won't be judged badly, I want to learn and get better, we are on the same level, there is nothing at stake.

Notes: Sometimes a trainee will say they have felt uncomfortable yet went on with the exercise. Ask what became of the discomfort once into the exercise. Usually they will say it diminished. Ask what helped bring it down.

Note that a lot can be said in three minutes and important essentials summarized in 30-60 seconds. It can also be interesting to ask how the introducers decided what to include and not include in their partner introductions.

Contributed by: Guy Azoulai

A.3. Training Process Issues

Card Me

Abstract: To avoid having the same problem twice in trainings, have a set of index cards on which to write an item that you need to “fix.”

Overview: When you encounter an element in training that needs to be “fixed” before you train again, put it on an index card. You can, of course, write these yourself if time permits, but often these occur while you’re in the midst of training. In order not to interrupt your flow and attention, you can also ask a member of the group to write down the item that needs to be fixed.

Guidelines: As soon as one of these occurs, either write a card yourself (if it doesn’t interrupt training) or ask a participant: “Would you mind making a note of this for me?” or “That’s a really good idea, and I want to remember it. Will you please write it on a card for me?”

Remember to collect the cards by the end of your training. Keep them in a consistent place as they come in. Then, before your next training, go through these cards and fix the problems.

Example(s):

There is an error on one of your handouts.

There is a study that you want to cite, and have forgotten in the past to look it up.

A question you don’t know the answer to.

Something that goes wrong in an exercise.

Notes: In general, it is wise to fix problems *soon* after the training event where it came up. If you wait until just before the next training you may be unable to find the cards, have forgotten the context, or not have sufficient time, and thus perpetuate the problem.

Thanks to: Terri Moyers

Contest

Abstract: The trainer uses a competition among audience members to facilitate learning.

Overview: Trainees are asked to compete, either individually or in teams, in a specific task.

Guidelines: Use contests in a way that produces a sense of fun and lightheartedness, rather than encouraging serious competitive “one-ups-manship”. Make the task clear and specific. Specify in advance who will judge the outcomes, and how decisions will be made.

Example(s):

Trainees are divided into groups and asked to generate a list of treatment options within their program to be used as a menu for a client coming for the first time. The team with the most (or the most creative) options wins prizes. This encourages flexible goal planning and creative thinking for client options.

Notes: Consider a prize that can be shared among all members of the group (e.g., candies, snacks), rather than given to just one person. Letting the winning group or person go first in the lunch line is another possibility for a prize, or having the next exercise outside.

Debriefing

Abstract: The trainer uses post-exercise discussion to support risks taken by participants, reinforce learning, emphasize key points, and reinforce participants' sense of accomplishment

Overview: Trainees are asked to answer questions about the just-completed activity

Guidelines: When there have been multiple roles in an exercise, debrief one role at a time. As a rule of thumb, start by debriefing the most "vulnerable" role first. Key points may be written as they are elicited on a flip chart, overhead transparency, or new PowerPoint slide.

Example(s):

After a negative practice exercise, first ask the speaker who was talking about personal material: "How was this conversation for you?" or "What was this experience like for you?" Record brief descriptions on a list visible to the participants. After obtaining several responses from speakers, the trainer asks for responses from the counselors.

Notes: Trainee answers should come from their observations and experiences. This should not be a knowledge-based test. Reframe answers that miss the point, and remember to roll with resistance.

Prepare your questions ahead of time and design them to elicit certain types of information. Then allow yourself to be flexible in their use and alteration. Surprise people with an earlier concept (e.g. "So where would you say this person was on the importance ruler, from 0 to 10? Why?")

Eliciting

Abstract: A good way to avoid the expert trap as a trainer, and to model MI during training, is to ask participants for their own wisdom, answers, experiences, problems and successes. Beware the question-answer trap, even when you are the trainer. Eliciting helps to increase participants' active engagement and investment in the training process.

Overview: It is important for trainers to decline the expert role in training, just as when using MI in a clinical setting. To convey explicitly that the trainees are the experts in how MI will be applied in their settings, the trainer can take time to ask about what specific experiences they have had that are relevant to the issue being discussed. Allowing trainees to contribute their expertise and specific suggestions usually increases their investment in learning. The trainer can also take advantage of eliciting by having the trainees vote on the content of two optional exercises or topics should be covered. When a participant asks a question or challenges you on a point, one option is to turn the question or issue over to the group for their own responses.

Guidelines: There is no need to describe this as a technique or exercise. Simply ask participants for their input on various questions and points throughout training. Reply with reflective listening and affirmation.

Example(s):

When introducing a workshop:

"What kinds of things have you already heard about motivational interviewing?"

"What would you like to learn in this workshop?"

When discussing resistance:

"What have you done in the past that has worked when your clients are ambivalent?"

"We're going to talk about how to cope with resistance from an MI perspective, but first I'd like to hear what already works well in your setting."

"In the time we have left today we can either talk about how to adapt MI to home visits or how to explain MI to your colleagues. How about a vote?"

Notes: When discomfort is high, try eliciting rather than advocating. Have trainees offer examples of how they have coped successfully with challenges, applied MI in practice, etc. For a variety of reasons, trainees are sometimes reluctant to volunteer information. If this happens, start by asking very benign or "easy" questions so that the trainees perceive that there is no right answer. Reply to initial offerings with encouragement and positive reinforcement. Using a warm-up or ice-breaker exercise in which trainees volunteer information (e.g. "Something you may not know about me is...") is a good way of priming the volunteer response.

Evoking Discussion

Abstract: Within a basic didactic structure, trainees are actively involved in the teaching-learning process as the trainer elicits to-be-learned material from them, rather than imparting it in lecture format. In this variation on Eliciting, participants break out into small groups to discuss a target question or problem.

Overview: Teaching in an MI style need not, and often does not involve the trainer conveying information while trainees listen passively. MI is fundamentally rooted in a Socratic style of learning. Often material that the trainer wants to get across can also be elicited from the group.

Guidelines: Use this approach when the material to be covered can be elicited from the group. A Socratic approach is less suitable (or at least less efficient) for conveying material that is truly new to the group. Instruct participants to form small groups of a specific size (about 6 works well), and pose a clear task or question. Have each group select a recorder to report back to the larger group.

Example(s): ED groups can be formed on the spur of the moment, when a particular problem or challenge arises in training. Each group might also be given a particular clinical challenge, to discuss MI-consistent ways of responding.

Notes: A variation on this exercise is to combine it with Round Robin. Discussion proceeds in the small group by each participant contributing in turn, in order, going around the group. A “talking stick” may be passed from hand to hand for this purpose, denoting the person whose turn it is to talk. Passing is permitted.

Facilitating Motivational Groups

Participants are divided into groups of five "clients" and one or two facilitators. All groups are run at the same time, so the size of the training determines how many groups are needed. Five "clients" per group seems to be a manageable number for the role play.

The trainer(s) meet with the participants selected to play counselors to review the purpose of the group and what is expected in the role play.

Option: You may have other trainees rate leaders' use of OARS or note other MI strategies or particularly useful reflections. Other trainees may also take notes on similarities and differences they notice compared to conducting individual MI sessions.

Instructions for facilitators may include one of the following:

Round 1:

Ask group participants to report on personal issues in the form of a real-play, perhaps asking some to reflect on changes they should make but haven't, others on changes they are currently making, and others on changes they previously made but are currently having difficulty maintaining.

Leader assignment: Use OARS to facilitate rapport, assess stages of change, and get a feel for what would be motivating for each person. Attempt to build group cohesion.

Debrief: How are MI groups different from groups used in your agency? How are they different from doing MI in individual format?

Round 2:

Have the entire group generate their own client profiles for the type of group they want to practice (*you can use structured role plays on the following page as an alternative*)

Trainer performs approximately twenty minute demo using MI directive strategies.

Split trainees into multiple groups and ask leaders to use one of the following strategies.

Strategy #1: Use facilitated discussion to explore looking forward.

Possible evoking questions:

- 1) *What are some of your hopes for the future?*
- 2) *What are you doing now to help you make these hopes come true?*
- 3) *What other things could you do (or do more of) to help increase your chances of success?*
- 4) *What strengths and supports can you drawn upon?*

Strategy #2: Use facilitated discussion to explore previous successes.

Possible evoking questions:

- 1) *List some positive changes you have made in your life.*
- 2) *Choosing one of these changes,*
 - a. *What made you decide to make this change?*
 - b. *How did you go about achieving the change?*
 - c. *What challenges or setbacks did you face?*
 - d. *How could you draw upon this experience to consider making a change now?*

Strategy #1: Use scaling questions to focus on importance of making changes, confidence in making changes, desire to make changes.

Have clients respond to scaling questions:

1. *Where are you on a scale of 0 -10 regarding how (important it is to make some changes) (confident you feel about succeeding) (much you want to make changes vs. how much you dread it)*
2. *What makes your score x instead of (lower score, such as 0 or x-2)*
3. *What would help boost your score to x + 2*
4. *How could we help you increase your sense of (confidence, desire)*
5. *End with summary statement for each client, eliciting commitment to take some action if appropriate*
6. *Tie together similarities in responses.*

Example substance-related client roles:

#1 = Precontemplation (mixed) – You’ve been referred for services after testing positive for cocaine on a random screen at work. However, cocaine is something you can take or leave, and you always kind of thought it was a waste of money anyway. You do smoke pot regularly, but no one mentioned anything about that when they told you you’d tested positive for cocaine, so you assume they don’t test for that and you can’t think of any way to ask about it without making them suspicious. You don’t plan to quit smoking. This is a good job, and they told you that if you test positive again, you’ll be fired.

#2 – Contemplation – You’ve been busted for possession of ecstasy. Although you were selling it, the cops didn’t know and when you were busted you only had a little left and weren’t charged with distribution. You have to submit urine once or twice a week for drug screens, but you’ve heard that none of the drugs you use – ecstasy, acid and mushrooms – are detected in drug screens. You spent 30 days in jail and it was the worst experience you’ve ever had. You never want to go back, but if they don’t even test for the stuff you use, you wonder if you could get by just by not selling anymore and being extremely careful about not carrying anything on you.

#3 – Preparation - Your doctor is encouraging you to get into treatment. Since a car accident, you’ve been taking oxycontin due to extreme pain in your legs, but you never feel satisfied with the doctor’s prescription and almost always want the dosage to be increased. You can’t take the pain, but are also nervous about being addicted. Your doctor has encouraged you to find other ways of relieving pain, and has suggested that whirlpools, swimming and stretching may help.

#4 – Action. You are seeking help on your own. Your long-time cocaine and alcohol habits have cost you the business you built from scratch. You’ve been back living with your mother while you are trying to get back on your feet. You’ve not used or drunk any alcohol for 6 weeks now, and are looking for some help that doesn’t involve all of the 12-step ideas and rituals, which just annoy you.

#5 – Maintenance – You have been referred by DSS (social services) for treatment after being clean for a year, following being deemed unfit as a parent for using drugs in the presence of your children. You have been actively involved in 12-step groups and are currently living in a half-way house. You have been working steadily for the past six months. Given how well things are going, you are not sure what treatment has to offer you that you haven’t already achieved on your own.

Giving Feedback to Trainees

Abstract: Trainers move among trainees during exercises and offer suggestions and observations.

Overview: The trainer initiates a practice exercise and then circulates among trainees. The trainer's tasks are to listen, reinforce performance of the task and MI consistent skills. The trainer may also problem-solve, offer suggestions and guide participants back on task.

Guidelines: The trainer focuses primarily on positive reinforcement of good practice, rather than pointing out errors. Look for things to reinforce. Suggest alternative ways of responding that would be more consistent with MI.

Example(s):

The trainer observes a participant is supposed to be practicing reflective listening but instead is peppering the speaker with questions.

"Can I hop in here for just a minute? John, I notice you are working hard to understand Lisa. That's exactly what I want you to do. In addition, I'd like you to focus on a few less questions and a little more listening. Can I show you what I mean? Lisa, let's back up just a minute. You said, "I'm tired of all this nonsense". Can we start there? Okay, go ahead and say that again."

Proceed with the exercise and then ease the listener back into the listening role. Then reinforce them for correct behavior and leave.

Notes: Participants feel vulnerable when you intervene. Make sure you reinforce their strengths and ease them back into their role. Do not stay with them unless they continue to struggle and want you to stay. Remember they are trying a new skill and this is hard to do, even for skilled practitioners.

Structured Counselor Feedback

Abstract: Trainees practice MI, and their performance is coded in a structured way by observers, either live or via tape. The trainees then receive feedback from the coding of their work

Overview: Accurate feedback of performance is one of the fundamental conditions necessary for learning a new skill. During the acquisition process of a complex skill, misperception of one's own performance is common unless there is immediate feedback (as there is in driving a golf ball). Both practitioners and observers get caught up in the story content and miss underlying processes. A structured observational system can allow for reliable coding of MI skillfulness, and more importantly can provide specific information about where further change is needed in practice behavior.

Guidelines: Choose an observational system of appropriate focus and complexity (see *Observer Tracking*). Some systems can be used during training, with trainees themselves doing the process coding. Others (like MISC) are more complex, and require the establishment and maintenance of inter-rated reliability. Clearly define the coding system to be used. Coding may be done live (as during a training session), or later via an audiotape or videotape. Use a structured feedback form that provides specific information for trainees about their practice. Provide sufficient information so that trainees can interpret the feedback without substantial oral explanation.

Example(s):

MISC system and individual feedback forms.
See also *Observer Tracking* coding forms.

Notes:

Motivational Interviewing Coding and Feedback

Coder: _____ Clinician: Pat _____ Date of session: _____

Length of time coded: 20 minutes **Target behavior:** substance abuse _____

Global Ratings

Empathy/Understanding

Examples/notes:

1	2	3	4	5	6	7
---	---	---	---	---	---	---

MI Spirit

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Behavior Counts

Clinician Behavior	Tally	Total	Notes
Giving information	//////////	12	
MI Adherent (asking permission, affirm, emphasize control, support)		0	
MI Non-adherent (advise, confront, direct)	/ (advice without permission)	1	
Open-ended questions	//////////	11	
Closed questions	////////	7	
Simple Reflections	////	4	
Complex reflections	//	2	

Summary measures

Measure	Beginning proficiency	Competency	Clinician rating
Global measures	5	6	2, 4
Reflections to question ratio	1:1	>2:1	.33:1
% complex reflections	40%	50%	33%
% open-ended questions	50%	70%	61%
% MI- adherent	90%	100%	0 %

Clinician strengths:

Most important area for improvement:

Motivational Interviewing Coding and Feedback

Coder: _____ Clinician: Chris Date of session: _____

Length of time coded: 50 mins _____ **Target behavior:** substance abuse

Global Ratings

Empathy/Understanding

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Examples/notes:

MI Spirit

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Behavior Counts

Clinician Behavior	Tally	Total	Notes
Giving information	////////////////	20	
MI Adherent (asking permission, affirm, emphasize control, support)	/(support)	1	
MI Non-adherent (advise, confront, direct)	//// (advice without permission)	5	Confront re: lab Warned re: risk
Open-ended questions	////////	12	
Closed questions	////////	9	
Simple Reflections	////////	10	
Complex reflections	////////	11	

Summary measures

Measure	Beginning proficiency	Competency	Clinician rating
Global measures	5	6	5, 3
Reflections to question ratio	1:1	>2:1	1:1
% complex reflections	40%	50%	52%
% open-ended questions	50%	70%	57%
% MI- adherent	90%	100%	17%

Clinician strengths:

Most important area for improvement:

Home Video

Abstract: Professional training tapes can be useful, but often they may not demonstrate the precise points that you want to emphasize. Making your own videotape can be quite useful, and can allow you to adapt your tape to particular settings, racial-ethnic groups, and languages not represented on available training tapes.

Overview: Sometimes trainees are reluctant to participate actively in role-play or other experiential exercises. Providing a demonstration shows trainees you are willing to expose yourself and possible imperfections, and can be a humorous way to ease them into participation.

Guidelines: One strategy that works well is to show a “bad example,” which can be contrasted with a “better example.” Prior to the training, create a videotape of yourself interviewing a client. Don’t worry about it being broadcast quality. The main factor that makes a tape useful for training is good sound quality, so focus on using a good external microphone and recorder, and minimize ambient noise when making the tape.

Example: In the bad example tape, you as the therapist should strive to model non-MI techniques or show yourself using MI techniques without the spirit (the words without the music). For example, on the tape you might start with open questions and reflections, but summarize with labels, using the expert trap, show sarcasm or disrespect, etc., as in: “I’d like to give you some feedback about what you’ve said so far. I hear that you don’t think you have a problem, but based on my 20 years of experience with addicts, I can see that you are in denial. This is a problem that won’t just go away and in fact, will usually get much worse.”

Because you are deliberately using non-MI techniques, it’s advisable to use a colleague or student to play the role of the client or patient (rather than a real client!). Provide them with general instructions about their role, including the main areas of problem behavior, types of ambivalence and motivations, and instructions for responding naturally to your interventions. Avoid using scripts - they almost always feel artificial.

Prior to showing this tape, prime the group to watch for any MI techniques, and also to note what the therapist (you!) are doing that is less than therapeutic. This “bad example” segment optimally lasts 10 minutes, providing the group with a flavor for the session and the patient’s/client’s likely response. After showing the tape, which should provoke some laughter, facilitate the group to list the MI-consistent and MI-inconsistent behaviors you demonstrated. This leads into a discussion of what types of counselor behaviors tend to be more helpful, and you can then launch into experiential practice of specific skills.

Alternately, you might follow up the “bad example” tape with a “better example.” Using the same colleague to play the same patient/client case, model instead the use of OARS, exploration of ambivalence, and development of discrepancy. The “better example” tape should show a somewhat different outcome. After showing the tape, facilitate the group to list the helpful and non-helpful behaviors you demonstrated. Ask them to guess in which tape the client or patient would be most likely to make a successful change. Then launch into experiential practice of specific skills.

Notes:

An alternative is to try switching back and forth between MI-consistent and MI-inconsistent styles, and ask participants to watch for each. One fun way is to give each participant a red card and a green card. Ask them to hold up a green card when they see you doing something that is MI-consistent, and a red card when they see something that is MI-inconsistent.

Thanks to: Karen Ingersoll

Homework

Abstract: Trainees complete an assignment between training sessions

Overview: When you have a training task that requires some personal time to complete, you can assign trainees to complete it between training sessions. This can save time in training sessions, and extend learning opportunities.

Guidelines: Give clear instructions as to what the trainees are to do between sessions, and provide the material needed. Some examples:

Provide a *quiz* for each trainee to complete (e.g., differentiating open from closed questions, or correctly identifying change talk).

Assign viewing of a *demonstration videotape* between sessions, perhaps with completion of a specific *structured observer* task.

Assign trainees to complete a paper-and-pencil *skill assessment*, or to tape-record a practice exercise.

Assign trainees to listen to and code (using a *structured observation* sheet) one of their own counseling sessions.

Notes: Obviously this is used when the trainer has more than one contact with trainees. To emphasize the importance of the assignment and respect the work that trainees have done, collect or discuss homework assignments at the beginning of the next training session.

Metaphor and Nonverbal Imagery

Abstract: Sometimes nonverbal images and metaphors can convey the spirit of motivational interviewing better than verbal explanations do.

Overview: Important concepts about motivational interviewing can come alive with the right metaphor or nonverbal image. Trainees often remember such examples far more vividly than the most compelling lecture.

Guidelines: Ask trainees what metaphors they use in talking about and teaching MI. Ask trainees to explain how specific metaphors are relevant.

Example(s):

Wrestling versus dancing as a metaphor to express the spirit of motivational interviewing.

Change talk as flowers that are gathered into a bouquet and offered back to the client.

MI as one tool in the counselor's toolbox

Pouring motivation into an empty glass, vs. drawing it from a deep well

Motivational interviewer as midwife

Guiding (versus directing and following)

Revolving door, Albuquerque Airport: Do Not Push. Door Will Lock.

Affirmations are like salt: A little makes things taste good; too much is hard to swallow

No need to hit a home run. Just get some wood on the ball (baseball)

Feedback sandwich: Affirmation, suggestion with permission, affirmation

When skidding on snow or ice, turn *in the direction* of the skid (driving)

Lean into the emptiness of the valley (skiing)

A menu of options

Client language (change talk, sustain talk, resistance) as traffic signs

Change talk and sustain talk as opposite sides of the same coin

Notes:

Thanks to Carolina Yahne for collecting metaphors used by MI trainers.

Observer Tracking

Abstract: During practice exercises or demonstration, participants are assigned a structured role as observers, using specific guidelines to encode the communication process.

Overview: It is very easy, in watching a demonstration or videotape, or even when engaged in a role play, to get caught up in the story, in the *content* of communication. Structured observation focuses the participant's attention on the *process* of what is happening. It also gives observers an active rather than passive role during demonstrations and exercises.

Guidelines: Provide very clear instruction in exactly what is to be observed, and how. Provide a printed coding sheet and guidelines for more complex tasks. There is a temptation for observers to stop tracking and get caught up in the content, so use procedures designed to keep observers on task. Circulate and watch the coding process, stop action and ask observers for their observations, etc.

Observer Tracking Example 1: Wrestling-Dancing. Define two extremes of interaction style. In **dancing** the two parties are working together, with a heightened sensitivity to each other, listening, responding, making progress, and, most importantly, cooperating. In **wrestling** the two parties are grappling in a struggle of power or adroitness, each endeavoring to throw the other by tripping or overbalancing. Use a scale from -5 (maximum wrestling) to +5 (maximum dancing). In between is a zero point, which is a kind of neutral zone characterized by neither strife nor harmony. Observers rate the state of interaction early in a demonstration or practice, and then give a new rating whenever they perceive a shift in the interaction in one direction or the other. Whenever a new rating is given, make notes as to what happened to make a difference. What was said, by whom, etc?

Thanks to: Jeff Allison

Observer Tracking Example 2: Readiness Level. Using a readiness ruler (0 to 10), the observer judges the level of client readiness throughout an interaction. Based on the client's first few responses, an initial rating is given. Then whenever the observer perceives a change in the level of client readiness during the interaction, a new rating is given and the observer notes what the counselor was doing just before the change.

Thanks to: Steve Rollnick

Observer Tracking Example 3: Reflection. The observer focuses on reflective listening statements. Each response from the interviewer is coded as a reflection (R), question (Q), or other (O). Interviewer responses are recorded sequentially. When a reflection is coded, it is further rated as a simple, complex, or summary reflection.

Observer Tracking Example 4: Client Commitment Language. Here the observer attends to five categories of client speech that constitute change talk, with specific attention to Commitment speech.

Observer Tracking Example 5: OARS Coding. Here the observer attends to four counselor behaviors that comprise OARS.

Notes:

Explain fully and carefully how the coding system works, and what categories mean. It is helpful to have a practice tape segment of a few minutes, and then give your own codes, or at least compare codes. Avoid detailed discussions of which is the “right” answer. Attaining high reliability of coders takes quite a while. The point is not perfection, but attending to process rather than content. When you assign an observer task, be sure to use the information during the exercise or debriefing. It’s frustrating to keep observational notes and then have them unused. That communicates a low importance of observational tracking.

Still more detailed coding systems are used in research (MISC, MITI), but something of this complexity is not recommended for use by untrained observers. They may be useful in advanced training.

Observer Sheet 1: Wrestling or Dancing?

As you follow the interview, determine where you think the interaction is on a continuum ranging from 1 (total Wrestling; struggling with each other for control) to 6 (total Dancing; moving together smoothly and cooperatively). When you perceive a change in the interaction, note what happened at the point of change.

Wrestling			Dancing			What happened at the point of change?
1	2	3	4	5	6	Level of interaction at the beginning of the interview
1	2	3	4	5	6	
1	2	3	4	5	6	
1	2	3	4	5	6	
1	2	3	4	5	6	
1	2	3	4	5	6	
1	2	3	4	5	6	
1	2	3	4	5	6	
1	2	3	4	5	6	
1	2	3	4	5	6	

Observer Sheet 2: Client Readiness Level

As you follow the interview, determine where you think the client is in readiness to change the target behavior, from 1 (not at all ready) to 7 (very ready for change) When you perceive a change in the client's level of readiness for change, note what the counselor did just before it happened.

Not at all **Very Ready** **What did the counselor do before this change?**

	2	3	4	5	6	7	Level of client readiness for change at the beginning of the interview
1	2	3	4	5	6	7	
1	2	3	4	5	6	7	
1	2	3	4	5	6	7	
1	2	3	4	5	6	7	
1	2	3	4	5	6	7	
1	2	3	4	5	6	7	
1	2	3	4	5	6	7	
1	2	3	4	5	6	7	
1	2	3	4	5	6	7	

Observer Sheet 3: Reflections

Listen for counselor Reflections, and count them. Rate each Reflection as:

- A. **Simple Reflection** - essentially a repetition or slight rewording of what the client said
- B. **Complex Reflection** - the counselor moves beyond what the client said, by paraphrasing meaning, continuing the paragraph, or otherwise reflecting a level of content or feeling beyond that which the client voiced
- C. **Summary Reflection** - the counselor pulled together two or more client statements into a summary (bouquet), including material that had not been voiced by the client immediately before

Make note of particularly good examples of each kind of reflection.

Type	Count (hash marks)	Good example(s)
A. Simple		
B. Complex		
C. Summary		

Observer Sheet 4: Client 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. Make notes of examples of each type of change talk that you heard.

Type of Change Talk	Count (hash marks)	Example(s)
Desire to change		
Ability to change		
Reasons to change		
Need to change		
Commitment to change		

Observer Sheet 5: OARS

Listen for examples of the counselor's use of each of the OARS responses. As you hear them, place a hash mark (/) in the appropriate row. Make notes of examples of each type of OARS response that you heard.

Counselor Response	Count (hash marks)	Good Example(s)
O pen Question		
A ffirm		
R eflect		
S ummary		

A taste of scoring – and development of a basis for peer support strategies

Abstract: In a structured exercise, participants can experience the basic approach and learn how to recognize and classify spoken sentences as open questions, closed questions, reflections or affirmations. The exercise-format may also later on be used as a strategy in peer support groups.

Overview: This exercise is appropriate when the participants have learned about OARS. The exercise may be part of an early introduction to MITI.

Guidelines I: Have the group work in triads: One speaker, one listener, one observer. After 20 minutes, they switch roles; hence the exercise takes an hour as a whole.

Speaker role: Identify a change that you are *considering*, something you are *thinking about* changing in your life, but have not definitely decided. It might be something you feel two ways about. Tell the listener about the change you are considering.

Listener role: Use the strategies and principles you have learned during the course (OARS), and carry out a motivational interview. The session takes 10 minutes.

Observer: Concentrate on the listener. Write down the first 3-4 words of every sentence (paragraph) the listener says. A new line for each utterance. Furthermore, keep track of the time, and stop the interview after 10 minutes. Wrap up with a summary.

Guideline, continued: After the interview, the participants spend the following 10 minutes walking through the observer's notes and sentence by sentence decide whether it is an open question, closed question, reflection or an affirmation. When having done that, the participants may go through the interview again and discuss *how* to change, for example, a closed question into an open or how to change a question into a reflection – and *what impact* such a change may have on the interview, i.e. the speaker.

The above is repeated three times and thereby allowing each participant to be listener, speaker and observer.

Notes: In plenum, when setting up the exercise, you may write examples on how a dialogue may look when it is written down as such a list of 'the first 3-4 words of listeners' utterances. You may thereafter illicit from the group how to recognize reflections, open and closed questions and affirmations from the list of words. You may even discuss with the group how to change closed questions into open, or into reflections, before you divide the group into triads and set up the exercise.

When debriefing, you may even introduce how to count reflections, open questions, and closed questions and how to calculate ratios (Ratios between open and closed questions, and ratios between reflections and questions).

Contributed by: Christina Näsholm

Personalizing

Abstract: The trainer helps participants relate MI processes to personal experience, as way of breathing life into to-be-learned material.

Overview: Participants share personal experiences in dyads, small groups, or the large group.

Guidelines: Material to be shared should not be so personal that the participant feels uncomfortable revealing it, especially if there are coworkers present.

Examples:

The “Persuasion Exercise” (under Negative Practice) is a good example of personalizing, in that it asks the speaker to use personal ambivalence as the subject matter, and to experience responses to a particular counseling style.

A personalizing experience that is often quite effective is the “Favorite Teacher” exercise (below). Ask participants to think of their favorite teacher from school or college – the teacher in whose class they felt particularly alive, interested, motivated, and engaged. Invite participants to name their favorite teacher aloud, and then ask the participant to describe [teacher’s name]. What was it about that teacher that was different from the others? What was it about her or him that brought out the best in you? [Thanks to Carolina Yahne for this one]

Another personalizing exercise can be used to enhance empathic understanding among clinicians. Ask the trainees to think of a change they have been considering, or one they’ve been struggling to make. Reassure them that they will not be asked to share this with the group. Ask them to raise their hands when they have their issue in mind. After receiving this signal, ask them to call out for how long they’ve been trying to make the decision (people will call out a range from weeks to months to years). Then tell them to imagine that you (the trainer) have the power to force them to stay in the room until they resolve the following command: “You must make a decision about whether you will make this change before you can leave the room today, and this decision to change or not will be permanent.” Allow a moment to absorb this, state that there is often a variety of reaction, and ask them to share their reaction. In debriefing, focus on different responses to the “intervention,” including decisions to change, decisions to avoid change, and decisions to lie to the facilitator in order to be let out of the room! To debrief, point out that these reactions illustrate the effects of pressuring someone who’s ambivalent, as well as illustrating aspects of the stages of change (those who were further along in readiness may be more willing to decide “permanently”; it’s easy to make “contemplators” sound like “precontemplators” by trying to force a decision). You may also wish to discuss Brehm’s concept of reactance and other social psychology principles. Cap off the exercise by stating that even with “normal” changes that may not involve stigmatized behaviors such as drug use, unsafe sex, excessive drinking, etc., people may get stuck in ambivalence for extended periods and are not always fully ready to change, and when pressured, the majority resist the pressure and either retreat from the idea of change, or “lie” about their intentions, while a minority report that the persuasion was helpful. This

can be particularly useful in increasing empathy for mandated client populations. [**Thanks to** Allan Zuckoff for this one.]

Notes: You can do more prefacing, if you like, about why you are using a personal example. This would reinforce that people get the clearest sense of how MI might work by experiencing it themselves with something that is meaningful to him or her. A little bit of levity (e.g., about “deepest, darkest secret”) keeps the tone about right and helps people feel like the request is not too intrusive.

Favorite Teacher

Abstract: The purpose is to introduce the spirit of MI in a personal way by evoking it from the trainees.

Overview: Very near the beginning of the first day, I want the trainees to remember what it felt like to be motivated themselves as school kids.

Guidelines: I say this..."I'd like you to remember a teacher from your elementary, mid, or high school days whose class you enjoyed. Think back about what he or she did that made you eager to attend that class and to participate". I wait one minute while trainees think. Then I say, "Let me tell you about my favorite teacher. Mrs. Dustin was my 10th grade biology teacher. She spoke to me as if I were an adult. Now I'll write your examples here on this flip chart. Who's willing to begin?" I write down their teacher's name and one quality or behavior that they mention. Essentially, I reflect the main point they make about their teacher.

After 5 or 10 trainees have described their favorite teacher, I summarize the list, using the teachers' names.

I then ask the group to tell me their hunch about the purpose of this favorite teacher exercise.

I conclude by saying, "Yup, you got it! This list is a good start at describing the qualities and behaviors of a motivational interviewer".

Example(s): Trainees remember the name of their favorite teacher with remarkable frequency. It seems to add to the richness of my summary that I use their teacher's name, too. Trainees usually say things like "She believed in me", "He made it interesting", "She knew I was capable of more", "He took the time to explain concepts creatively", "She helped me to speak up even though I was really shy", etc.

Notes: For a large group that may not be able to see the flip chart, type the examples right into your PowerPoint slide that is projected on the screen. It is visible and especially validating for those who contribute.

Contributed by: Carolina Yahne

Preparing a Client Role

Abstract: Proper preparation for a client role-play can often prevent problems (like the “client from hell”), and help the exercise to more fully achieve intended goals.

Overview: Role-play is a useful method for demonstrating and practicing motivational interviewing, and trainees often like to see it happen in front of them. Trainers often set up demonstration role-plays which involve having a trainee play the part of a typical client in their setting, with the trainer (or another learner) playing the part of the interviewer. There is a temptation in this circumstance for the person role-playing the client to present the most difficult, impossible, resistant or hostile case, thereby presenting an impasse in the demonstration.

Guidelines:

- 1) Start with a clear statement of the learning objectives of the exercise. Then construct a client scenario that serves those learning objectives. For example, when participants are first learning to elicit change talk, it is not helpful to have a highly resistant client. Use a “readiness ruler” (from zero readiness to change, to 10 as completely ready to change) to establish an appropriate difficulty target level for the base. For first practice of eliciting change talk, for example, an appropriate readiness level might be 7 or 8. When practicing how to cope with resistance, a level of 3 or 4 may be more appropriate.
- 2) Tailor the role-play to the setting. Use suggestions from the trainees to make a case scenario. Be sure to go over, in advance of the role-play, the reasons this client would want to change and the strengths that he or she brings to the interview, thereby insuring some discrepancy. A scanty client scenario invites poor results.
- 3) Use caution when selecting a volunteer for role-plays. The person who is the most eager to participate may be exactly the one who is determined to show you how impossible his or her clients are. Better to select a trainee who has demonstrated good listening skills in previous exercises or shows other evidence of a cooperative and flexible nature.

Example(s):

“Ok, let’s see what we’ve got for the role-play. A 24 year old man living with schizophrenia who is smoking marijuana daily to help him with his symptoms. He is seeing you for an evaluation of his pension benefits, and you are trying to motivate him to consider a change in his smoking. Tell me a little more about his guy. What about his family? What is important to him? Why would he want to stop smoking marijuana?”

Notes: If a role-play really bogs down, consider adjusting the difficulty level of the client, or trying a different scenario with another “client” actor.

If there seems to be an agenda to watch you work with an impossible client, offer to try that later in training, with light-heartedness about it: “If you think it would be useful, later on you can set up the really difficult client that you have in mind, and we’ll see how I might respond. Of course there are some clients who just aren’t going to change no matter who sees them, but I’ll do my best.”

Quiz

Abstract: A quiz allows trainees to assess their understanding of concepts that have been introduced. Usually this is in the form of a self-test, rather than one in which results are known to the trainer or group.

Overview: Prepare a set of carefully-devised questions designed to help participants recognize key concepts (such as commitment language) or to make an important distinction (such as open versus closed questions).

Guidelines: Distribute the quiz and give participants time to answer it on their own. You can provide the correct answers, or take votes, or ask participants to indicate which is the correct answer and why.

Example(s):

Distinguishing open and closed questions

Recognizing commitment language and differentiating it from other change talk.

Notes: Small groups can work together to develop consensus on the right answer. A quiz can also be the basis for a **Contest**.

Here are some example quizzes

A 36-year-old man tells you:

“My neighbor really makes me mad. He’s always over here bothering us or borrowing things that he never returns. Sometimes he calls us late at night after we’ve gone to bed, and I really feel like telling him to get lost.”

Simple or complex reflection?

1. He makes you pretty mad.
2. He’s not very considerate.
3. Sometimes he wakes you up.
4. You wish he would find himself.
5. He’s really a pest.
6. You wish he weren’t your neighbor.
7. He really bothers you.
8. You hold your temper in.
9. You want to tell him to get lost.
10. You’re a fairly passive person.
11. You hate that he borrows things without returning them.
12. This guy really gets under your skin.
13. You wish he would just stay away.
14. But he’s your neighbor.
15. He doesn’t return your things.

Open or closed question?

16. Why don’t you?
17. Are you going to?
18. How often does he come over?
19. Does he borrow expensive things?
20. Why do you suppose he does these things?
21. Do you feel like hurting him?
22. Have you ever offended him?
23. Can you think of a time when he did return something?
24. How late does he call?
25. What else might you do besides telling him off?
26. What do you think you would say if you did?
27. On a scale of one to ten, how mad does he make you?
28. Why are you telling me this?
29. Don’t you think it’s time you tried something different?
30. Does he remind you of anyone else?

A 41-year-old woman says:

“Last night Joe really got drunk and he came home late and we had a big fight. He yelled at me and I yelled back and then he hit me hard! He broke a window and the TV set, too. It was like he was crazy. I just don’t know what to do!”

For each of the following responses:

Is it a reflection? If so, simple or complex?

Is it a question? If so, open or closed?

Or is it something else?

1. You’ve got to get out of there for your own safety
 2. Sounds pretty scary.
 3. Did you call the police?
 4. I don’t see a bruise. How badly did he hurt you?
 5. It seemed like he was out of his mind.
 6. You’re feeling confused.
 7. How can you put up with a husband like that?
 8. I’m worried about you and your kids.
 9. That’s the first time anything like this happened.
 10. This is just going to get worse if you don’t take action.
 11. Sounds to me like he’s an alcoholic.
 12. What is it that makes you stay in this relationship?
 13. You really got into it.
 14. So now your TV is broken.
 15. You’re about at the end of your rope.
-

You’re listening to a smoker talk about quitting. Is it change talk? If so, which kind might it be: Desire, Ability, Reasons, Need, or Commitment?

1. I’ve got to quit smoking.
2. I wish I could.
3. I’ll think it over.
4. I’m sure I’d feel a lot better if I did.
5. I don’t know how I’d relax without a cigarette.
6. I swear I’m going to do it this time.
7. I want to be around to see my grandkids.
8. It really is bad for you, I know.
9. More and more of the people I know are trying to quit.
10. I’ll try.
11. It’s really important for me to quit.
12. I did quit for six weeks once.
13. Smoking is just so much a part of my life.
14. Maybe I’ll get around to it this year.
15. It’s important, but not the most important thing for me right now.

Setting up a Successful Role-Play

Abstract: Trainees are given instructions about how to complete a practice exercise

Overview: The trainer establishes parameters of a role-play, tasks of participants and lays the groundwork for a successful practice activity. He or she may also set the foundation for the debriefing that follows.

Guidelines: Before people break up into practice groups, give instructions that are specific and clear. Make sure everyone knows (1) the overall goal of the exercise, (2) how many people should be in each group, (3) the specific tasks that each person has, (4) how long you anticipate the exercise taking, and (5) what to do if they feel like they have completed the task (e.g., debrief, switch roles, etc.). Check for questions, and make sure that everyone knows what to do before breaking up. If you are going to give signals (e.g., to switch roles, or to move on to the next task), make it clear what the signal is and what it means.

Example(s):

The trainer, having introduced concepts to the group and demonstrated their use, provides learners an opportunity to practice skills. The trainer then begins setting up the role-play.

"I would like you to break into pairs again, but this time work with someone you have not worked with already. Don't break up yet - let me tell you first what you are to do.

"First I'd like you to decide who will be the listener and who will be the speaker. If you are the listener, here is your job. I want you to practice using your OARS. Your job is not to solve the problem, just to understand it, as best you can. Try, as much as possible, to have all of your responses be one of the OARS."

"Speakers, your job is to play a client who is coming into a welfare office for their second visit. You are already financially eligible for services. You are struggling with a desire to go back to work and dealing with the consequences of that. Your job is to be ambivalent. Don't be too difficult here. Mainly you are thinking about going back to school, but you have some reluctance about it."

"I'm going to give you about ten minutes to try out this conversation and use your OARS, and then I'll call time. If you finish before I call time, feel free to switch roles, but please keep practicing. Don't stop and discuss it."

"Everybody understand their roles?"

Notes: Typically, someone wasn't listening or was out of the room when you gave instructions. Circulate early as an exercise begins to make sure that no one is stalled, and each group is on task.

With a larger group, it can be helpful to have a clearly audible sound to signal the end of an exercise. This saves you some shouting.

Solitary Writing

Abstract: Trainees are given a structured writing assignment and a prescribed period of time during which to write on the topic, without discussing or consulting.

Overview: This can be particularly useful in generating ideas, which in this application is called *nominal group brainstorming*. One gets about three times as many ideas when people first take individual time to write down all the ideas they can think of, as compared with the usual group brainstorming process. The writing assignment should have a specific purpose and rationale. The amount of structure provided can vary.

Guidelines: Instruct people to work on their own, writing for a specified period of time without discussing or consulting with others. Explain clearly the topic or assignment for writing. Specify how long they will have to write. If it is a nominal group brainstorm exercise, the follow-up is to have people contribute ideas they have written down until all non-overlapping ideas have been recorded. If it's a creative writing process, individuals can choose to share what they have written with the group.

Example(s):

A letter from the future. The task is to write a letter to yourself, from a point five years in the future, describing how you have been successful in making the change you wanted, how you did it, what has been good about the change, etc. Offer words of encouragement, wisdom, perspective, and hope to yourself from this future perspective. Begin with Dear . . . (your name), and write from the future in first person (I) to yourself (you) in the present. This can be done with clients seeking a behavior change, with trainees trying to learn a new method, etc. Some sample sentence stems for the letter:

I know that back then

What I have particularly enjoyed . . .

I think what was most helpful . . .

An important turning point for me was . . .

Notes:

Thanks to: Bill Miller

Symbol Badges

Abstract: The trainer prepares stickers to be affixed to the back of trainees' name tags, that are used to break into smaller groups for practice, discussion, etc.

Overview: Breaking down into smaller groups is a common part of training, and this provides a structured way to do so. It also ensures that trainees interact with a variety of others, rather than always practicing and talking with the same partners.

Guidelines: Prepare stickers that can be affixed to the back of trainee nametags. Each sticker contains a different combination of symbols. One sticker could contain symbol that are used to break into groups of 4, 5, 6, 7, 8, etc. Each symbol should have the same number of variations as the number of different groups (not the number of participants in each group). For example, if you have a total of 40 participants:

Use card symbols (heart, diamond, spade, club) to divide into 4 groups of 10

Use ten numbers or letters to break into 10 groups of 4.

Use five shapes (circle, square, triangle, cross, star) to break into 5 groups of 8

Use six colors to break into 6 groups of 6 or 7.

Example: One sticker might read:



This person would go with group G for groups of 4, with the heart group for groups of 10, with the triangle group for groups of 8, and with the red group for groups of 6. [The X above is colored red]

Notes:

Get comfortable with using the symbols. Have a little sticker or note for yourself that says:

Ten groups of 4: Letters

Four groups of 10: Cards

Six groups of 6-7: Colors etc.

When making the stickers, the easiest way to do it is to start with the first person-sticker each time and rotate through each symbol. A word processing program is a handy way to make such stickers.

Thanks to: Bill Miller.

Tag Team

Abstract: In demonstration exercises where trainees are given the role of practicing a new skill, the Tag Team method can reduce the pressure on any one trainee to perform proficiently.

Overview: After setting up a role play task, three trainees sit side by side in the counselor role. One is assigned to begin the interaction, but at any time that person can tag the next person, who then takes over the interaction, even in mid sentence.

Guidelines: Set up a role play in which one person portrays a client role, and several (often three) trainees are given the role of playing a single counselor. Give clear structure and instructions for what each person is to do. One counselor-trainee begins the interaction, seeking to practice the skills to be learned. At any time a counselor-trainee may tag the next person to take over. The counselor-trainee may remain in the seat, or alternatively may vacate and be replaced after tagging. Structure it so that tagging the next person is not tantamount to failure. Add a playful element, such as tagging at almost random times, in mid-sentence, etc. Tag-off can also be put on a fixed time interval. The trainer is an active director and may interrupt, stop action, rewind, fast forward, pass the role on to the next trainee without a tag-off, etc.

Example(s): Probation Case

Roger is a construction worker now being followed in Probation after serving a 30-day term for a first offense felony of Burglary 1. He broke into a residence while its owners were away on vacation, and stole property worth about \$6,000. From jail he was transferred to the Community Corrections facility where he served most of his time, with work release. From there he was referred to Probation.

This is the third time that you have seen Roger as his probation officer. From your two prior sessions you know that he has had an off-and-on relationship with the same girlfriend, Alisa, for the past two years. They lived together for a few months while they were using most heavily, until they ran out of money and could not pay the rent. He has been living with his aging parents for the past nine months. After release, he again found work with the construction company who had employed him before. He works on an on-call basis, framing houses. Work was steady through the summer, but is slower now and less predictable. He has no car, and travels to and from work by getting rides from co-workers or, that failing, his parents drive him.

A urine drug screen at the time of arrest revealed methamphetamine and cannabis, and your further evaluation disclosed a long history of alcohol/drug use and related problems. He admitted that the burglary was committed in order to pay rent and drug-related debts, and to renew his supply of speed and pot. After two sessions, you referred him to a substance abuse treatment program. Roger attended once for an initial evaluation, but did not return for his first scheduled treatment session, and the program alerted you to his noncompliance. He also did

not report for a scheduled probation check-in with you last month. You sent him a letter informing him that he was in noncompliance with the conditions of his probation, and ordering him to report to you, which he is now doing. The letter indicated that you could sanction him for noncompliance by sending him back to the Community Corrections facility for two weeks or more.

Thanks to: Steve Rollnick and Dave Rosengren

Trainer Demonstration

Abstract: The trainer demonstrates skills in a particular area in either a planned or spontaneous manner.

Overview: A demonstration typically follows a didactic presentation and is used to illustrate a particular method or concept. Planned demonstrations will typically have a predetermined client role and concept or method that is the focus. However, demonstrations can also be done in a spontaneous manner when learners raise questions. This can be a very effective method of translating a technique into a particular area that a learner needs to clarify. This informal demonstration will usually unfold with a question like this: "What do you do when"?

Guidelines: Play out the interaction with the trainee in his or her seat. Go on only long enough to demonstrate the skill. Check with the trainee to determine if this addressed the question raised.

Example(s):

Trainees might raise a question that calls for an explanation of how a technique might work in a specific situation.

Trainer: Great question. Is that a client situation you can play?

Trainee: I guess so.

Trainer: Okay. So I'll just be you while you play the client. Anything special I need to know?

Or

Trainer: Great question. Is that a client situation you can play?

Trainee: No, not really.

Trainer: Is there someone else that feels they can play this client?

After the demonstration, ask if the client/patient was in fact typical for the group. If not, elicit why not and you could re-do the demonstration with the modifications suggested. Then facilitate the group to list the MI-consistent and MI-inconsistent behaviors you demonstrated. This leads into a discussion of what types of counselor behaviors tend to be more helpful, and you can then launch into experiential practice of specific skills.

A Trainer Demonstration can also be pre-planned, with trainer and "client" in front of the group. Use microphones to facilitate hearing if the group is larger. In this case, you may wish to take time to develop a client role (e.g., during a break) to be played by a participant or co-trainer.

Notes: Live demonstration shows trainees that you are willing to expose yourself and possible imperfections, and can be a humorous way to ease them into participation.

Prior to doing the demonstration, prime the group to watch for any helpful techniques, and also to note what the therapist (you!) is doing that is less than therapeutic. Ask the group for a volunteer who can model a specific client with problems that are typically the ones the group addresses. Coach the volunteer privately for a minute about not playing the client from hell and about responding naturally based on your interventions. Just before the demonstration, you can state that you might “deliberately” throw in some less helpful techniques and that you want the group to notice them. (This comment serves a few purposes. It can reduce your own anxiety about trying to do it perfectly, and if you do make a mistake, you then model how to recover from a therapeutic error or misunderstanding in the session using MI techniques).

Video Demonstration and Review

Abstract: The trainer uses expert videotapes to demonstrate skills and increase understanding.

Overview: A videotape demonstration typically follows a didactic presentation and is used to illustrate a particular method or concept. Videotape review may help “pull together” several techniques to demonstrate a general strategy, or to emphasize the sequential use of techniques or strategies.

Guidelines: Participants may be given specific oral or written instructions to guide observation of a taped segment, or the trainer may use a play-pause-discuss sequence to guide participants to a greater appreciation of the interplay of specific techniques and client

Example 1:

Join Up – To demonstrate the spirit of MI, participants are asked to watch for elements of this horse training video (timed segment in the round pen) that correspond to elements of MI. Video is started at beginning of training demonstration, stopped when clock is stopped on tape. A series of questions for participants follows: What is similar? What lessons can you use to help your practice? Does the horse ever do anything she doesn't want to do? Does she do things that she didn't plan to do? Etc. Followed by a summary statement from the presenter along the lines of: “In this video, the trainer demonstrates that he can read and follow the moment-by-moment cues of the horse at the same time that he leads the horse to want to engage in activities that the horse had no “intention” of engaging in. The trainer never pushes the horse to do anything she doesn't want to, and yet the horse goes through one of the most profoundly changing events of her lifetime. What does this mean for us?”

Example 2: CASAA 98 Tape B – Bill Miller with “John” (Native American Man)

Pass 1 – To focus on empathy. Participants are asked to focus attention on the client, not the therapist. Participants may be given a written set of questions to consider while they watch the segment, then discuss afterward, such as the following:

- 1) What thoughts, feelings and experiences do you think the client has during the interview?
- 2) How might the client feel about being asked to come to the center? About the events that have taken place? About his relationship with his wife?
- 3) How does the client react to and perceive the therapist?
- 4) What is important to the client?

Pass 2 - To demonstrate advanced reflective listening (can be confusing if used for this purpose early in training). Participants are given an OARS *Observer Tracking* coding form (or other observer sheet) and asked to tally therapist behaviors. This serves to both emphasize the value of deep reflective responses in conducting an interview that “pulls” for the question/answer trap, and challenges participants to consider the role of advanced reflective statements in the context of hypothesis testing.

Discussion may include differentiating between empathy and agreement (e.g., when the therapist labels wife's behavior as "nagging"), the skill of matching pacing to client pacing and honoring client latencies, the potential trap of questions in reinforcing passivity, and how reflective listening can harvest considerable information in a short time from a relatively non-verbal client.

CASAA98 – B. Miller and EAP John – To demonstrate interweaving of multiple MI principles and strategies, and focus on principle of developing discrepancy, participants watch this video, with regular pauses for review and discussion, and accompanied by a partial therapist transcript, labeling techniques/strategies, e.g.:

Develop discrepancy - "stepped over a line, then another line....where am I headed here?"

Support self-efficacy, "confidence that if you were to decide, that you could make the change"

Reflect cons of change, "in some ways don't want see the need, it's a letting go of something dear to you"

Emphasize personal choice, develop discrepancy - "someone would make you make that change...it is up to you, no one can make that choice for you. It really is your own choice, how you live your life, what do you do about drugs, where you're headed"

Other video segments: CASAA 98 – T. Moyers and Rounder – "Amplify ambivalence," entry interview, roll with resistance

Allyn/Bacon 2000 – B. Miller and Soccer guy – Rolling with resistance

APA 2002 – B. Miller and Debbie – end segment includes discussion/clips of Miller answering FAQs about various treatment issues

Notes: CASAA 98 – MI/ Not-MI demonstration – S. Rollnick, Heart patient

Other demonstration tapes at <http://motivationalinterview.org/training/videos.html>

Vital Signs

Abstract: It is a good idea for trainers to stop periodically and check on the success of training, the desires of participants, etc.

Overview: Successful training rarely follows a predetermined format. Good trainers will usually stop periodically to determine how the trainees are receiving information and learning exercises. This can be an important source of feedback about misunderstandings and gaps in learning

Guidelines: Trainers can ask for numeric feedback, comments or written feedback to be read during a break.

Example(s):

“Ok, I’ve finished telling you about the four principles of MI and we are ready to move into an exercise. Let’s see how we’re doing. What questions do you have so far?”

“We’ve finished the first day of training, and I’d like to check in to see how you’re doing. What things have we covered thus far for which you’d like more clarity or additional practice? And what would you particularly like for me to address tomorrow?”

Notes:

The *Sentence Stems* can be used for this purpose. A sample questionnaire that might be used after a first day of training is shown on the next page.

Thanks to: Tom Barth and Jeff Allison

Day One Reflection

At the end of this first day of training:

What do you think about the . . .	Is it						
Amount of material that is being covered	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Too little</td> <td style="text-align: center;">Just right</td> <td style="text-align: center;">Too much</td> </tr> <tr> <td style="text-align: center;">1 2 3</td> <td style="text-align: center;">4 5</td> <td style="text-align: center;">6 7</td> </tr> </table>	Too little	Just right	Too much	1 2 3	4 5	6 7
Too little	Just right	Too much					
1 2 3	4 5	6 7					
Amount of time for questions and discussion	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Too little</td> <td style="text-align: center;">Just right</td> <td style="text-align: center;">Too much</td> </tr> <tr> <td style="text-align: center;">1 2 3</td> <td style="text-align: center;">4 5</td> <td style="text-align: center;">6 7</td> </tr> </table>	Too little	Just right	Too much	1 2 3	4 5	6 7
Too little	Just right	Too much					
1 2 3	4 5	6 7					
Amount of structure in the workshop	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Too little</td> <td style="text-align: center;">Just right</td> <td style="text-align: center;">Too much</td> </tr> <tr> <td style="text-align: center;">1 2 3</td> <td style="text-align: center;">4 5</td> <td style="text-align: center;">6 7</td> </tr> </table>	Too little	Just right	Too much	1 2 3	4 5	6 7
Too little	Just right	Too much					
1 2 3	4 5	6 7					
Amount of time spent on practicing skills	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Too little</td> <td style="text-align: center;">Just right</td> <td style="text-align: center;">Too much</td> </tr> <tr> <td style="text-align: center;">1 2 3</td> <td style="text-align: center;">4 5</td> <td style="text-align: center;">6 7</td> </tr> </table>	Too little	Just right	Too much	1 2 3	4 5	6 7
Too little	Just right	Too much					
1 2 3	4 5	6 7					
Amount of time allowed for breaks and lunch	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Too little</td> <td style="text-align: center;">Just right</td> <td style="text-align: center;">Too much</td> </tr> <tr> <td style="text-align: center;">1 2 3</td> <td style="text-align: center;">4 5</td> <td style="text-align: center;">6 7</td> </tr> </table>	Too little	Just right	Too much	1 2 3	4 5	6 7
Too little	Just right	Too much					
1 2 3	4 5	6 7					
Amount of time watching demonstrations	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Too little</td> <td style="text-align: center;">Just right</td> <td style="text-align: center;">Too much</td> </tr> <tr> <td style="text-align: center;">1 2 3</td> <td style="text-align: center;">4 5</td> <td style="text-align: center;">6 7</td> </tr> </table>	Too little	Just right	Too much	1 2 3	4 5	6 7
Too little	Just right	Too much					
1 2 3	4 5	6 7					
Amount of time the trainers are talking	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Too little</td> <td style="text-align: center;">Just right</td> <td style="text-align: center;">Too much</td> </tr> <tr> <td style="text-align: center;">1 2 3</td> <td style="text-align: center;">4 5</td> <td style="text-align: center;">6 7</td> </tr> </table>	Too little	Just right	Too much	1 2 3	4 5	6 7
Too little	Just right	Too much					
1 2 3	4 5	6 7					
Amount of explanation given for each method	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Too little</td> <td style="text-align: center;">Just right</td> <td style="text-align: center;">Too much</td> </tr> <tr> <td style="text-align: center;">1 2 3</td> <td style="text-align: center;">4 5</td> <td style="text-align: center;">6 7</td> </tr> </table>	Too little	Just right	Too much	1 2 3	4 5	6 7
Too little	Just right	Too much					
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A.4 Wrap-up Strategies

Here are a few ideas for ending a training event.

Generalizing Gains

Abstract: A single training workshop is seldom enough to produce stable changes in practice behavior. Specific follow-up training methods can be helpful in maintaining and generalizing skill learning.

Overview: From the very beginning of training, emphasize that initial training is really just a preparation for learning MI.

Trainees can be involved in the process during the course of initial training, to develop specific strategies for maintaining, extending, and generalizing changes in practice behavior.

Guidelines: Emphasize that changes in practice behavior are often small and ephemeral after a training event, unless specific steps are taken to continue the change process. Have a variety of possible strategies by which trainees can continue to acquire, maintain, and generalize skills in MI. Also elicit such ideas from the trainees themselves, and construct a menu. Then elicit from trainees (verbally, in writing, in small groups, etc.) specific plans for how they will continue to develop their skills in MI.

Particularly emphasize that the best teachers of MI are one's own clients. This requires knowing what cues to watch for in clients, that tell you whether you're "doing it right." A key component of training, then, is learning to discriminate change talk, commitment, sustain talk, and resistance. Client change talk and commitment are reinforcers for good MI practice. Resistance is a cue to change strategies.

Example(s): Some possible strategies to use after training:

- Further reading
- Observing and discussing professional training videotapes
- Taping (audio or video) their own practice
- Obtaining process feedback via structured observation
- Working with a supervisor knowledgeable about MI
- Forming a peer discussion/supervision group to support mutual skill acquisition
- Practicing reflections with talk radio; tune to a station that shares your political viewpoint and reflect what callers and host say. Then, when you're ready for a greater challenge, tune to a station on the opposite end of the political spectrum and do the same thing. [Thanks to Chris Dunn for this one]

During training, craft an exercise in which participants practice MI and attend particularly to client responses. Having Observer Tracking can facilitate this. The goal is for participants to learn what cues to watch for in clients that offer immediate feedback of MI performance.

Sentence Stems

Abstract: The trainer provides sentence stems, and participants are invited to complete the sentence(s) from their own perspectives.

Overview: One way to assess what trainees have found valuable in the training session is to have them complete sentences that give the information you want. For example, you might have them complete the sentence stem “One thing I learned was_____”. Of course, the stems can be tailored to the setting or even to the unique events in the training session.

Guidelines: Have trainees write down their own answers (see **Solitary Writing**), then ask for volunteers to share their answers aloud for each stem.

Example(s):

“I learned _____”

“I relearned _____”

“I gained _____”

“I appreciated _____”

“One thing that surprised me was _____”

“I could use motivational interviewing to _____”

“One thing I hope we cover before this training is over is _____”

“I am more confident now that I can _____”

“When I get back to work, I can’t wait to try _____.”

Notes: This is a good way to wrap up a training event. Make the sentence stems relatively positive. For example, you might query “Something I wanted more of was_____”, which provides a positive context for what might have been missing. Inviting trainees to verbalize negative stems (“Something I didn’t like about this training...”), can end an otherwise constructive session on a negative note. Better to obtain suggestions for change in written form, and use the sentence stems to elicit positive statements and change talk.

Thanks to Tracy Wyman for this exercise.

**B. CONTENT AND PROCESS:
EIGHT TASKS IN LEARNING MI**

B.1. Learning the Spirit of MI

Common Content

Each of the eight sections in Part B begins with some common points of content that are important basics to cover in addressing each of the eight tasks. The content is not explained in detail here, and should be thoroughly familiar to an MI trainer.

Here are some points that are normally included in an introduction to the method and spirit of motivational interviewing:

Ambivalence as a normal step toward change (in the transtheoretical model of change, this is the contemplation stage): People can remain stuck in ambivalence for a long time.

Purpose of MI: For the specific purpose of helping people to move toward change by working through ambivalence.

Definition of MI: A person-centered, goal-directed counseling method for helping people to change by working through ambivalence.

The helper's righting reflex, and its predictable effect when talking with an ambivalent person: Problems with persuasion and confrontation.

A continuum of styles: Directing - - - Guiding - - - Following

Three aspects of the underlying spirit of MI: Collaboration, Evocation, Autonomy Support

Four principles of MI: Empathy, Discrepancy, Resistance, Self-Efficacy

Two phases of MI.

Negative Practice

Abstract: In preparation for teaching an interpersonal skill, trainees experience first-hand what happens when the opposite approach is taken.

Overview: This exercise is designed to raise trainees' awareness of common responses that are *not* reflective listening or motivational interviewing, and how they can obstruct motivation and change. It provides learning by contrast when a negative practice exercise precedes positive practice in the skill

Guidelines: Provide a lot of structure for this exercise so that trainees don't wander off. Allow only about 5, no more than 10 minutes per exchange once practice begins. The usual format is to use dyads, with one person as a speaker and the other as a counselor. Give the speaker a specific topic or role appropriate to the exercise. This tends to work better when the speaker talks about personal material (Real Play) rather than portraying a prescribed role (Role Play). Give the counselor clear and specific instructions, so that he or she doesn't wander off into a natural style. The exercise can be (but doesn't have to be) repeated, with the two switching roles. When it is over, debrief, asking for reactions and observations from the speaker's perspective in particular, but also from the counselor's perspective. Common speaker reactions are fight or flight: feelings of frustration, anger, withdrawal, giving up, etc.

Negative Practice Example 1: Roadblock Exercise (based on Thomas Gordon's twelve roadblock responses)

- * Have people pair up in dyads and decide who will be the first speaker. Explain that both people will play both roles (if they will switch).
- * Assign the speaker to talk about "Something I feel two ways about." Ask the speakers to choose a topic that they are comfortable sharing, but that has important meaning for them at present (not "I feel two ways about walnuts").
- * Explain that the speaker's job is to explain this dilemma, and the counselor's job is to fit in, within a relatively short space, *as many of the twelve roadblocks as possible*. (It is helpful to have a handout or display of the roadblocks to which the counselor can refer.) Without further ado or discussion, say "Begin."
- * After about 5-10 minutes, interrupt and have the two switch roles.
- * After about 5-10 minutes more, interrupt again and debrief. What was it like for the speaker trying to talk about ambivalence? How did the speaker feel? How did the counselors do at fitting in the roadblocks? What are the underlying messages conveyed by roadblocks? [e.g., "Listen to me, I know the answer." "What you have to say doesn't matter."]

Twelve Roadblocks to Listening

(Thomas Gordon, Ph.D.)

1. Ordering, directing, or commanding
2. Warning or threatening
3. Giving advice, making suggestions, or providing solutions
4. Persuading with logic, arguing, or lecturing
5. Moralizing, preaching, or telling clients what they "should" do
6. Disagreeing, judging, criticizing, or blaming
7. Agreeing, approving, or praising
8. Shaming, ridiculing, or labeling
9. Interpreting or analyzing
10. Reassuring, sympathizing, or consoling
11. Questioning or probing
12. Withdrawing, distracting, humoring, or changing the subject

Negative Practice Example 2: Persuasion Exercise

This is an exercise for dyads, in which one person is the speaker and the other the counselor. The speaker talks about a topic of ambivalence – something he or she is thinking about changing, or “should” change, or might want to do. The counselor uses a variety of methods to try to directly persuade the speaker to make the change. It is important to instruct the audience that this is *not* motivational interviewing, and that the counselors are not to be empathic listeners in this exercise.

Speaker role: Identify a change that you are *considering*, something you are *thinking about* changing in your life, but have not definitely decided. It will be something you feel two ways about. It might be a change that would be “good for you,” that you “should” make for some reason, but have been putting off. Tell the counselor about this change you are considering. [Trainer: “Speakers, this time I would like you to talk about something you have been thinking about changing in your own life. It could be a habit, attitude or behavior, but it should be something you haven’t changed yet. Maybe it’s something that would be *good* for you, or that you think you *should* change. It should be something you feel comfortable sharing -- not your deepest, darkest secret, okay? Any questions about that?”]

Counselor role: Your task is to try as hard as you can to *convince* and *persuade* the Speaker to make the change that he or she is considering. (This is *not* a motivational interviewing exercise.) Specifically, once you find out what the change is that the person is considering, do these five things:

1. Explain *why* the person should make this change.
2. Give at least three specific *benefits* that would result from making the change.
3. Tell the person *how* they could make the change.
4. Emphasize how *important* it is for them to make the change. This might include the negative consequences of not doing it.
5. Tell/persuade the person to do it.

And if you encounter resistance, repeat the above, perhaps more emphatically.

The exercise can also be done as a role-play in which each participant is assigned a situational identity.

Notes:

This exercise is usually a lot of fun, and the room can fill up with hilarity as trainees become more outrageous in their negative practice. Monitor the level of energy in the room, and end the exercise while it is still high. It's important not to let this one run on too long. The point of the exercise is realized quickly.

Some trainers have experienced as many as one-third of trainees ignoring the instructions, and instead doing something else (general discussion, trying to counsel in a helpful way, etc.). This may arise from a discomfort with role-play, or with the directive style assigned. One way to monitor this is to circulate around the room and listen in briefly on each conversation. Another is to work in triads and assign an observer to record examples of the assigned strategies. You can then circulate and check observer notes as well.

Trainees who are very committed to the method that is being used in a negative practice exercise may argue that the approach was very effective for them, that their practice session went well and would have elicited change, etc. Substantial time can be used and ill will generated if the trainer takes an oppositional approach here (which also fails to model the clinical style of motivational interviewing). One good approach is to briefly acknowledge that sometimes people do find this kind of advice helpful, and then move on. The vast majority of Speakers will experience this conversation as aversive.

A pretraining Skill Assessment can be useful before the roadblock exercise. To do this, distribute a questionnaire before you begin to discuss reflective listening or roadblocks. The questionnaire contains 6-10 statements that might be made by a client or friend who is talking about personal material. Trainees are asked to write *the next thing* they would say in response to these different statements, restricting themselves to one or two sentences. If this has been done earlier, trainees can examine their own questionnaires at this point to determine which of the roadblocks they are most likely to use.

Be careful not to communicate that this is how your participants are currently practicing, and that you are going to show them the "right" way to do it! That's a quick recipe for evoking defensiveness and resistance to learning.

Debriefing

Focus primarily on the experience of the Speakers in these conversations. What were they feeling and thinking? Write bullet-point reactions on the board or paper. Some common human responses to such advice are: angry, agitated, oppositional, discounting, defensive, justifying, not understood, not heard, passive, overwhelmed, ashamed, trapped, disengaged, uncomfortable, resistant.

ALTERNATIVE:

The exercise can be done as a role-play in which each is assigned a situational identity, as in the scenario below.

NURSE'S ROLE

The Situation. You are a busy occupational health nurse. Your company has encouraged you to conduct health screening among the employees. Having done this, you are feeding back the results of a health screen to an employee. You only have about 10 minutes for your first discussion with this person.

The Client. This person is clearly overweight, also smokes, and drinks about 6 beers a night. Both blood pressure and cholesterol are elevated, and you are very concerned about this person's diet and weight. The employee is married, has 3 children, and has been working with the firm for 15 years.

Your Task. Try as hard as you can to persuade this person to do something about his or her diet, smoking, or drinking. This is a serious matter, and you do not have a lot of time. It's not your job to be a "therapist"; rather, you are paid to be a competent, concerned, and forthright health practitioner.

1. Explain *why* the person should make this change.
2. Give at least three specific *benefits* that would result from making the change.
3. Tell the person *how* they could make the change.
4. Emphasize how *important* it is for them to make the change. This might include the negative consequences of not doing it.
5. Tell/persuade the person to do it.

And if you encounter resistance, repeat the above, perhaps more emphatically.

EMPLOYEE'S ROLE

The Situation. You filled out a health questionnaire at work, and had a blood pressure reading and blood test as part of a company-wide effort to improve employee health. Now you have been called in to see the company nurse. You have been a hard-working and loyal employee for 15 years. You're not looking forward to this session, because you know you are overweight, besides which you will probably be told to quit smoking, but you don't think there is anything you can or want to do about it.

Your Home Situation. You lead a busy life, and have a spouse (who also works) and 3 children. You don't have much in the way of recreation, besides going out for a meal and some drinks with your spouse and friends on Saturday nights. You drink a 6-pack of beer most nights, but don't see this as a problem. You like your food, and though you are a bit overweight you're not really concerned about it.

The Session. Though you're not looking forward to the session, you don't plan to be rude to the nurse. You have only 10 minutes to talk, before you have to get back to work.

A Taste of Motivational Interviewing

Abstract: In a structured exercise, participants can experience the basic approach and “feel” of motivational interviewing, even without understanding the skills and principles involved.

Overview: This can be done early in training, even before explaining what MI is. This is particularly effective following the Persuasion Exercise described above, precisely because it provides an experiential contrast.

Guidelines: Have people work in pairs: One speaker, one listener. Time permitting, they can switch roles.

Speaker role: Identify a change that you are *considering*, something you are *thinking about* changing in your life, but have not definitely decided. It will be something you feel two ways about. It might be a change that would be “good for you,” that you “should” make for some reason, but have been putting off. Tell the counselor about this change you are considering.

Listener role: Don’t try to persuade or fix anything. Don’t offer advice. Instead ask these four questions one at a time, and listen carefully to what the person says:

- * Why would you want to make this change?
- * If you did decide to make this change, how might you go about it in order to succeed?
- * What are the three best reasons for you to do it?
- * How important would you say it is for you to make this change, on a scale from 0 to 10, where 0 is not at all important, and 10 is extremely important? [Follow-up question: And why are you at _____ rather than a lower number of 0?]

After you have listened carefully to the answers to these questions, give back a short summary of what you heard, of the person’s motivations for change. Then ask one more question:

- * So what do you think you’ll do? and listen with interest to the answer.

Notes: In debriefing, ask first about the Speakers’ experience in this conversation. What was happening? Write bullet-point responses on the board or paper. Some common responses across cultures are: understood, want to talk more, liking the listener, open, accepted, respected, engaged, able to change, safe, empowered, hopeful, comfortable, interested, want to come back, cooperative.

If the Persuasion Exercise was done first, you now have two lists of Speaker reactions. Put them side by side and ask, “Which clients would you rather work with?” The point, of course, is that they are the same people responding in different ways to these two counseling styles.

Contributed by: Bill Miller.

Monty Roberts

Abstract: Observing the nonviolent, collaborative style of Monty Roberts in working with horses provides a nonverbal parallel to the spirit of MI.

Overview: Monty Roberts teaches a gentle, collaborative alternative to “breaking” horses. Whereas “breaking” involves about two weeks of physical subjugation, Monty is able to have a first saddle and rider on a new horse within about half an hour, and without violence. His “Join-up” method illustrates a similar spirit and approach to MI.

Guidelines: The videotape/DVD that most trainers use is “Join-Up,” showing the segment where Monty begins with a horse that has never been ridden, and in less than 25 minutes the horse accepts a rider. www.montyroberts.com. MINT members have blanket permission to use the training tapes produced by Monty Roberts.

Notes: Occasionally an audience member responds negatively to Mr. Roberts’ methods. Special caution may be warranted in using this metaphor with historically oppressed populations, although many indigenous audiences have understood and responded positively to his nonviolent and collaborative approach.

Contributed by: Bill Miller.

4 Principles Demonstration

Abstract: The purpose here is to teach the four principles with a minimum of didactic instruction, by eliciting the principles from the trainees through examples.

Overview: The whole group of trainees works together. A PowerPoint slide up front lists the 4 principles with no other writing on the slide.

Guidelines: The trainer asks trainees to write down a sentence a client has said to them lately during a session. Wait a few moments while trainees write. Then the trainer displays a slide with the 4 principles listed and explains very briefly what each means.

- Express empathy
- Develop discrepancy
- Roll with resistance
- Support self-efficacy

Now the trainer asks one trainee to read the sentence that a client has said recently. One trainee reads, and the trainer responds as if to that client. Then the trainer asks the group “Which principle was I trying to demonstrate with my response?” The trainees reply with their answer and their reason. They are usually right. Then another trainee reads her sentence. The trainer responds and again asks which principle was the target. And so on.

Examples: Trainee reads client sentence: I’m only here because the judge sent me.

Trainer responds: You were forced to come here.
Trainer asks group: Which principle was I trying to demonstrate?
Group replies: It was expressing empathy and rolling with resistance. Both.
Trainer: OK, why? Tell me more about your reasoning.

(Discussion follows, then more sentences and responses.)

Notes: The group teaches itself the principles through the examples and the discussion.

Thanks to: Carolina Yahne

B.2. Learning Person-Centered Counseling Skills: OARS

Common Content

Some content commonly covered in introducing the person-centered counseling skills that are foundational in MI:

Roadblocks (Thomas Gordon) that are not listening
Gordon's communication model
Accurate empathy (Carl Rogers) and its relationship to behavior change
Open vs. closed questions
Affirmation
Reflective listening: Simple vs. complex reflections
Summaries
Overshooting/understating

Structured Practice

Abstract: These are exercises for shaping MI skills, in which interviewer (listener) and interviewee (speaker) are given well-defined roles, usually with carefully specified communication rules.

Overview: There are substantial similarities to the preceding Negative Practice format, except that here the focus is on shaping skills that you *want* trainees to practice.

Guidelines: Explain the purpose of the exercise (unless doing so spoils it). Divide people quickly into groups of 2 or 3 (or another number if needed), and describe the roles of each participant. The roles may be rotated during the exercise, so that each participant experiences each role. Give a very clear explanation of the communication rules, and reinforce that with notes on a board or a handout. Participants commonly forget or ignore important rules, or get stuck, so circulating among groups is important to keep the exercise on track. An observer role may be assigned (see Observer Tracking). Afterward, debrief by obtaining observations from the perspective of each role.

Notes: Following is a sequence of exercises developed by Bill Miller that work well in shaping reflective listening. All of them are examples of Structured Practice. They were described in the first edition of *Motivational Interviewing*, but were not reproduced in the second edition.

Structured Practice Example 1: Nonverbal Listening

Before starting to shape reflective listening, it can be useful to increase awareness of the importance and value of nonverbal (“passive”) listening skills. The training exercise for this step is relatively simple.

* Pair up trainees and have them decide who will speak and who will listen. Assign a specific topic for the speaker to talk about for five minutes, or offer a menu of options such as:

What it was like growing up in my home
Ways in which I have changed as a person over the years
The good things and not so good things about my high school years
What I hope and plan to do over the next ten years.
Describe one of your parents, or someone else close to you.
How I came to do the kind of work I am doing.

* Instruct the listener to say *nothing at all*, not even “mm hmm” or other vocal noises. Absolute silence. Instead the listener is to use nonverbal skills to communicate to the speaker that he or she is listening and understanding.

* Allow the monologues to continue for 5-10 minutes, and then ask the speakers to finish.

* Debrief. What was this experience like for the speakers? For the listeners? Listeners often observe that they were aware of all the things they *would have said*. Ask listeners to indicate the kinds of things they might have said had it been permitted. The experience is often a mixture of pleasure and frustration for both, who would like more interaction. This sets the stage for introducing reflective methods for “active” listening.

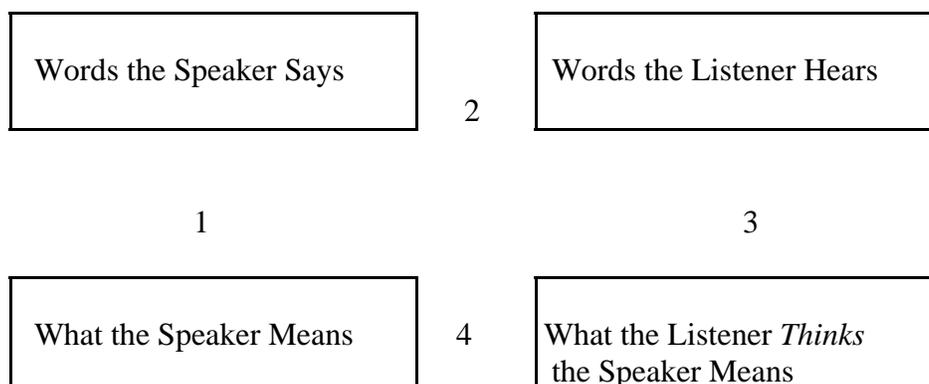
Structured Practice Example 2: Thinking Reflectively

* Explain that there is a way of *thinking* that accompanies good reflective listening. It includes, of course, interest in what the person has to say, and respect for the person's inner wisdom. The key element at this point, however, is a *hypothesis testing* approach to listening – the knowledge that what you *think* a person means may not be what he or she really means.

* A good reflective listening response tests a hypothesis. It asks, in a way, "Is this what you mean?"

* Draw Thomas Gordon's model of listening on the board and explain it briefly. The point is that there are at least three places where even a single communication can go wrong.

Model from Thomas Gordon (Parent Effectiveness Training):



* Communication can go wrong because:

- (1) The speaker does not say exactly what is meant
- (2) The listener does not hear the words correctly
- (3) The listener gives a different interpretation to what the words mean

* The process of reflective listening is meant to connect the bottom two boxes

- (4) To check on whether "what the listener thinks the speaker means" is the same as "what the speaker means."

Preparation:

- * Have each participant be prepared to share at least three personal completions of the sentence "One thing that I like about myself is that I . . ." These statements should emphasize relatively abstract personal characteristics (which lend themselves to greater ambiguity and discussion) rather than concrete attributes (e.g., "One thing that I like about myself is that I am tall").

Commentary:

This exercise teaches an approximation to reflective listening, and emphasizes how a listener can generate multiple hypotheses as to what a speaker may mean in any given statement.

Briefing:

1. Participants in each triad are to take turns, in rotation, saying one of their sentences to their two partners.
2. When a speaker has offered a sentence, the other two serve as listeners and respond by *asking questions* of this form: "Do you mean that you _____?"
3. The speaker responds to each such question *only* with "Yes" or "No." No additional elaboration is permitted. [An alternative is to allow the speaker to say "Warmer" or "Colder".]

4. Demonstrate this by offering a personal example to the audience, and having trainees ask you "Do you mean that you . . . ?" questions. Respond only with "Yes" or "No."
Example:

YOU: One thing I like about myself is that I'm organized.
TRAINEE: Do you mean that you keep your desk tidy?
Y: No!
T: Do you mean that you manage your time well?
Y: Yes.
T: Do you mean that you always know where to find things?
Y: No.
T: Do you mean that you manage to get a lot done?
Y: Yes.
T: Do you mean that you are a good planner?
Y: Yes.
T: Do you mean that you're difficult to live with?
Y: ... Yes.

5. Instruct the triads to begin this process, generating at least five different "Do you mean . . ." questions for each statement that is offered. When questioning for one statement seems to have reached an end, rotate on to the next person, who becomes the speaker while the other two generate questions. Ask groups to stay on task and not stop for discussion. Circulate among groups to reinforce, clarify, give examples, and make suggestions. Allow about 20 minutes for this exercise; adjust time as needed, depending on progress.

Debriefing:

In a large group, ask for comments on this experience. What did the participants learn? What surprises were there? What was it like to be the speaker? Usually there are comments here about the speaker's wanting strongly to elaborate and explain, which is a good illustration of how the reflective process, even at this simple level, pulls for more exploration. What problems were encountered? Highlight how many different meanings a seemingly simple statement can have (the number of different "Yes" answers), as well as the fact that many early guesses are wrong ("No" responses). Point out how each guess receives immediate feedback ("Yes" or "No") in this exercise, which also happens during good reflective listening. Common themes during debriefing are:

Satisfaction. The speaker felt good, understood.

Frustration. That it is frustrating to be able to say only "Yes" or "No" because the speaker wants to say more. This is a good example of how even this simple level of reflection pulls for self-disclosure.

Fascination. It's amazing how easy it is to miss, and how many different things can be meant. Speakers may have the experience that it made me think of things I hadn't considered. Again, that is an effect of reflection, even at this simplistic level.

With the background of how to *think* reflectively and generate alternative hypotheses about meaning, the next step is to teach trainees how to form good reflective-listening statements.

Structured Practice Example 3: Forming Reflections

Aim: To help trainees learn how to form effective reflective-listening statements.

Time: 20 minutes plus discussion.

Format: Participants are arranged in groups of three.

Trainee Preparation:

- * The questions asked in the last exercise are very close to reflective listening, but not quite. The process, however, is the same as in the prior exercise: The listener makes a guess about the speaker's meaning and offers this to the speaker for response.
- * Explain how good reflective-listening statements are very similar to, yet different from, the "Do you mean . . ." questions. They *do* offer a hypothesis about what the speaker means, but this is done in the form of a *statement* rather than a *question* (difference in inflection at the end of the sentence). A good reflective listening response is a *statement*. Its inflection turns *down* at the end. (Illustrate by inflecting the word "said" differently in this sentence:

"You're angry about what I said?" (up)
vs. "You're angry about what I said." (down)

- * It may feel strange to make a statement instead of asking a question; for example it may feel presumptuous, as if you are "telling the person what they feel." Yet statements usually work better. Why is that?
- * Some people find it helpful to have some words to get them started in making a reflective listening statement. The common element is the word "you." The stereotypic counselor statement (which we recommend never be used) is: "What I hear you saying is that you . . ." Some simpler forms:

So you feel . .
It sounds like you . .
You're wondering if . .
You . . .

Be careful, however, about overuse of such stems. No stem words are needed to form a reflective listening statement.

- * Demonstrate the skill by having someone from the audience volunteer a self-statement such as:
"One thing I like about myself is that I . . ."
"One thing you should know about me is that . . ."
"One thing about myself that I'd like to change is . . ."

and respond only with reflective listening statements, being careful to inflect them downward at the end. Generate several different hypothesis-testing responses for each self-statement, and point out how each corresponds to a "Do you mean that . . .?" question.

- * Next offer a self-statement of your own to the audience, and have them generate reflective listening responses.
- * Have each participant be prepared to offer at least three different personal statements of the form
- * One thing about myself that I would like to change is . . ." Again, avoid concrete attributes (e.g., ". . . my hair color").

Commentary:

It is a short step from the questions of "Thinking Reflectively" to reflection statements, but trainees often find this harder and need some coaching and encouragement. Circulate among groups, reinforce good reflection responses, make suggestions, and offer some reflections of your own if a group seems stuck. Attend to voice inflection at the end of reflection statements, and encourage a downturn in voice (statement) rather than upward inflection (question).

Briefing:

1. Participants in each triad are to take turns, in rotation, saying one of their sentences to their two partners.
2. When a speaker has offered a sentence, the other two serve as listeners and respond with reflective-listening statements.
3. The speaker responds to each statement with elaboration that probably includes but is not limited to "Yes" or "No." The next reflective-listening statement, then, takes this new information into account, adding a degree of complexity not present in Exercise 3.
4. Demonstrate this by having a trainee tell you one change statement; you respond only with reflective-listening statements, and continue this process several times. For example:

TRAINEE: One thing about myself that I would like to change is my moodiness.
 YOU: You never know if you're going to be up or down.
 T: No, it's not that. I can tell how I'm going to feel. It's just that I overreact to things.
 Y: Even little things can upset you.
 T: Sometimes, yes. Mainly I think I worry too much.
 Y: You sit and fret about things too much.
 T: Uh-huh. Often there's nothing I can do about it, but still I go over and over it in my mind.
 Y: And that gets you moody.
 T: Yes! I get myself all worked up, and I lose sleep.
 Y: Even at night, you're worrying.
 T: Yes. That's what I wish I could change.

5. Have the triads begin this process, designating one member as the first speaker. The two listeners offer *only* reflective-listening responses (no questions or other roadblocks), and the speaker elaborates. When a statement seems to have been understood, rotate on to the next person, who becomes the speaker while the other two respond with reflective listening. Ask groups to stay on task and not to stop for discussion. Circulate among groups to reinforce, clarify, and make suggestions. Allow about 20 minutes for this exercise; adjust time as needed, depending on progress.

Debriefing:

Discuss the exercise from the viewpoint of speakers and listeners. How did the speakers feel in this exercise, as compared to Exercise 3? How easy was it to generate reflective-listening responses? What difficulties were there?

Generating single reflective statements is easier than sustaining empathic listening in the context of conversation. The challenge here is the continual reflection of new meaning that is offered as a topic is explored. Because this is difficult, trainees will readily fall back on familiar alternatives to listening (e.g., asking questions). This exercise is designed to challenge trainees to rely more on empathic listening.

Structured Practice Example 4: Sustained Reflective Listening

Aim: To give each trainee an opportunity to practice reflective listening as a dominant style in one-to-one conversation.

Time: 20 minutes plus discussion.

Format: Trainees are arranged in pairs.

Trainee Preparation:

- * Some of the finer points of reflection can be discussed in preparation for this exercise. The concept of *levels* of reflection may be helpful:
 1. Repeating. The simplest reflection simply repeats an element of what the speaker has said.
 2. Rephrasing. Here the listener stays close to what the speaker said, but substitutes synonyms or slightly rephrases what was offered.
 3. Paraphrasing. This is a more major restatement, in which the listener infers the *meaning* in what was said and reflects this back in new words. This adds to and extends what was actually said. In artful form, this is like *continuing the paragraph* that the speaker has been developing ? saying the *next* sentence rather than repeating the last one.
 4. Reflection of feeling. Often regarded as the deepest form of reflection, this is a paraphrase that emphasizes the emotional dimension through feeling statements, metaphor, etc.

In general, simpler (1 and 2) reflections are used at first, when meaning is less clear, and deeper reflections are ventured as understanding increases. Jumping too far beyond what was said, however, can turn into interpretation (a roadblock). You may also discuss here some of the variations of reflection (e.g., double-sided reflection) Participants should be prepared, as in the Roadblocks exercise, to talk about "Something I feel two ways about." The same topic from that exercise may be used.

- * Discuss overstating versus understating a client's statement. For example, there is a rich array of words that can be used to capture a particular feeling. For example:

	HAPPINESS	ANGER	SADNESS	FEAR
STRONG	delirious	enraged/outraged	despondent	petrified
	overjoyed	incensed	hopeless	terrified
	delighted	furious	depressed	panicked
	cheery	irate	gloomy	alarmed
	chipper	angry/agitated	blue	frightened
	happy	mad	downhearted	scared/afraid
	glad	irked	low	nervous/anxious
	pleased	bothered	down	worried
	content	irritated	unhappy	startled
WEAK	okay	annoyed	a little down	uneasy

Choosing a word that overstates the client's feeling tends to cause the person to stop talking or back away from the experience. Using a word that understates the intensity of feeling tends to cause the person to continue experiencing and discussing it.

Trainer note: This same principle is revisited later in the technique of amplified reflection, but for the opposite purpose.

- * It can also be useful here to illustrate how metaphors and similes may be used as reflective listening:

Kind of like . . .

It's as though . . .

- * Explain the skill of double-sided reflection

Commentary:

Trainees who are relatively new to reflective listening find this exercise a difficult step and need encouragement. This is a place where individualize training is appropriate, if this is possible. Some trainees will do well at this stage and are ready to proceed onward; others will need additional practice and support. Ideally, trainees should become proficient in reflective listening before working on more complex applications. This is easier to accomplish in individual and small-group training than in larger workshops.

Briefing:

1. Participants in each pair decide who will be the first speaker. This person then talks to the listener about the chosen topic.
2. The listener's task is to respond *only* with reflective-listening statements. Although it would be natural to intermix reflection with other forms (e.g., questions), the listener is intentionally prohibited from using anything except reflection. This is done because without such prohibition, trainees tend to rely on old habits. The speaker responds to reflection by continuing to elaborate.
3. Ask trainees to stay in role, not discussing or breaking role until you interrupt them. After about 10 minutes, instruct the participants in each pair to switch roles.
4. Model this process. Have a trainee present an ambivalence topic to you, and show how to respond with 100% reflective listening. If appropriate, demonstrate a double-sided reflection.

Debriefing:

In a large group, ask participants to describe their experience as speakers and as listeners. How "natural" did it feel to the speakers and to the listeners? Compare the speakers' experience with that in Exercise 2, where the same task was used. How difficult a task was this for the listeners? When a listener voices difficulty with the task, ask his or her partner (speaker) about the experience. Often the speaking partner perceives the experience much more positively. Use the experiences of speakers to illustrate how clients respond to reflective listening.

Before making the transition back to motivational interviewing, you may find it useful to give trainees an opportunity for a more extensive practice with empathic listening, which intermixes reflections with other helpful responses. If training time is short, this exercise may be a lower priority.

Structured Practice Example 5: Integrating Reflective Listening

Aim: To provide trainees practice at integrating reflective listening with other counseling skills.

It is one thing to teach counselors to be able to generate an isolated reflective listening statement on command. It is quite another to help them build this skill into their regular counseling style, and to sustain reflective listening instead of falling back into old habits (roadblocks). This is a difficult step, and requires teaching your audience that it is possible to respond to a client, effectively and warmly, using almost nothing except reflective listening.

Time: 30 minutes.

Format: Trainees are arranged in pairs.

Trainee Preparation:

Each participant is asked to prepare to speak on a specified topic that can be explored for at least 15 minutes. An interesting example: "Describe an experience you have had that you believe would be quite difficult for another person to understand." The topic should be of sufficient complexity to allow 15 minutes of elaboration and exploration.

Demonstrating the skill can be good preparation for this exercise. Have a volunteer from the audience come forward and talk with you about a topic he or she is willing to share. Some good options are:

Something I feel two ways about
How I felt growing up at home
What I'd like to do over the next five years

In responding to the speaker, use 100% reflective listening statements if possible. (The temptation is to ask questions.)

Commentary:

This is an additional practice that can be valuable in experiencing how the skill of reflective listening can be integrated with other counseling responses (questions, affirmations, etc.). A minimum of 15 minutes per speaker should be allowed, which with role switching requires at least 30 minutes. We recommend *not* circulating among pairs during this exercise, as it interrupts the flow of conversation.

Briefing:

1. Have each pair decide who will speak first.
2. The listener's task is (a) to use nonverbal and reflective-listening skills to attend to the speaker, and (b) to seek to *understand* the experience the speaker is describing. Other kinds of responses may be used by the listener as appropriate, but about 90% of responses should be reflective-listening statements.
3. Ask trainees not to break role or discuss the experience before you interrupt them. Allow at least 15 minutes before asking the partners to switch roles.

Debriefing:

Ask trainees to describe this experience. Ask for questions and reactions that have arisen through this exercise.

Reflective Responses to Sentence Stems – Three Levels

Douglass Fisher, M.A. & David Rosengren, Ph.D.

Read the sentence stem and write down a simple (Level 1), complex (Level 2) and affective (Level 3) reflective listening response to each item.

It's been fun, but something has got to give. I just can't go on like this anymore.

Level 1:

Level 2:

Level 3:

It's been over a year since I've had an HIV test.

Level 1:

Level 2:

Level 3:

You know if she would just back off, then the situation would be a whole lot less tense and then these things wouldn't happen.

Level 1:

Level 2:

Level 3:

I've been depressed lately. I keep trying things to help me feel better but nothing seems to work.

Level 1:

Level 2:

Level 3:

Three Levels of Reflection

David Rosengren, Ph.D.

Time:

20 – 30 minutes

Goals:

- To help participants develop skill in generating different levels of response
- Use multiple contacts to hear multiple styles

Structure:

- Two groups of four facing each other. Rotate after one sequence of three.

Exercise:

- Ask participants to break into pairs or groups, if needed.
I want you to break into groups of 8 or 10. Then line up so that you are in two straight rows of equal numbers. Do that now.
- Distribute one stem to each member of Group A. Then say:
Here is what I want you to do. You will read your stem. The person in front of you will do a simple reflection, to which you respond as seems natural. You read your stem again. The person will do a complex reflection, to which you respond naturally. Then you read your stem a third time. The person will do an affective reflection, to which you respond. Do a quick debrief. Then I will ask the people reading the stems to move one person to the left. If you are at the end, go down to the beginning. You will have two to three minutes to read the sentence three times and then do your debrief, before I ask you to move.

Group A – in addition to reading the stems, I want you to pay attention to the different types of responses you hear. Be prepared to offer what reflections seem to work best and why.

Group B – you will hear the same prompt three times. I want you to practice varying your depth of reflection. Start with a simple. Then do a paraphrase. End with an affective reflection, seeking to capture the underlying feeling.

Everyone understand?

- After 2-3 minutes:
Okay. Everyone in Group A shift to your left one person. Everyone in place. Begin again.
- Read the energy in the room. After three rotations. Stop the groups.
Okay. Now before you shift. Person A hand your sheet over to Person B. Now person B it is your turn to read the stems. You'll have two to three minutes to read the stems, get your responses and do a quick debrief. Person A, you will now give a simple, a complex, and an affective reflection. Person A is still going to be the person who moves, which I want you to do right now. People A move over one person. People B begin.

Sentence Stems

Stem 1: I am just so sick and tired of people always telling me what to do. I mean really – where do people get off thinking they have the right to say that?

Stem 2: It's like this – I've tried everything and nothing seems to be working. So I don't know what to do.

Stem 3: I don't know why I keep doing this. I mean I'm not an idiot – I know it can kill me. I just don't have any will power I guess.

Stem 4: My kids really are important to me and I don't want to do anything that might hurt them.

Stem 5: So, given the big picture, this thing we are talking about really feels like small potato.

Summarizing Exercise

“This exercise is done in pairs. Before describing it, I would like to say that it’s important that everybody starts at the same time, so please wait until I say “go”.”

Part 1: Get together 2 and 2: One person tells and one listens.

1. The person who tells talks for 90 seconds about a habit, behaviour, dilemma or situation that he/she is thinking about changing.
2. The listener’s task is to be an interested listener without saying anything or asking questions, and then give a summary of what you’ve been told. Do not try to solve the teller’s problem or give advice. Your task is to try to listen and remember as well as you can, and give an as exact summary as possible. When summarizing try to avoid changing or adding things to what you’ve been told.
3. Change roles and repeat.

How was it to be the listener, the summarizer? How was it to receive a summary?

Part 2: Change partners: Once again one person tells, and the other listens.

1. The person who tells repeats his/her story talks for 90 seconds without being interrupted.
2. The listener’s task is to be an interested listener without saying anything or asking questions, and then give a summary of what you’ve been told. Do not try to solve the teller’s problem or give advice. However, your summary may now include what you think is the underlying meaning, feeling or dilemma in the story you’ve heard.
3. Change roles and repeat.

- What are the differences between the two types of summaries?
- How was it for the person who received the summary?
- How was it for the person who gave the summary?
- Which summary was most difficult? Why?
- What is the effect of telling a story several times?
 - Becomes more of a script
 - Becomes more coherent
 - Becomes detailed and with more nuances
 - Becomes more “real”

The important point is to be able to do both types of summaries, when appropriate.

The exercise can be done as a demonstration if there are two trainers.

Affirmation Exercise

Abstract: Affirmations are closely tied to values. What feels affirming to one person may feel false or irrelevant to another. This exercise is a way to consider what a genuine affirmation feels like to each participant.

Overview: Affirmations are the A in OARS skills and are sometimes overlooked by trainees. Yet an accurate affirmation can support self-efficacy and enhance therapeutic rapport.

Guidelines: The trainer asks the trainees to remember a time when they received a deeply meaningful compliment from someone they trusted and respected. This can be done as a private exercise, or as solitary writing, or in dyads. Thus, trainees can simply remember the compliment, or they can write it down, or they can tell it to their partner in the dyad.

Example:

When Nancy's husband died and she was, herself, hospitalized, I organized a phone tree of people to stay in touch with her. The compliment I received from my friend Mary about it was this: "I appreciate how you reach out to help others when they really need it. As a recipient of your care when I was hospitalized, I might be especially sensitive to your ability to see what's needed and provide good help. I imagine Nancy is very grateful you've organized support now for her."

Notes:

The trainer may want to debrief the exercise by asking "What made that affirmation personally meaningful for you?" Sometimes debriefing is not needed, as the participants understand the point.

Thanks to: Carolina Yahne

Mining for Affirmations

Abstract: Trainees identify client strengths, develop open questions to elicit this information and practice creating affirmations based on these strengths

Overview: This is done as a large group elicitation activity and then the group is broken down into smaller groups, before returning to the large group.

Guidelines: Leader asks the group to identify strengths that their clients bring to their practice. Record these on the board. Try to elicit at least 20. Make sure these are stated positively. Write these so these can be divided into four groups. Once you've elicited 20 strengths, divide the audience into four groups. Assign a set of 5 strengths and ask them to identify an open question to elicit this strength and an affirmation you might offer in response to this strength. Have them write these down. After one group finishes, wrap the exercise up. Then elicit examples of each from the group.

Example: All of our clients experience difficulties in their life; if they did not, they wouldn't be here seeing us. They also have considerable strengths as well. What sorts of strengths do your client's bring to the process?
What do they do to survive or thrive in difficult situations?

Notes:

Some areas will be difficult to develop questions for. Acknowledge this is the case and ask the rest of the group for ideas.

Thanks to: David Rosengren

Group Practice: Using OARS Nondirectively (with optional OARS tracking)

Dyads (option: plus observer or coach)

Client should focus on *“something I feel two ways about”*

Counselor should focus on gaining a better UNDERSTANDING of the client

At any time, the counselor may pause the conversation and consult with the observer

Counselors may also “rewind” back to an earlier point, and try again or try another “angle”

Optional: Third member who keeps track of OARS on tracking sheet

Open Questions and Reflections:

Clarifying ambivalence

Clarifying feelings

Clarifying values

Clarifying reactions to others

Guessing at “what comes next”

Giving voice to what the client is not saying

Affirming:

That you can see person’s point of view

The struggles or difficulties involved

The successes the client has had

The skills/strengths you perceive

WHEN ONE MINUTE WARNING IS CALLED, EACH COUNSELOR SHOULD OFFER A SUMMARY

Summary:

Person's mixed feelings, thoughts, and values

Person’s relationship to the issues, feelings about resolving

ROTATE MEMBERS AND REPEAT THE EXERCISE

FOLLOW WITH LARGE GROUP PROCESSING FOCUSING ON EXPERIENCES IN EACH ROLE

OARS Tracking Sheet

	Counselor 1	Counselor 2
OPEN QUESTION		
AFFIRMATION		
REFLECTION		
SUMMARY		
OTHER	Filler - Closed Question - Opinion/Advice - Provide info/teach - Other -	Filler - Closed Question - Opinion/Advice - Provide info/teach - Other -

B.3 Recognizing Change Talk and Sustain Talk

Common Content

Here are some common points of content often covered in introducing change talk.

Change talk: Any speech that favors movement toward change

Distinctive role in MI

Preparatory change talk: Desire, Ability, Reasons, Need (DARN)

Implementing change talk: Commitment/Intention, Activation, Taking Steps (CAT)

Sustain talk vs. resistance

Strength of change talk

Trajectory of change talk

DESIRE: Want, wish, like

ABILITY: Can, could, able

REASON: Specific reason for change

NEED: Need to, have to, must, important, etc. (without stating specific reason)

COMMITMENT: Will, intend to, going to, etc.

ACTIVATION: Ready to, willing to (without specific commitment)

TAKING STEPS: Reporting recent specific action (step) toward change

Drumming for Change Talk

Abstract: The trainer reads a list of client statements, and participants try to identify which are change talk.

Overview: Prepare a list of client statements, intermixing change talk, sustain talk, and other kinds of statements. In general, it is best to identify a clear target behavior or change goal, because change talk cannot be defined except in relation to a goal.

Guidelines: Clearly describe what constitutes change talk and what does not. Draw on the coding manuals for MISC or MITI for clarity. Tell participants that you are going to read a list of client statements in relation to a behavior change goal of _____, and they should drum on the desk (lap) when they hear one that they believe is change talk.

Example:

Change Target: Improved Glycemic Control

Component behaviors: Diet, Exercise, Medication, Monitoring, Stress management

1. I think I'm doing about as well as I can at this point.
2. I certainly don't want to go blind. (R)
3. I've just always disliked exercise.
4. I really hate pricking my finger!
5. Well, I wouldn't mind cutting down on stress in my life. (D)
6. I probably could exercise more. (A)
7. Yes, I'm going to take my medication every day. (C*)
8. It's really hard to stay on a strict diet.
9. But I *love* chocolate!
10. I used to exercise regularly.
11. I've *got* to get my blood sugar under control! (N)
12. I'm going to get my blood sugar under control. (C*)
13. I'm willing to take oral medication, but I don't want to take insulin shots. (C*)
14. There's no way I want to take insulin.
15. I would like to lose some weight. (D)
16. I don't think I really have diabetes.
17. I wouldn't mind checking my blood sugar once or twice a day. (D?)
18. I don't like watching what I eat. I mean I guess I have to, but I don't like feeling restricted. (N)
19. I wish I could have less stress in my life. (D)
19. I might be able to cut down on sweets. (A)
20. I'm not much on eating vegetables. I guess I'll eat more of them, but I don't enjoy them. (C*)
21. It's pretty scary thinking about losing my feet. (R)
22. I'll think about eating more fruit. (C*)
23. I heard that taking chromium can help with blood sugar levels.
24. I hope to take off about twenty pounds. (C*)

25. I certainly don't want to wind up on dialysis. (R)
26. I started keeping track of what I ate this week. (TS)
27. I bought a glucose monitor and read the manual. (TS)
28. What kinds of things do I have to eat?
29. There's no way I'm joining a gym.
30. I don't mind walking, but I'm not going to a gym. (D*)
31. I want to be a better parent.

Notes: The "right" answers in this exercise should be clearly correct – ones on which coders would definitely agree that it is change talk.

This can generate fruitful discussion about what constitutes change talk, and there certainly are grey areas where coders do not agree.

Contributed by: Steve Berg-Smith and Bill Miller

Find the Change Talk

Abstract: Participants try to identify change talk within ongoing dialogue.

Overview: Provide a sample of dialogue. It can be from a motivational interview, or even from a film, song, TV show, etc. On first try it is helpful to work from a transcript, to slow down the process.

Guidelines: Explain clearly what constitutes change talk. You can draw on coding guidelines from the MISC of MITI for clarity. (e.g., talking about past-tense motivation is not change talk). Then provide an opportunity for participants to identify change talk within dialogue.

Examples: Distribute a transcript for participants to read, and have them underline what they regard as change talk.

Play a taped segment and have participants signal when they hear change talk. (See Drumming for Change Talk). It can be helpful to stop the tape frequently to discuss.

Notes: In general, except in research, it is not crucial to identify what subtype of change talk it is. Even experienced coders find it difficult to reliably discriminate D, A, R, and N, although they can reliably code DARN as a single category.

Contributed by: Terri Moyers

B.4. Evoking and Responding to Change Talk

Common Content

This is the point at which the directive aspect of MI is introduced. MI is done in relation to a clear change goal. The MI clinician uses specific strategic method to elicit and strengthen change talk. This is a defining aspect of MI that differentiates it from general client-centered counseling.

Content normally covered at this stage includes specific methods for evoking change talk, and appropriate ways to respond to change talk when it occurs, so as to strengthen in.

Ten Strategies for Evoking Change Talk

1. Ask Evocative Questions

Ask open questions, the answer to which is change talk. The questions used in the “Taste of MI” exercise are good examples:

Why would you want to make this change? (Desire)

How might you go about it, in order to succeed? (Ability)

What are the three best reasons for you to do it? (Reasons)

How important is it for you to make this change? (Need)

So what do you think you’ll do? (Commitment)

2. Ask for Elaboration

When a change talk theme emerges, ask for more detail. In what ways?

3. Ask for Examples

When a change talk theme emerges, ask for specific examples. When was the last time that happened? Give me an example. What else?

4. Look Back

Ask about a time before the current concern emerged. How were things better, different?

5. Look Forward

Ask what may happen if things continue as they are (status quo). If you were 100% successful in making the changes you want, what would be different? How would you like your life to be five years from now?

6. Query Extremes

What are the worst things that might happen if you don’t make this change? What are the best things that might happen if you do make this change?

7. Use Change Rulers

Ask, “On a scale from zero to ten, how important is it to you to [target change] – where zero is not at all important, and ten is extremely important? Follow up: And why are you at ___ and not zero? What might happen that could move you from ___ to [higher score]? Instead of “how important” (need), you could also ask how much you want (desire), or how confident you are that you could (ability), or how committed are you to ___ (commitment). Asking “how ready are you?” tends to be a bit confusing because it combines competing components of desire, ability, reasons and need.

8. Explore Goals and Values

Ask what the person's guiding values are. What do they want in life? Using a values card sort can be helpful here. If there is a "problem" behavior, ask how that behavior fits in with the person's goals or values. Does it help realize a goal or value, interfere with it, or is it irrelevant?

9. Come Alongside

Explicitly side with the negative (status quo) side of ambivalence. Perhaps _____ is so important to you that you won't give it up, no matter what the cost.

Responding to Change Talk

When you hear change talk, don't just sit there! Normally in MI one would respond in one of four ways, represented by the acronym EARS:

Explore. Ask for elaboration: how, in what ways, why? Ask for examples: when was the last time this happened (e.g., for an adverse consequence). Note that these are included in the original list above of ten ways to elicit change talk. They are actually follow-up questions when change talk occurs.

Affirm. Express agreement, appreciation, encouragement, etc.

Reflect. This is the most common response to change talk – to offer a simple or complex reflection.

Summary. Change talk is also collected in "bouquet" summaries.

Sometimes it is also helpful to clarify what MI is not:

Ten Things that MI is Not (Miller & Rollnick, 2008)

1. Based on the transtheoretical model of change
2. A way of tricking people into doing what you want them to do
3. A specific technique (MI is a counseling *method*; no specific technique is essential)
4. Decisional balance, equally exploring pros and cons of change
5. Assessment feedback
6. A form of cognitive-behavior therapy
7. Just client-centered therapy
8. Easy to learn
9. What you were already doing
10. A panacea for every clinical challenge

Rowing with OARS (with Observer)

Abstract: The counselor practices how to use OARS directly, 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, with particular emphasis on exploring the importance of change.

Guidelines: Work in groups of four: One speaker, one counselor, 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 counselor's task is to use OARS to evoke change talk. You may assign particular methods to use (e.g., the Taste of MI questions, change rulers, etc.) or just allow the person to choose from the menu. The counselor should refrain from advice-giving, 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 counselor did right before each change talk statement..

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

Allow the conversation to proceed for about 10 minutes, and then give a 5-minute warning.

At this point the counselor should (1) offer a bouquet summary of the speaker's change talk, (2) ask for the speaker's reactions to the conversation, and then (3) ask the observers to tell what they observed. The observers should use their coding sheets to summarize their observations, and mention particularly good examples that they noted.

Notes: This is quite a complex exercise, and benefits from the trainer(s) circulating, observing, and coaching. The exercise can be repeated if desired, so that each participant gets to play each role. As a variation, one or two rounds could be done as Rowing for Confidence (below).

Contributed by: David Rosengren and Bill Miller

Rowing for Confidence

Abstract: The counselor practices how to use OARS directly, to enhance confidence for change.

Overview: This is a variation on the prior (Rowing with OARS) exercise, with particular attention on building confidence for change. It addresses the client for whom confidence may be lower than importance.

Guidelines: Work in groups of four (if two observers are to be used): One speaker, one counselor, 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, (or have good reasons to change, or is important for me to change) *but am not sure if I can (or have the ability to do it, or have the time/energy to do it.)*" This instruction solicits a change topic for which importance may be higher than confidence.

The counselor's task is to use OARS to evoke confidence talk. The counselor should refrain from advice-giving, and stick to the OARS, being careful to offer more reflections than questions. Possible strategies include (1) asking open questions the answer to which is confidence talk, (2) using the confidence ruler, and (3) reviewing past successes (4) discussing personal strengths and resources. For a more highly structured task, you can assign these specific questions, in the style of the Taste of MI exercise:

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

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, with particular attention to Ability statements. You can assign this coder to work in various ways, such as (1) simple counting of Ability statements, (2) placing hash marks in D A R N and C categories, (3) writing down particularly good examples of confidence talk, (4) rating the strength of confidence talk, or (5) also noting what the counselor did right before each confidence talk statement, to elicit it..

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

Allow the conversation to proceed for about 10 minutes, and then give a 5-minute warning. At this point the counselor should (1) offer a bouquet summary of the speaker's importance and confidence talk, (2) ask for the speaker's reactions to the conversation, and then (3) ask the observers to tell what they observed. The observers should use their coding sheets to summarize their observations, and mention particularly good examples that they noted.

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

Contributed by: David Rosengren and Bill Miller

Change Talk Jeopardy

Abstract: Trainees practice asking open questions that elicit change talk, and learn about the linkage between the two.

Overview: In an exercise that involves movement, trainees reflect on and practice open questions that will elicit change talk. The exercise parallels the TV game show *Jeopardy* in which the trainee is given an answer, and has to come up with the appropriate question that would elicit the answer.

Guidelines: First have all trainees write down several change talk statements that are typical from their own work settings. [See *Solitary Writing*]

Then explain the exercise. One person will offer a change talk statement, and the counselor's job is to offer an open question that they might have asked just *before* this change talk statement. That is, what might the counselor have asked, that would have elicited this change talk statement?

Demonstrate it. Have trainees give you five or so change talk statements, one at a time, and offer the open question that might have led to the change talk statement. Then the trainee answers your question with the same change talk statement.

Trainee: I really want my probation officer to get off my back

You: What do you hope will happen by your coming here for counseling?

Trainee: I really want my probation officer to get off my back.

Trainee: I think my blood pressure would go down if I quit smoking.

You: What might be some of the good things about quitting smoking?

Trainee: I think my blood pressure would go down if I quit smoking.

Have trainees form two single file lines of equal length, facing each other, so that the person at the front of each line faces the person at the front of the other line. One line will offer change talk statements, and the other is to ask corresponding open questions. Have the person at the front of one line offer a change talk statement, and ask the person at the front of the other line to answer with an open question that might have elicited it. Then the original speaker repeats the change talk statement. If the "counselor" gets stuck, or offers an incorrect response (a common one is to say what the counselor what might say *next*), step in and offer an appropriate open question. Then have those two participants go to the end of *the other* line, and the two new front people do take the next turn.

Notes: This is difficult for trainees to do the first time, and the trainer needs to be present and coaching where the two lines meet. Make sure that the people at the end of each line can hear clearly what is being said by the people at the front. That may require a roving microphone, and certainly requires that everyone remains silent except the speakers at the front.

Variations: Start with open questions, but you could practice other types of eliciting responses as well. What reflection might have preceded this?

It would be possible, of course, also to have the counselor line practice what they might say *next*, in order to reinforce a change talk statement. The advantage of the jeopardy format is that it focuses effortful processing on the linkage between eliciting questions and change talk.

Thanks to: Terri Moyers

Change Talk Bingo

Abstract: Participants or teams try to be first to elicit all five forms of change talk.

Overview: This exercise stimulates trainees to think about the various forms of change talk, and how they might specifically elicit each one.

Guidelines: This exercise requires groups of at least three: one speaker, one interviewer, and one observer. Identify the speaker for each group (if there is more than one group), whose task is to talk about a change that he or she is thinking about making. Have the speakers leave the room temporarily. [For this exercise the speaker should be unaware of what the interviewer is trying to do.] Tell the interviewers that their goal is to elicit at least one example of each type of change talk (Desire, Ability, Reasons, Need, and Commitment). The observer uses a DARN-C coding sheet to record the occurrence of each type, writing down the speaker statements that fit into each category. When the speaker returns to the room, the speaker first specifies what the contemplated change is. Then the interviewer proceeds to ask evocative questions seeking to elicit the specific types of change talk. It is the *observer* who calls out “bingo” when all five types of change talk have been elicited. You may (or not) allow the interviewer to consult with the observer to know what has already been elicited.

Variations:

Teams: With groups of four or more, there can be a team of interviewers who take turns asking open questions to elicit the needed types of change talk from the speaker. The interviewers take turns asking evocative questions chosen to elicit particular types of change talk. [The format here resembles *Round Robin*.] The team may consult with each other before posing each question. The game ends when the team has elicited at least one of each type of change talk. Several teams may be competing simultaneously (each with its own speaker).

Contestants. The team format can be used, except that its members are contestants competing with each other to be the first to elicit examples of all five types of change talk. The interviewers take turns asking one question or making one other response. A separate observer may be needed for each contestant. The first contestant to elicit all five types of change talk wins.

Billiards: In this variation on “Contestants,” if a contestant’s question elicits a new type of change talk, the contestant gets another turn, and may continue until a question fails to elicit a new type of change talk.

Thanks to: This was the winning entry in a contest among teams to generate a creative exercise for teaching how to elicit change talk, in the 2005 TNT at Solvang, California

Change Talk Bingo: Observer's Sheet

The Counselor is attempting to elicit from the Speaker at least one example of each of the following types of Change Talk. Listen carefully to each Speaker statement to determine if it fits into one of these categories. When you hear an example of a type of change talk, write the statement down in that box. When you have heard and recorded one example of all five types of Change Talk, stand up, leave your group, and come to the front of the room, bringing this sheet.

Counselor: _____ Observer: _____

Desire: Want, wish, like, etc.

Ability: Can could, able, etc.

Reasons: Specific reason for change

Need: Need, have to, important, etc. (without stating specific reason)

Commitment: Will, plan to, intend to, going to, willing, ready, etc.

Let There Be Light

Abstract: This exercise can be done if the training room has a dimmer switch that allows continuous adjustment of the brightness of lighting in the room. In an MI interaction, when change talk is elicited the room lights brighten. When counter-change talk is elicited, the room lights dim.

Overview: A trainee or team is assigned to elicit change talk from a speaker who is talking about an ambivalent change topic. The trainer controls the level of lighting in the room, increasing brightness when change talk is elicited, and dimming the lights when counter-change talk is elicited.

Guidelines: Prepare a speaker to talk about a potential change about which he or she is ambivalent. This can be a role-play or real-life example. Dim the lights in the room to a low level. Ask a trainee or team of trainees to use MI-consistent responses in talking with this speaker, seeking to elicit change talk. If a team, they consult with each other before deciding what to say to the speaker. Then the trainee offers a response intended to elicit change talk, to which the speaker responds. If the speaker's reply is change talk, slightly increase the brightness of lights in the room. If the speaker's reply is counter-change talk, dim the lights slightly. Continue until the lights in the room are at full brightness.

Variations:

If lights cannot be brightened, try another way to keep track of cumulative change talk and counter-change talk. For example, stack blocks, adding one when change talk occurs, and removing one when counter-change talk occurs.

Thanks to: The 2005 TNT class (Solvang, California)

Out of a Hat

Abstract: Trainees draw from a hat the kind of response they are to generate

Overview: A hat contains slips of paper that name particular MI-consistent responses. Within a structured exercise, trainees draw a slip of paper from a hat and perform the type of response named on the paper.

Guidelines: Set up an appropriate client stimulus to which trainees will respond. Prepare a set of slips of paper naming particular MI-consistent responses and place them in a hat. Trainees then draw slips and perform the response specified.

Examples:

The training task is to strengthen trainees' ability to evoke change talk. Ten slips of paper are prepared describing ten different ways in which change talk can be elicited. A speaker describes a change that he or she may want to make, but has not yet made. For example: "I think I should get more exercise." In front of the group is a list of ten ways for evoking change talk. There are also ten (or more) slips of paper in a hat each containing one of these responses (e.g., Ask an evocative question. Use change ruler. Ask for examples.) Each trainee draws one slip from the hat and attempts to use that response to elicit change talk. The speaker responds. Then the audience is asked (1) which eliciting strategy they believe the trainee was using, and (2) whether the speaker's response was change talk.

The training talk is to strengthen trainees' ability to respond to client change talk in a manner that reinforces it. Trainees write down examples of the kinds of change talk that they hear from clients in their own settings. Slips of paper are prepared describing different ways in which a counselor can respond to change talk in order to reinforce it (e.g., Simple reflection, complex reflection, ask for example, affirmation). This list of possible responses is also posted in front of the group. Then trainees are divided into two groups and form two lines whereby the people at the front of each line are facing each other. One of these lines are the "clients" and the other the "counselors." The first client offers a change talk statement. The first counselor (facing the first client) draws a slip of paper from the hat and attempts to use that response to reinforce the client's change talk. The client then responds. Finally the audience is asked (1) to identify which reinforcing response they believe the trainee was using, and (2) whether the client's response was more change talk.

Thanks to: The 2005 TNT class (Solvang, California)

Snatching Change Talk from the Jaws of Ambivalence

Abstract: Participants practice selectively reflecting the change talk content within ambivalence.

Overview: When ambivalence is present, it is normal for change talk to occur within the context of sustain talk. Participants are presented with client statements containing both change talk and sustain talk, and form reflections focused on the change talk.

Guidelines: Generate some client statements, appropriate to your training audience and topic, in which change talk is embedded within at least two bits of sustain talk. Then have participants choose what to reflect.

Example: *I really don't want to stop smoking, but I know that I should. I've tried before and it's really hard.*

An alternative to open generation of appropriate change talk reflections is to offer multiple choice options from which to select, explaining why one is the best option.

Example options related to above client statement:

- 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.

Of these, the option that focuses on the change talk is B.

Examples:

I don't drink any more than most people I know. I mean, I can drink most of them under the table. I don't see why everybody is making such a fuss about this. I can handle it.

I was worried there at first, but I don't think I really have diabetes. The doctor said it was "borderline" or something like that, and I feel fine.

Well sure, I'd like to be as healthy as I can, but I'm 68, for heaven's sake. I figure I can get away with some bad habits now. They won't have time to catch up with me.

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.

It's just such a hassle to take all those pills. I'm supposed to remember to take them four

times a day, and half the time I don't even have them with me. And I hate how they make me feel. I guess there's a good reason for it, but it's just not possible for me.

Notes:

The point in this exercise is *not* to do a double-sided reflection, but rather to select out the change talk and focus on that in the reflection.

Contributed by: Bill Miller and Terri Moyers

Dr. Clark's Referral

Following a routine physical examination, Dr. Clark referred Sylvia to a behavioral health counselor to discuss her drinking. The referral indicates that the physician smelled alcohol on her breath during the examination, and added an alcohol screen to the panel of lab tests ordered. The lab report indicated a blood alcohol level of 90 mg%, and also a slightly elevated GGT level. After introductions, the consultation begins.

Counselor: There's not much information on this referral, Sylvia. Perhaps you could tell me how you understand why Dr. Clark wanted you to talk with me.

Sylvia: I was surprised to hear from her. She called me on the phone after my physical, and said she wanted me to see you because she was concerned about me.

C: Dr. Clark called you personally.

S: Uh huh. Actually it kind of scared me. I thought maybe it was bad news from my tests.

C: So what did she tell you?

S: Well that morning, when I went in for my physical, while she was examining me she mentioned that she smelled alcohol. I thought it was probably the mouthwash that I use, and that's what I told her. She didn't say anything more about it.

C: But then she called you back.

S: I guess she had them test for alcohol. I didn't know she was going to do that. Anyhow she told me that I was over the legal limit for driving. But I swear I didn't have anything to drink.

C: That took you by surprise.

S: Yes. I never drink in the morning. She also told me that one of the other tests was abnormal - for liver, I think - and that's why she wanted me to talk to you.

C: I'm sure this has been on your mind in the meantime. What are you thinking at this point about what she told you?

S: Well, frankly, I don't like being here. I didn't like her checking up on me like that, and I feel like this is none of her business, or yours either for that matter. I didn't really want to come.

C: And yet you did.

S: It did scare me a little. She didn't really explain the lab test to me, except that it might mean I was drinking too much. Did she explain it to you?

C: She did send me the result, and the one she mentioned is called GGT. It's a liver function

test - you're right about that - and it is one that goes up when a person drinks a fair amount. It's like a warning light. What do you make of that?

S: I don't like it. I guess that's what she was worried about. I know she means well.

C: She cares about you. And she must have been concerned about the alcohol in your system, too. What time did you go in for your physical?

S: It was first thing in the morning, on my way to work. I just got up, showered, got ready, and went in. I didn't even have breakfast because of the blood tests.

C: So that's a puzzle for you, how the alcohol got there in the morning.

S: I guess it must have been left over. Can that happen? I don't really drink all that much.

C: Sure. It takes some time for the liver to break down alcohol, so it can stay in the body for a while.

S: But she said I was legally drunk! I live way over on the west side, and I work downtown, so I drive in that awful traffic every morning. I felt perfectly fine.

C: Nothing out of the ordinary.

S: No. But she said if I had been pulled over, I could have been arrested.

C: That kind of shocked you.

S: I work for the city, for the mayor's office, and if that happened – well, I could lose my job.

C: All right. Well, I can see why you came in, and I'm glad that you did. All of this is new to you, and you're not happy to be here, but Dr. Clark got your attention. So shall we talk about this a bit?

S: OK, but I don't want to be lectured about drinking.

C: I won't lecture you, I promise. Now if it's all right with you, perhaps you could tell me some about how alcohol fits into your life, into an ordinary day.

S: An ordinary day. I work a long day, and by the time I get home I'm exhausted and ready to relax. I'll usually have some wine while I'm making dinner. If I don't have the kids, I just fix something quick, and then kick back.

C: It makes a difference if the kids are there or not.

S: Well, I'll usually have wine with dinner anyhow, and while I'm cooking, but I mean I make something a little nicer when they are there. I'm divorced. Most of the time he has the kids. That's not how it's supposed to be, but he's always been a control freak.

C: And then after dinner you kick back and relax.

S: Right. I usually just watch television. I don't have energy for much more than that.

C: And how does alcohol fit in there?

S: It helps me relax and just kind of turn off. I'll have some more wine, maybe a martini while I'm watching programs. Then I get tired, go to bed, get up, and do it all over again. That's when the kids aren't with me.

C: And when they are . . .

S: We'll watch TV together, unless they have some homework and then I help them with that. I guess I don't drink as much when they're there. Then in the morning I have to get them to school before work, and it gets pretty hectic. I like it when they're with me, though.

C: You have an arrangement with your ex.

S: We have joint custody, and I'm supposed to have them Monday through Wednesday and every other weekend. But it doesn't happen. Like I said, he's a control freak. He always dominates me - has to have it his way. If he says they don't come over, they don't. So a lot of the time I don't get them.

C: It's not happening the way the court ordered it.

S: Right. But I can't take him to court. I can't afford a good lawyer, and he says if I complain he'll say I'm a drunk and file for sole custody. I can't afford to fight him. [Pause, some tearfulness] I love my kids, and I feel so much better when they're with me. They belong with me.

C: In what ways do you feel better when they're there?

S: I just feel more cheerful. I have something to do. Usually when I wake up in the morning I feel terrible, nervous, exhausted, like I don't want to get out of bed, but I still do. When the kids are there, it's like I have a reason to get up.

C: And those are also days on which you drink somewhat less, when they are with you.

S: Oh, I see what you're getting at. You think one reason I feel worse on other mornings is that I'm drinking too much.

C: Just a possibility.

S: Well, there's probably something to that, but I also miss my kids.

C: It hurts you, too, when they're not with you. And at the same time, you wonder if maybe you feel worse some mornings because of drinking the night before.

S: I don't think I'm really hung over or anything, but I do feel pretty bad. Headache and so forth. Maybe so. But I'm not an alcoholic or anything like that.

STOP! Before reading any further, write no more than seven sentences that you would choose to summarize what the client has said thus far. End your summary with a question.

Dr. Clark's Referral: Four Possible Summaries

Below are four possible summaries of the above dialogue, all intended to be helpful to Sylvia. What is being emphasized in each one? In each summary, what seems to have guided the counselor in choosing what to include or not include? How consistent is each summary with the spirit and style of motivational interviewing? Why?

Summary 1

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

Summary 2

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

Summary 3

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

Summary 4

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

Discussion

Summary 1 is a classic client-centered summary. It emphasizes the person's (predominantly negative) feelings, perhaps with a goal of helping the person to become more aware and accepting of her current experience. This kind of summary also has a function of joining with the client, communicating understanding and acceptance. For these reasons, this summary is compatible with an MI style, but it lacks the important goal-oriented component of MI and is not likely to create movement in the direction of change.

Summary 2 is a decisional balance summary. The counselor seeks to summarize both the pros and the cons of change that Sylvia has expressed, giving them approximately equal emphasis. The underlying mental model is that people need to see clearly and explore both sides of their dilemma. This is an appropriate type of summary when the counselor is not seeking to move the client in a particular direction; for example, when the client is trying to make a choice and the counselor is at "equipoise" – not advocating for one side or the other. Like Summary 1, it lacks the directional movement of MI.

Summary 3 is a quintessential MI summary. It offers a bouquet of change talk that Sylvia has offered. There is something powerful about hearing all of one's change talk collected, and such a summary is strategic, consciously directed toward change. This collecting summary ends with an open question intended to elicit further change talk.

Summary 4 is a confrontational summary, and is inconsistent with MI. The apparent assumption is a deficit model, that the client does not perceive reality and needs to be strongly persuaded.

Easy as 1, 2, 3

Abstract: Participants practice offering reflections, affirmations, and asking for elaboration in response to change talk.

Overview: This exercise was developed specifically to help people practice MI-consistent ways of responding to change talk when it occurs.

Guidelines: In order to generate change talk statements as stimuli for this exercise, have all participants think of a change that they are considering making within the next six months, and then have them write down at least four change talk statements about this change. Seven possible categories of change talk statements to consider are:

- **D: Why do you *want* to make this change?**
- **A: How might you be *able* to do it?**
- **R: What is one good *reason* for making the change?**
- **N: How *important* is it, and why? (0-10)**
- **C: What do you *intend* to do?**
- **A: What are you *ready* or *willing* to do?**
- **T: What have you *already done*?**

Then assemble participants in a group of 5 or 6, one of whom may be an observer. They sit in a circle. One person begins by reading a change talk statement to the person on the right. Then the task of that person (on the right) is to reply *once* with any of three responses, summarized by the acronym EAR:

- **E: ask for Elaboration or an Example (in what ways? how? etc.)**
- **A: offer an Affirmation (agree, encourage, praise, support)**
- **R: Reflect what the person has said (preferably complex reflection)**

The speaker then replies once to this response in whatever way feels nature. After this, the person on the speaker's right becomes the new speaker. Proceed around the circle until everyone has been the speaker at least twice.

If you are using an observer, have him or her track each 1-2-3- sequence. Was the speaker's statement (1) change talk? [If you want an additional challenge, what kind of change talk might it be: DARN-CAT.] Then how did the listener respond (2): with E, A, R, or something else? Finally, was how the speaker replied (3) change talk or not [and what kind]?

ERA Variation: After the first round, when everyone has been the speaker once, you can change the listeners' task. The speaker still offers one change talk statement, but this time the person on the speaker's right offers an E (elaboration or example) response, to which the speaker replies. Then the speaker repeats the same original change talk statement, and this time the *next* (second) person to the right offers a complex Reflection, to which the speaker replies. Finally, the speaker repeats the original change talk statement a third time, and the

next (third) person to the speaker's right offers an Affirmation, to which the speaker replies in whatever way feels natural. After this is done, the person to the speaker's right becomes the next speaker. Continue around the circle until everyone has been the speaker once.

Notes: This is a complex exercise that should be demonstrated first. To begin, the trainer can respond with any EAR response to change talk statements tossed out by trainees. Then the trainer can set up a demonstration circle to show how it works. This is particularly important when using the ERA variation. If more than one circle is practicing, circulate and coach.

Contributed by: Bill Miller and Terri Moyers

Virginia Reel

Abstract: Counselors have the opportunity to talk sequentially to different clients, in order to practice specific counseling skills.

Overview: The Virginia Reel is an American folk dance that involves two facing lines in which partners change regularly. This exercise is an opportunity for counselors to practice specific skills in sequential interaction with different clients.

Guidelines: Form two facing lines of four (or more) trainees each. Have pairs face each other, leaving enough space between pairs to allow separation of conversations. One line is designated as clients, and the other as helpers. Participants may stand in pairs, or pairs of facing chairs can be arranged in lines.

In the **Conversation** version Clients may be asked to talk about something personally relevant (something I am thinking about changing), or to role-play a client they have seen. Also coach the clients to give opportunities for the helper to practice skills, rather than doing all of the talking. Clients stay in role, and rather than starting over with each counselor continue the same exploration, giving the new counselor a brief summary of what has happened thus far.

Counselors are given a specific task, to practice particular skills. Counselors can be given a card with instructions for how they are to respond. Allow a total of 4-5 minutes per pair. Give a one-minute warning (bell) before ending each dyad, then signal the counselors to shift partners. Clients stay in place, and counselors shift one place to the left, with the left-most counselor moving to the right end of the line. (This mimics the American line dance from which the exercise takes its name.) The specific role given to each counselor can be kept secret, enhancing the element of surprise.

In the **Volley** version, the client offers only one response (for example, a change talk statement, as in Easy as 1-2-3). Each counselor is assigned to respond in a particular way. This version gives each counselor an opportunity to practice a certain type of response over and over, with different “clients.”

Example(s):

This exercise can be used for counselors to practice the four opening strategies (OARS) of an initial interview.

Ask OPEN questions to elicit client change talk
AFFIRM the client appropriately; agree, support, emphasize personal control
REFLECT – try for level 3 reflections
SUMMARIZE ambivalence, offer double-sided reflection

One counselor can also be given a non-MI role, such as Advise, Give Information, Take up the change side of the ambivalence.

Notes: This exercise can leave the “clients” feeling fragmented or frustrated if they have been talking about personally relevant material. Under this circumstance it can be helpful to follow this exercise with dyadic extended reflective listening.

This is a good exercise for after lunch, or during a lull time in training.

All counselors may be given the same skill to practice, or different counselors can be instructed to use different skills. *Protagonists* is an extreme variation in which four counselors are assigned to use dramatically different styles.

The roles of the two lines can be changed, so that former clients become counselors and vice versa.

If the lines are longer than four or five, it is not necessary for every counselor to talk to every client.

Another variation on Virginia Reel is to make it a *Bicycle Chain* whereby, when a participant reaches the right end of one line, he or she switches over to the other line. Thus a counselor, when reaching the right-hand end of the counselor line, steps across and becomes a client.

This can be more confusing than the Virginia Reel, but is fun.

Choosing Elements: Selectively Reflecting

David B. Rosengren, Ph.D.

Time:

15 – 20 minutes

Goals:

- Increase awareness of directive use of reflective listening
- Distinguish between roles of small reflections and more complex reflections in directing conversation
- Discuss use of reflectively listening and change talk (DARN-C)
- Continues to build listening skills in a graduated manner

Discussion Points:

- Differentiate between nondirective and directive listening
- Discuss the use of reflections to move towards or away from an area
- Highlight the use of MI to reinforce change talk

Exercise Structure:

- Triads: One person serves as the speaker and other two as listeners. Rotate roles.

Exercise - Triads:

- Ask participants to write down three common client statements they hear in their practice.

I want each of you to generate at least three things you've heard clients say about change in your practice setting. Don't select statements that are highly resistant in nature, but they could involve some resistance. Write those three things down. Do that now.

- Allow time for writing, then say:

You're going to take turns on each of these parts so listen carefully. Choose someone to begin. Say your first statement, then listener one generates a listening response. Then listener two you generate another listening response, one that focuses on another aspect of the statement or takes a different guess at the speaker's meaning. Then listener one tries to generate a third response focusing on another element. Do that for all three of the speaker's statements. Then switch to the next person and go through his or her three statements. Make sure you alternate who goes first, since that person gets the easier job. Understand?

Debrief

B.5. Responding to Sustain Talk and Resistance

Common Content

The following content points would normally be covered in presenting this module.

Sustain talk and change talk as opposite sides of the same coin (ambivalence)

Sustain talk (ambivalence) as normal

Examples of sustain talk: DARN-C Desire for status quo, inability to change, reasons to sustain status quo, need to sustain status quo, commitment to status quo

Resistance vs. sustain talk

Resistance is interpersonal behavior, signal of dissonance, predictive of non-change, and highly responsive to counselor style (e.g., discounting, interrupting, and arguing)

Techniques for responding to resistance

Reflections: *Simple reflection* *Amplified reflection* *Double-sided reflection*

Other responses: *Shifting focus, reframing, emphasizing personal control, coming alongside, agreement with a twist* (agreement or reflection followed by reframe) *Decisional balance also* belongs here, as *one* possible strategy for responding when clients seem less ready and more resistant, not readily offering change talk. In this particular situation, asking about the pros of status quo serves as a springboard for then asking about the “less good things” about status quo. Decisional balance is *not* a routine procedure in MI, but is one of many different strategies for responding to less ready or more resistant people..

Both Sides of the Fence

Abstract: This exercise is one way to introduce the concept of resistance, denial, difficult patients, etc. It focuses on the possible reasons why people may be responding in ways that are interpreted as resistant, denying, or difficult, and also in providers' reactions to these behaviors. The exercise begins a problem-solving approach for dealing with these experiences in practice. The solutions that emerge are usually similar to MI and provide opportunities for emphasizing MI-consistent ways of responding. It reminds health care providers that they already have most of the needed knowledge and insights, and leads to the idea that patients also have the ability to find solutions within them if properly guided.

Overview: This exercise takes about 45 minutes, and is used when the topic of "rolling with resistance" is being introduced.

Difficult health care interactions sometimes emerge when dealing with patients who don't recognize a need for change, are dishonest about their situation, are in "denial", refuse treatment, resist provider efforts to help, etc. The group is divided into two subgroups who have different discussion topics. They explore the assigned topic and brainstorm solutions.

The groups usually come up with what's needed for helping patients overcome fears and distrust, and also with how to deal with their own stress and emotional reactions in the face of adversity. This emphasizes that they already have the knowledge necessary to build what can be compared to motivational interviewing spirit and techniques.

Guidelines: Ask participants to think about such patients and situations that they encounter in practice, and construct on a board or flipchart a list of the types of challenges they raise. With 12-24 participants, divide the group into two subgroups A and B. Co-trainers may serve as facilitators for these discussion groups, or they can be left to facilitate their own discussion, with observation from the trainer(s). If the group is larger, divide them into groups of 10 or so participants each, and each group is assigned task A or B. Tell each group to identify a reporter to summarize their discussion for the group.

Group A is asked to discuss, "Why do we suppose patients behave in these ways? What might be driving these responses?" Try to see things from the patients' point of view.

Group B is asked to discuss, "How do we respond to these patient behaviors? What do we do? Why are these patient responses uncomfortable for us?" Try to clarify our own concerns, fears, that may cause discomfort, or even resentment when faced with these attitudes.

Allow 10-15 minutes for this initial discussion and then introduce the next task:

Group A: "What can we do, specifically, to help patients overcome whatever has caused them to show these attitudes?" Try to find ways that could help patients change their attitudes and behavior by helping them to overcome the identified causes.

Group B: "How can we help ourselves to deal with our own reactions when patients do these things? How can we be more comfortable when encountering these attitudes?" What training,

attitudes, thoughts, insights, etc might be helpful?

Allow another 10-15 minutes for this part of the discussion, keeping an eye on the energy level in the discussion groups. Then have a reporter from each group summarize what they concluded. Start with Group(s) A, and list first the result of the first part of discussion – why patients may behave in this way. Then summarize possible solutions that were generated. If there are more than two groups, a different approach is to ask reporters to voice one point at a time, rotating among groups, without repeating what has been said before, until all different points have been mentioned.

Affirm responses, and summarize them on the board or flip chart, particularly reflecting and exploring those that are MI-consistent.

Example(s): Some of the usual answers are

Group A: Patients are not used to talking freely about themselves, they fear our judgement, they fear we will want to change their lifestyles, they feel ashamed of their behavior, they feel anxious about their behavior and prefer to avoid talking about it, they have other priorities, they are concerned about immediate needs, they are afraid they will lose the pleasure linked to their behavior, or psychoactive effects linked to substances, etc.

Group B: Health care specialists are often concerned that they will fail in their attempt to help their patients, which may be linked to fears of incompetency, guilt feelings, etc. They may feel they have an obligation for results, they may be confronted by fatigue and stress, feel impatient or resentful, be concerned for their patients' welfare, etc.

Group A solutions: showing patients as early as possible they will not be judged, they will not be forced, they are respected in their choices even when the health specialist would suggest a different option, showing understanding for the needs, priorities, showing empathy for the losses a change implies, etc..

Group B solutions: take care of our own health, accept the idea that we cannot realistically force people to change and maintain a change of behaviour, accept that we will not see all our patients undertaking appropriate behavior changes, what counts is doing our best, for that we need training, to know what works best, to be able to rely on others, work in networks, be able to talk about our own emotions, overcome our fears, see successes and know what we are doing works, etc.

Notes: This is a relatively easy way to get health workers to think in a positive and problem-solving way about the obstacles they encounter. It helps develop group dynamics, confidence and self efficacy, and a better understanding of the patient that will contribute to their own empathy. It also shows they usually have the solutions once they can identify the roots of the problem behavior, and helps them be more confident that patients also given the possibility can find solutions.

Contributed by: Guy Azoulai

Batting Practice

Abstract: Trainees can learn to make reflections or respond to sustain talk or resistance. Doing so is easier than it looks, and this can be a confidence builder.

Overview: Trainees can learn to make reflections “on their feet” by using an exercise called “Batting Practice,” drawing on an image from baseball or cricket. The concept of the game is that the trainee does not have to “hit a home run,” but merely has to “get some wood on it” as if it were batting practice rather than a major league game.

Guidelines: Provide a demonstration before the exercise begins by having members of the audience “pitch” (or bowl, for cricketers) statements to you and model reflective listening or other ways of responding to sustain talk and resistance. Any group member makes a “pitch” and the batter (you) takes a swing at it, and that is the end of the turn. (The pitcher does not respond to the batter’s reply.) Then form trainees into small-group batting cages of 6-8 in which one person at a time takes a turn as batter. The other members of the group throw out specific client statements to which the batter responds with a short, simple reflection or other resistance-coping strategy (such as emphasizing personal control). Each batter responds to a specified number of different “pitches” (3 or 4 work well) volunteered by other members of the group, before the turn moves on to the next batter.

Example(s):

Two good applications of the exercise are in helping trainees to make reflective listening statements, or in coping with client sustain talk and resistance statements.

Notes: This exercise is usually a lot of fun. It’s a good, energizing on-your-feet exercise after people have been sitting or listening for a while, after lunch, or toward the end of a training day. It can be done while seated, but is usually better on your feet.

Thanks to: Dave Rosengren

Dodge Ball

Abstract: Trainees work in teams to reply to client statements with MI-consistent responses such as reflections or open questions.

Overview: Trainees can learn to differentiate between reflections and questions and learn to respond non-defensively to resistance statements by using this team approach to “dodge” resistance. Dodge Ball differs from Batting Practice in that any member of a team may provide a stimulus or response.

Guidelines: Arrange participants into 2 teams, facing each other standing in a line on either side of the room. With large groups, several pairs of teams can be arranged. Assign one team to be the “stimulus” team who will throw out sustain talk or resistance statements that might be made by clients. Ask the other “response” team to respond to each statement in turn. Provide coaching as needed to the team “dodging” the client statements. The response team may huddle to come up with an optimal response.

Example: This exercise works well in practicing responses to sustain talk and resistance statements. Explain that in MI, we can learn to roll with resistance by practicing “dodging” resistance statements and turning them into opportunities for exploration, through the use of responses such as reflection, reframe, and emphasizing control. The resistance statement is the ball thrown by the stimulus team at the other. Any member of the stimulus team may throw a resistance ball. The members of the response team are to “dodge” the ball and toss it back to the other team. Ask the stimulus team to sequentially throw out “typical resistance statements” they hear in their professional setting. Encourage cheering. When the response team has had adequate time to practice, have the teams switch roles.

Notes: Because the groups are asked to form teams, the pressure on any one participant is lessened. This can be a helpful variation on Batting Practice for those trainees who seem shy about participation, because in general, more extroverted trainees will respond first. However, be sure to encourage or coach participation from all.

The stimulus team may be limited to single client responses (as in Batting Practice), or as a variation, may be permitted to reply to the other team’s response, following up on the earlier stimulus statement.

Thanks to: Karen Ingersoll

Out of the Woods

Abstract: This is an exercise specifically about recovering from mistakes. You can describe and model a variety of ways of recovering from a misstep, and then have trainees practice.

Overview: Everyone makes mistakes, and when you do it is often quickly apparent in the client's response. When you see your client becoming more defensive, resistant, evasive, etc., how do you recover? There are, of course, a variety of ways to do it successfully after a gaff. This exercise intentionally begins with a gaff, and then explores ways to recover.

Guidelines: You can begin by describing several different ways to respond when you've obviously missed the mark. Some possibilities include: (1) reflecting the client's immediate reaction; (2) apologizing or taking personal responsibility; (3) changing focus - redirecting to less volatile terrain; (4) redoing your prior response that elicited resistance: What I should have said . . .

The basic structure is to start by making an MI-inconsistent response, to which the speaker (in a role-play or real-play) responds defensively, and then coming back with an MI-consistent response. A good way to begin these volleys is for the speaker to offer a statement involving sustain talk or resistance. Thus the basic structure is:

SPEAKER: Sustain or Resist

PRACTITIONER: Give an MI-inconsistent response (such as giving information or advice without permission, disagreeing, confronting)

SPEAKER: (Respond naturally – most likely more Sustain or Resist)

PRACTITIONER: Give an MI-consistent response

SPEAKER (Respond naturally)

If desired, this exchange can be continued, giving the practitioner the opportunity to offer several MI-consistent responses in a row in the process of recovery.

This is a good exercise to model first. Except with more advanced trainees, this exercise is likely to require close supervision and assistance, so use this exercise where a trainer can observe, providing feedback and coaching.

Example:

Speaker: I don't think I drink all that much really.

Practitioner: Well, actually you do drink a lot more than most people. (Confront)

Speaker: Are you saying that I'm an alcoholic? Because I'm not!

Practitioner: That's really clear to you, that you are *not* alcoholic. (Reflect)

Speaker: Damn right.

Practitioner: Sorry, that's not what I meant to say at all, and I didn't mean to offend you. (Apology)

Speaker: Well it just sounded that way.

Practitioner: That's a very sensitive topic for you. (Reflect)

Speaker: My wife thinks that I'm an alcoholic.

Practitioner: What I meant is that you do seem to be able to drink more than most people. (Reframe)

Speaker: Well, that's true. I do hold it pretty well.

Practitioner: And like you, I'm not interested in labels like "alcoholic." What I care about is what's happening in your life, and what, if anything, you want to do about it. (Shifting focus)

Notes: If a golf metaphor works for you, these ways of responding to a gaff can be likened to various ways of recovering from a bad tee shot, depending on where it lands: in the rough (carefully hitting it back onto the fairway), in a sand trap (blasting out), in the water (starting over), etc.

Contributed by: Bill Miller

Protagonists

Abstract: Trainees explore various strategies for resolving ambivalence

Overview: This exercise is especially helpful in clarifying the role of the counselor in influencing the person's level of readiness for change.

Guidelines: In groups of six, discuss for about 20 minutes. The client role is to discuss an issue on which he or she is ambivalent or undecided; e.g., whether to stay in a present job. Four protagonists are assigned particular roles, and each takes 3-5 minutes to be a counselor with the client. Once one has counseled for the prescribed length of time, the next counselor takes over. The client and audience may or may not be told what the counselor roles are. The surprise factor can be engaging if the counselor roles are not revealed.

Counselor #1 argues for one side of the ambivalence

Counselor #2 argues for the other side of the ambivalence

Counselor #3 communicates disinterest: "I really don't care what you do."

Counselor #4 shows interest in how the person is going to work this out: "I want to understand how *you* see it. This is your choice, and I'd like to understand your reasoning."

Notes: It can be particularly useful to assign observers to track various aspects of the four interactions.

Thanks to: Jeff Allison and Tom Barth

Rolling Out the Rug of Resistance

Abstract: To increase awareness of the concept and presence of resistance in client-counselor exchanges

Overview: An interactive discussion in which participants consider the nature of resistance, and what counselor responses are likely to increase or decrease it. It particularly highlights the counselor's very active role in responding to and managing resistance.

Materials: Whiteboard or flip chart, handout with the chart below can be helpful for the participants. On the flipchart, list three columns, Increase, Expresses resistance, Decrease

Structure: Allow about 30 minutes, including taking inventory of participants' suggestions of resistance utterances.

Guidelines:

1. Depending on the mix of background within the participants in the group, it may be helpful to begin the exercise with a short presentation of the concept of resistance in MI and how this in some ways differs from how resistance is viewed in other fields such as psychotherapy, psychoanalysis, physics, economics or whatever area you feel comfortable in comparing.
2. Once the scene is set you can begin by requesting from the participants how "resistance" tends to be expressed. Most likely things like anger, disappointment, fear, shame and the likes will come up in the discussion. These aspects are noted in the center field of the chart below. Summarize, elicit more examples, until the list seems to be complete.
3. The next step is to ask the participants what in the client/counselor exchange could lead to increasing the level of resistance. These aspects are noted in the left field. Elicit, summarize, complete.
4. The next step is to ask the participants what in the client/counselor exchange could lead to decreasing the level of resistance. These aspects are noted in the right field. Elicit, summarize, complete.
5. The final step is asking the participants to recall and write down maybe two or three examples of utterances from their clients that may be seen as expressing resistance. Depending on the size of the group, these utterances may perhaps be written on a flip chart. These sheet(s) of resistance utterances may be used in a number of ways in further exercises.

Thanks to: Stefan Sanner and Timothy Van Loo

Three Chairs Exercise

Abstract: To help trainees increase awareness of signs of defensiveness and/or cooperation and motivation from an interviewee. Purpose: so trainees can begin to see how to learn MI from their clients.

Overview: To increase awareness of interviewee's feelings of defensiveness or motivation. The trainee is able to directly observe how his/her utterances affect the interviewee by getting overt (gross body) feedback depending on the interviewer's use of MI skills or roadblocks or traps.

Guidelines: 1. Three chairs are arranged to face five other chairs (about 6-8 feet between the facing rows). Five trainees occupy the chairs in the one row. The trainer takes the middle chair in the three-chair row, facing the trainees. The trainer real-plays (the client role), choosing a behavior about which s/he is ambivalent or has not mastered change. The remaining participants observe in a fish-bowl arrangement.

The trainee at one end of the row begins with 3-5 interactions in an MI interview and then passes to the next person who uses 3-5 interactions, and so on. The stated goal is to explore and possibly resolve ambivalence.

The trainer takes the middle chair which is designated "neutral" and remains in that chair until feeling particular empathy or affirmation, on the one hand, OR feeling some defensiveness or resistance on the other. The chair to his left is designated "motivated or cooperative," the chair to the right "defensive or resistant." Immediately after an utterance from a participant which evokes feelings in one direction or the other, the trainer moves to that chair while verbally responding.

Any trainee, whether participant or observer, can call "time out" to inquire about why the trainer moved OR about any other process matter. (Variation: while moving to a chair, the trainer can mutter to him/herself what is happening internally as to why s/he is moving).

The trainer demonstrates how the exercise works before beginning..

Example(s):

Trainer: I have some ambivalence about always using MI-adherent behaviors in the classroom.

Trainee: (judgmental tone) Hmmm. After 10 years of training this, I would think you would have resolved this by now. (Trainer moves to the "defensive" chair).

Trainer: Well, I haven't.

Trainee: (empathic tone) So, you have been struggling with this for a long time. (Trainer moves to the "cooperative" chair).

Notes: Trainees need to have some experience practicing MI before using this exercise—

otherwise they find it hard to understand why the trainer is moving and can become defensive. Most trainers use it in MI Training, Part 2, rather than Part 1.

A participant who is quite familiar with MI could also be the real-play client in this exercise, rather than the trainer serving this role.

Thanks to: Mike Clark

B.6. Negotiating a Change Plan

Common Content

The following content points would normally be covered when training this skill.

Transition from Phase 1 to Phase 2:

Recognizing readiness

Testing the water: Recapitulation and key question

Negotiating a change plan as a form of eliciting and guiding

Elicit – provide - elicit

Generating alternatives

Giving information and advice (with permission: 3 kinds of permission)

Honing down to a specific change plan

Beware pressing for a change plan if the client is not ready

Strengthening confidence (self-efficacy)

Round Robin

Abstract: Trainees practice skills in group format by taking turns responding to a client.

Overview: Trainees practice skills in a group format with low-performance demands and observational opportunities. Trainees are split into groups of about 8-9 people. One participant is asked to play a client. The remainder of the participants become a single Counselor. The client begins by making a statement and the first “Counselor” responds. No “Counselor” gets to give two responses in a row. The client replies, and then the next Counselor (going around the circle) responds. This format continues around the group the issue is resolved or out of steam. If allotted time remains, another person may take the role of a client.

Guidelines: Give clear instructions before people break up into circles. Establish a client role in advance. Explain that each “Counselor” is to maintain continuity with the process, rather taking on the role of a new counselor. Point out that participants cannot plan ahead what they will say, because it should be determined by the prior counselor’s response and the client’s immediate reply to it. Clarify that no counselor may respond twice in a row. When the client speaks, it’s on to the next counselor.

Example: Start with a client who seems to be ready to transition from Phase 1 to Phase 2. The first counselor provides a recapitulation and asks an open question, to which the client responds. Then the counselor to that person’s left offers the next response, and so on.

Notes: A learning advantage of this exercise is that it slows down the process, and helps participants focus on its continuity. Participants cannot “plan ahead” what to say, because it depends on what happens in the turn immediately preceding.

This can work well when there is a particular sequence of tasks to be accomplished, as in the transition into and through Phase 2.

This exercise needs to be monitored closely as it can run out of steam quickly. If things don’t move well, whisper a suggestion into the next counselor’s ear just before their turn. You can also switch clients. Remind trainees this is not the full package, just a chance to practice and observe specific skills.

A variation on the Round Robin exercise can be used to help trainees practice responding to resistance. Form trainees into small-group circles of 6-8 people, seated. One group member takes on the role of a resistant client and begins by making a resistant statement. The member to the client’s left offers a response intended to reduce resistance, and the client responds naturally (i.e., by becoming more or less resistant) with another statement. The next member to the left then responds to the client, and the client responds again. This continues at least once around the circle. Then another member takes on the role of resistant client, and the exercise is repeated. Groups can be told to continue the exercise (go around the circle more than once) until they notice a substantial reduction in the client’s resistance. Also, after one or

two exercises, members can be given the option to respond repeatedly to the client (i.e., up to 3-4 exchanges) before passing the counselor role to the member to their left. This exercise can usually be sustained for 30-45 minutes, as the groups tend to build momentum as they learn from experience what kinds of responses are more or less effective. During the debriefing, ask what participants noticed about the kinds of responses that tended to lower resistance and those that tended to leave it unaffected or increase it. In particular ask members who played clients to reflect on what kinds of responses most helped them feel less resistant. [**Thanks to Allan Zuckoff for this variant**]

Thanks to: Paul Delaney for the original idea that led to this exercise.

Variation #1 on Round Robin: **Forethought**

Before each counselor speaks to the client, the counselor explains to the trainer the plan - the strategy behind what he or she is about to say, the intent, the direction in which he or she is going, etc. In other words, before you say the words, explain your rationale for saying them.

Client: Well, for one thing, I hope I would feel better about myself if I quit smoking.

Counselor 1 (to trainer): I guess I would want to know how, in what way, she might feel better.

Trainer (to counselor): OK, and why would you do that?

Counselor 2 (to trainer): I heard change talk there – “I would feel better about myself,” – and I would like to hear some elaboration, to get more change talk on this theme.

Trainer (to counselor): OK, try it.

Counselor 1 (to client): In what way might you feel better about yourself?

Client: I guess I’d feel like I accomplished something.

Counselor 2 (to trainer): I think I’d just simply reflect.

Trainer (to counselor): What are you thinking - why reflect?

Counselor 2 (to trainer): To reinforce the change talk, and also understand it better.

Trainer: OK.

Counselor 2 (to client): Quitting smoking would be a real accomplishment for you.

Client: Yes. I would feel more in control of myself.

Counselor 3 (to client): Do you like feeling in control?

Trainer (to Counselor 3): Remember, before you talk to the client, tell me what you’re thinking. What’s behind the question?

Counselor 3 (to trainer): Oh, sorry. I’m just curious if she’s a control freak.

Trainer (to Counselor 3): And where are you going with this in terms of MI. How is this related to MI?

Counselor 3 (to trainer): Maybe it’s not. I was just thinking she might be too worried about control.

Trainer (to Counselor 3): How could you turn your question into a reflection?

Counselor 3 (to trainer): Do you like feeling in control? Oh, I see. “You like feeling in control.”

Trainer (to Counselor 3): Great. Do it.

Counselor 3 (to client): You like feeling in control.

Variation #2 on Round Robin: **Recovery**

Have one “counselor” (it could be you, the trainer) who, whenever his or her turn comes, provides an MI-inconsistent “blooper.” The client responds, and then the next counselor’s task is to recover from the blooper. This provides practice in recovering from little mistakes, and adds some fun to the exercise.

B.7 Closing Skills: Consolidating Commitment

Common Content

The following content points would normally be covered when introducing this skill.

Differentiating commitment language from preparatory change talk

Eliciting commitment language

Strength of commitment language – recognizing lower-strength commitment (from MISC)

5	4	3	2	1
I guarantee I will I promise I vow I shall I give my word I assure I dedicate myself I know	I am devoted to I pledge to I agree to I am prepared to I intend to I am ready to	I look forward to I consent to I plan to I resolve to I expect to I concede to I declare my intention to	I favor I endorse I believe I accept I volunteer I aim I aspire I propose I am predisposed I anticipate I predict I presume	I mean to I foresee I envisage I assume I bet I hope to I will risk I will try I think I will I suppose I will I imagine I will I suspect I will I contemplate I guess I will I wager I will see (about)

Do You Swear?

Abstract: Trainees learn the difference between DARN and commitment language

Overview: This is generally done as a demonstration, working with five people in front of an audience.

Guidelines: Select five people who are seated close to each other (usually in a row). Tell them that you are going to ask them some questions, and that you want them to give you a particular answer, regardless of the question:

Person 1: "I want to"

Person 2: "I could"

Person 3: "I have good reasons to"

Person 4: "I need to"

Person 5 "I will"

Then you ask a question to which the expected answer is commitment language (I will), and have each person give the prepared answer. If the audience is large, you need a microphone for this.

Example:

Will you take this person to be your lawfully wedded spouse, and be wholly faithful, for richer or poorer, in sickness and health, so long as you both shall live?

Do you swear to tell the truth, the whole truth, and nothing but the truth?

Notes: Discuss with the audience what the difference is in these answers, and what is lacking in the first four (DARN). To say "I want to" is not to say, "I will." To say that you could is not to say that you are going to. Having really good reasons is not the same as deciding to do it. And saying that you need to is not to say that you will do it.

Thanks to: Terri Moyers

The following exercises can be used to develop most any complex skill in motivational interviewing. They can work in strengthening closing skills, but could be used with earlier skills as well.

Structured Practice with Coach

Abstract: This is a structured dyadic practice exercise, with the addition that there is a trainer or coach observing and participating in the process.

Overview: Trainees pair up for the exercise and are given structured tasks, often as speaker and listener, or client and counselor. The trainer/coach/director provides clear instructions, and then the dyadic exchange begins. The coach interrupts the action at appropriate points to suggest changes.

Guidelines: Assign trainees to work in threes, with one assigned the role of coach (unless there are enough trainers to work with each dyad). Give clear instructions *to the coach* to be relayed to the other two participants. Instruct the other two participants to work as if they had not heard your own instructions, and to do only and exactly what the coach instructs them to do. (Alternatively, take the coaches aside into another room and give them the instructions out of hearing of the other participants.) Each participant in the dyad should have a clear role assigned by the coach. Participants may also be instructed to make some mistakes, or wander off the task at times. When the action begins, the coach allows the conversation to run as long as seems productive and on-task, and interrupts to provide suggestions, “rewind” the action to redo a particular interaction, “fast forward” to a later point in the interview, etc. The coach may also jump in and model the responses to be learned.

Example(s): Choose enough coaches so that there will be one per dyad and instruct them in how to give instructions for the exercise. The structured practice, INTEGRATING REFLECTIVE LISTENING given above under “Structured Practice” is a good example. In this case, the coach would give instructions to the listener and speaker, with the listener’s task to be responding solely with reflective listening. The coach then ensures that the listener is indeed offering reflective listening, and coaches for fine points like voice inflection, question vs. reflection, level of reflection, etc.

Notes: The coach may learn the most from this exercise, because it involved tracking process, providing guidance, and fixing errors.

Team Consult

Abstract: The use of an advisory team can make role-playing motivational interviewing less intimidating

Overview: Miller & Rollnick have introduced the concept of a “learning lab” to allow trainees to practice motivational interviewing. This technique has the advantage of involving observers as well as those involved in the role-play. The Team Consult technique makes minor changes to the general fishbowl exercise (like *Tag Team*) to reduce anxiety about role-play and build coherence among observers.

Guidelines:

- 1) Introduce the concept of Team Consult, in which all observers will be called upon to provide options for the interviewer during the role-play. The observers, then, are the ones who must work to provide solutions when the interviewer calls for a consult. Observers can take their handouts (for resistance responses, for example) with them as they sit in a group behind the interviewer, to encourage creativity.
- 2) A “client” and interviewer sit facing each other, with the remainder of the Team sitting behind the interviewer. The interviewer’s role is simply to serve as a mouthpiece for the Team, trying out directions developed by the Team. The Team decides on how to proceed, the interviewer turns and tries out the suggestion, then turns back to the Team for further instructions. Have the interviewer turn to the team with the expectation that there will be at least two or three choices about how to proceed. Ideally, you will hear the team call out ideas like “how about asking an open question?” but stimulate the team to give creative solutions as necessary. Encourage a dialogue between the interviewer and the team. If the interviewer turns to you listen and reflect, then suggest a team consult before offering suggestions (modeling trust in the creativity of the team).
- 3) Consider asking the “client” what should happen next, or what would help.
- 4) End with having the interviewer tell the team how the consults were helpful and explore their thoughts about how they used them. This should provoke a lively discussion about using motivational interviewing.

Example(s):

This can be a particularly good exercise for slow-motion practicing of how to respond to more resistant clients.

Notes: The interviewer can be allowed varying amounts of discretion and responsibility. For example, the interviewer may be instructed to turn to the Team whenever he or she wants consultation or ideas.

The prior concept of a fishbowl (1st edition of *Motivational Interviewing*) may not be the right analogy, in that it implies some passivity on the part of observers, and can increase anxiety of those being watched.

The Team may be instructed to develop a consensus about how to proceed before the interviewer carries it out, or the Team may offer several suggestions from which the interviewer selects one to try.

Thanks to: Terri Moyers

Team Consult Warm-Up

Abstract: This is a warm-up to the “Team Consult” exercise, designed to allow trainees to psychologically prepare themselves for the role-play by “exercising their empathy muscles” and then brainstorming ways to use MI with a difficult or challenging client.

Overview: The Team Consult Warm-Up blends the process of a classical psychodrama with the group facilitation techniques of a Balint supervisory group. The process should be open and flexible within the following suggested structure.

Guidelines:

1. Introduce the Team Consult exercise.
2. Identify a participant who would like to volunteer a difficult or challenging client. Once the Volunteer is identified, instruct the Volunteer to provide some basic information about the client, keeping in mind the importance of confidentiality and not relaying any identifying information.
3. Have the Volunteer identify the motivational challenge that s/he faces in working with this client. Examples of motivational challenges include: ways to lower the client’s resistance, identifying a focus for treatment, trying to engage a nonverbal client, etc.
4. Once the Volunteer has satisfactorily described the client, the group leader initiates a group discussion of the client. The suggested format for the discussion is as follows:
 - a. **ASK FOR FACTS:** The group leader instructs members that each one of them is allowed to ask *one question of fact* about the client, in order to gather further information and facilitate understanding. The leader’s job is to limit members to one question of fact and not allow the group to fall into a fact-finding mission. Once each member has had one turn asking a question, the group leader asks the Volunteer to step back from the group (literally moving his or her chair away) and to become temporarily an observer of the group process whose job is simply to listen to the upcoming discussion.
 - b. **EXERCISE EMPATHY:** The group members are instructed to figuratively *become the client* and, one by one, to speak what the client is thinking and feeling. The goal is to have group members identify with the client’s experience in order to facilitate empathic understanding. The group leader’s job is to model the use of empathic understanding and reflective listening in a group process, in order to facilitate group cohesiveness and a mutual understanding among group members of the client’s internal process. The group leader may offer reflective statements and summarizations of individual members’ statements, or of the communications of the group as a whole. Once the leader senses that the group has offered a sufficient number of empathic statements, the leader can offer a grand summary to shift this part of the group process.
 - c. **IDENTIFY MI TOOLS:** The group now shifts to a brainstorming and problem-solving approach. The leader instructs group members to identify the motivational challenge the client presents, and to discuss how MI could be used to address this client’s needs. The job of the leader is to facilitate the group process by

maintaining a flexible MI focus and encouraging not only ideas but also specific MI strategies that could be used to help the client. The group leader should model OARS in addition to eliciting specific MI strategies identified by group members. The leader can then end the discussion with a grand summary of the member's perceptions of the client and the MI strategies identified as potentially helpful.

- d. **BRING BACK THE VOLUNTEER:** The leader then invites the Volunteer to return to the group and offer his/her thoughts and reactions to what s/he heard in the group process. The Volunteer will be asked to give his/her impressions of what s/he believes would be helpful to the client after having heard the group discussion. The leader should model the use of OARS and incorporate the Volunteer's reactions into the reactions from the group as a whole.
- e. **SHIFT TO TEAM CONSULT:** At this time the leader shifts to the team consult exercise. It is suggested that the Volunteer play the role of the client and that other group members volunteer for the role of the therapist.

Notes: The Warm-Up can help participants deepen their capacity for empathy with difficult clients in general as well as preparing the therapist for the team consult to follow. It has also increased the sense of group cohesion among trainees and can be reenergizing toward the end of a long workshop.

Thanks to: Tad Gorski and Allan Zuckoff

<http://www.motivationalinterview.org/mint/MINT12.1.full.pdf>

B.8. Integrating MI with Other Treatment Methods

Common Content

MI is not a panacea, but a specific tool to be integrated with other treatment methods.
When MI is added to other active treatments, the efficacy of both tends to increase.
Flexible shifting in and out of MI is normal in ordinary practice.
When MI is combined with structured assessment feedback, it has been called MET.

Feedback Exercise

Chris Dunn

Title: “Just the facts, ma’am”

Purpose: To practice giving feedback methodically, without succumbing to the temptations to give advice, interpret, offer an opinion, or defend the data.

Materials: *MI video series Tape D: Feedback and Information Exchange (10-15 min.):*

Bill’s description of feedback as part of FRAMES discussion at the beginning of the tape.

(fast forward video to...)

Demonstrations of feedback: the guy with glasses and beard gives a young man some drug and alcohol feedback and nicely avoids argument by mostly reflecting (no need to show all of this feedback session)

(fast forward video to...)

Steve’s discussion with Terry of Elicit-Provide-Elicit emphasizes it’s HOW we give information that matters

Feedback facts to give patient:

Write 2 or 3 simple data facts on the board for counselors to use during exercise. Should be relevant to the behaviors they address

Ask them to use only those 2 or 3 scripted facts on the board

Examples of feedback facts to use:

- 1) *Your AUDIT score was 19*
- 2) *Compared to all people who drink alcohol, your score was in the top 20%*
- 3) *Your GGT liver test score was 77, which is slightly above the normal limit*
- 4) *(any data that counselors might normally have access to in their jobs)*

Example #2:

- 1) You have had three episodes of major depression in adulthood
- 2) There is a family history of major depression in 4 of your relatives
- 3) You responded well in the past to an SSRI
- 4) Your chance of a positive response to treatment are good based on your history

Instructions and exercise (about 30 min.):

Please break into groups of 3: one Counselor giving feedback, one Patient receiving feedback, and one Observer taking notes.

Pretend that you are somewhere in the middle of a brief intervention. The counselor has already “joined up” with the patient and listened to some of the patient’s views on the status quo.

The Counselor’s task is:

- 1. ask permission to give feedback*
- 2. explain the meaning of the feedback you are about to give, such as the range of scores possible, what population the scores are compared to, that the scores are based on what the patient told the counselor, that the patient is free to agree or disagree, etc.*
- 3. Give only one fact at a time and then ONLY REFLECT the patient’s responses. Do not argue, defend, interpret, or advise.*

The Patient’s task is: respond naturally.

The Observer’s task is: Use the following debriefing guidelines to take notes and when the role play is over, tell your counselor what you noticed:

Observer’s Debriefing Check List:

1. Did the Counselor first gain permission to give the feedback?
2. Did the Counselor explain the meaning of the feedback clearly enough to pique the patient’s curiosity and ensure that the patient would understand the data that was to immediately follow?
3. Did the Counselor stick to the facts and only reflect?
4. Did the Counselor present only one fact at a time?
5. Did the Counselor attend to the patient’s verbal AND nonverbal reactions?
6. What did the Counselor do best?

Do 3 Rounds so everybody gets to be the Counselor:

- Allow 2-3 minutes max to give 2-3 feedback facts and reflect patient responses.
(stop them)
- Allow 3-5 minutes for Observers to debrief their Counselor and for the triad to discuss what happened
(stop them)
- Debrief the whole group of participants
(do 2 more rounds)

Whole Group Debriefing:

What was the best reflection you Observers heard? Why?
What was the hardest thing about being the Counselor?
What did you notice as the Patient?

Tips:

Works best with only 2-3 feedback facts
Use the same 2-3 facts so by the 3rd round, they have mastered those 2-3 facts and can notice the skill improvement in the 3rd counselor

C. TRAINING RESOURCES

Proposed Behavioral Targets for MI Training

Based on coding of a taped MI session (MISC or MITI), these levels might be expected as ideal (expert) and threshold (satisfactory for practitioner certification)

	Expert	Threshold
Global Therapist Ratings	> 6.0	> 5.0
% Therapist Talk Time	< 50%	< 60%
Reflection:Question Ratio	> 2.0	> 1.0
% Complex Reflections	> 50%	> 40%
Percent Open Questions	> 70%	> 50%
% MI Consistent	> 90%	> 80%

or said more plainly:

- ▶ Talk less than your client does
- ▶ On average, reflect twice for each question you ask
- ▶ When you reflect, use complex reflections more than half the time
- ▶ When you do ask questions, ask mostly open questions
- ▶ Avoid getting ahead of your client's level of readiness (warning, confronting, giving uninvited advice or direction, taking the "good" side of the argument)

MI Preparation Prayer

*Guide me to be a patient companion
To listen with a heart as open as the sky
Grant me vision to see through her eyes
And eager ears to hear her story
Create a safe and open mesa on which we may walk together
Make me a clear pool in which she may reflect
Guide me to find in her your beauty and wisdom
Knowing your desire for her to be in harmony – healthy, loving, strong
Let me honor and respect her choosing of her own path
And bless her to walk it freely
May I know once again that although she and I are different
Yet there is a peaceful place where we are one*

Bill Miller

Recommendations for an MI Peer Support Group

Developing proficiency in motivational interviewing (MI) is rather like learning to play a sport or a musical instrument. Some initial instruction is helpful, but 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 fill the time. An hour meeting 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.motivationalinterview.org. Participants may use the same coding form and compare their findings, or participants may 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 appropriate to indicate what target(s) for behavior change were 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 appropriate for the person who did the interview to comment first on its strengths and areas for improvement.
9. In discussing any tape, focus discussion 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. 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 population.