TRAINING ON MOTIVATIONAL INTERVIEW

FAMILY DEVELOPMENT PROGRAM	
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Summary	This training has been adapted from the Motivational Interviewing (MI) of W. Miller & S. Rollnick[1] to FDP with the aim to help the social workers: • understand the logic of their intervention • recognize and accept the **ambivalence** of their partner families • recognize and prevent **resistance** of the families • adopt an adequate attitude to encourage families toward a **positive change** This training has been delivered to the 13 FDP team members of Jaipur from June 2019 onwards, 1 year after the program had started. The field experience of the SWs helped the team connect this training with concrete cases they had met on field with their partner families. Additional role-plays have been organized at each session, based on the questions of the SWs and the situations that they reported. The training has gone through the following chapters gradually (1 hour max/week) in order to keep the team concentrate and active.

[1] *Motivational Interviewing, Third Edition: Helping People Change*, William R. Miller and Stephen Rollnick, 2013
(French version: *L'entretien motivationnel: Aider la personne à engager le changement*, 2ème édition, 2013)

Helping build motivation with FDP

Numbers on the left margin of the document indicates the actual order in which the training has been led. Surprisingly, ambivalence concept was not well understood until the team had been explained Change Talk and Sustain Talk, notions that they easily grabbed, probably because they are more concrete statements.

In ORANGE, are highlighted the ORIGINAL TERMS from Motivational Interviewing (See Chapter 8).
In BLUE, the guidelines for the TRAINER ONLY.

CONTENTS

N°2
(1 hour)

1. Little recap on basics

1.1. FDP spirit

Ask the participants what FDP aims at and write it on the white board. Use the following possible proposition to complete: The aim of FDP is **to help the families make by themselves the positive change that they want**.

The spirit of the intervention and of Motivational Interviewing is based on the following principles that were proposed by Carl Rogers, an American psychologist who has developed a "client-centered therapy" methodology in the 50's:

- **Partnership**: in this helping relationship, both SW and partner are **experts**, cooperating toward a change. The partner will have to identify her/his own capacities and motivation to reach her/his objectives and is the only one who knows about these (she/he is the expert of her/his situation, own resources, history, attempts to solve problems, personality, etc.). The partner also often knows most of the existing solutions already. The SW is an expert in trying to understand the situation of the partner (by seeing the world through the eyes of the partner), providing useful additional information and helping build motivation, which the partner may lack to move forward.

TIP – Imagine a wall of problems that you will never be able to put away from the path of the partner. Imagine the partner is a **water stream pushing behind the wall** (with strength) without being able to go through. Probably, you will only have to help identify and remove few stones and the water pressure will do the rest.

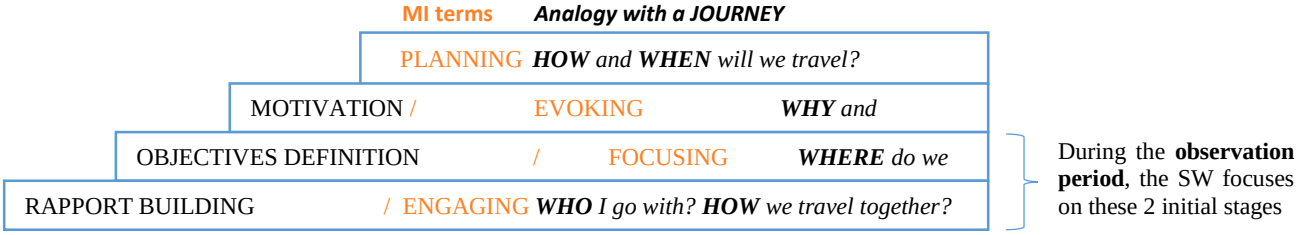
- **Acceptance** (≠ judgement)
    - **Absolute worth**: acknowledging the potential of every human being (*my partner can do it!*)
    - **Empathy**: active effort to understand the partner's view and reasons to act. Empathy is a skill that can be trained. It is different than sympathy (sharing same feelings, pitying somebody) and identification ("*I was once at your place and I know how you feel. Let me inspire you with my story*").
    - **Autonomy support:** the partner is the one who decides. She/he also possess the resources that she/he needs to achieve her/his objectives. The SW is there to help her/him become aware of this.
    - **Affirmation**: always seeking and acknowledging the capacities and efforts of the partner (≠ evaluating what is wrong with the partner), focusing on positive. Affirmation supports the partners' **self-efficacy**, i.e. their belief that they can achieve their goal.

REMEMBER: Motivational Interviewing (MI) as FDP is **not manipulation**. In order to avoid any risks to drift from MI spirit, one should always wonder who benefits from the intervention. For instance, a car seller using MI skills to make you buy an expensive car and gain incentive from the company is not doing a motivational interview. Similarly, a SW who uses MI skills to achieve NGO's targets and pushes women to adopt a family planning method does not do MI.

N°3 (1 hour)

1.2. Steps of the intervention

The steps of our intervention can be represented as a stairway to be climbed with the partner:



On this stairway, every step depends on the steps below it. It is **important to climb them one by one, from the first (RAPPORT BUILDING) to the last one (PLANNING)**.

TIP – If you are invited in one's place for the first time, you do not start suggesting to rearrange the furniture, lest you are being kicked out: it is important to build a sufficient rapport with a family before digging into their personal issues.

Sometimes, the steps can be climbed very fast: it happens that the rapport is built in few minutes or the partner is already very clear about her/his decision to change and is ready to move to "planning" stage.

In any case, we always have to ensure the solidity of the previous steps while we are at upper stages. Indeed, **one or more steps can collapse**, even if we already reached the superior one. For example, working on *motivation* or on *planning* may question the *rapport* or the *objective*. **Shifting prematurely to a next step** may also make the partner feel pushed and resist. To check the solidity of the previous steps and verify that we are still heading towards the direction (*objective*) chosen by the partner, it is important to regularly ask questions like: *what will we discuss today? Do you remember what we discussed last time?*

Steps	**Points of attention +** Example of supportive questions	**Indicators** that allow us to move a step forward *ASK THE TEAM TO LIST THEM BEFORE DISCLOSING*
Rapport building	• How comfortable the partner is with me? • Do I understand the partner's perspectives and concerns? • Paying attention to the partner's situation and feelings rather than on supposed problems: *How is it going today? How was your week?* • How comfortable am I feeling in my relation with the partner?	• The partner warmly welcomes the SW. • The partner starts sharing true/genuine/ personal/difficult/shameful issues (Talking a lot does not necessarily indicate opening and good rapport). • The partner asks guidance (not support in kind) to the SW: trust and SW's role understanding. • Both SW and partner feel comfortable in the conversation.
Objective definition	• Am I supporting this objective? Am I comfortable with it? • Am I focusing on my partner's agenda or on mine? Do I have different aspirations for change for the partner? • Did we focus too soon on objectives? *Do you remember what we discussed last time?* (giving possibility to the partner not to restart the discussion on the topic) • Do I elicit my partner's knowledge before doing awareness/providing guidance?	• Objectives are partner's, not SW's. • The partner wants to continue the discussion started at last visit on these objectives. • Objectives of the intervention are clear and achievable.
Motivation	• What are my partner's own reasons to change? • Ambivalence status of the partner. • Am I steering too far/fast in one direction? • Is the **righting reflex** pulling me to be the one arguing for change?	• Less discussion about the obstacles. • More discussion about ways to solve the problems. • Change Talk increases: More statements on the positive side of change and on the negative aspects of not changing.
Planning	• Before giving information, first ask permission and enquire the partner's knowledge and experience of the required steps. (Elicit-Provide-Elicit)	-

REMEMBER: we often need to get back to the previous steps or to work on several steps at once. Fragile and collapsed ones have to be strengthened or rebuilt before we can continue the intervention.

1.3. Empathy (for trainers' training only?)

What is empathy?

Ask the participants to define empathy before proposing the following:

Empathy is the ability to sense fully what another person is thinking, feeling and needing at the moment. Empathizing is understanding that if I thought the way that you think or saw things the way you see them, if I saw the world from your eyes, I would probably think or do the same as you and feel like you do.

What is the use of empathy?

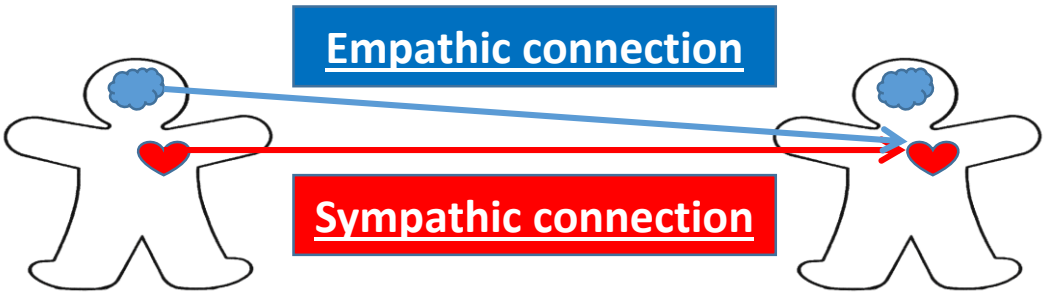
Ask the participants to provide answers before adding the following:

- Empathy **strengthens the rapport** between the SW and the partner, feeling understood and valued.
- Receiving empathy **helps regain the belief** that we can do something to solve our problem by ourselves.
- **Receiving empathy helps us better understand and recognize our own feelings** and link them together

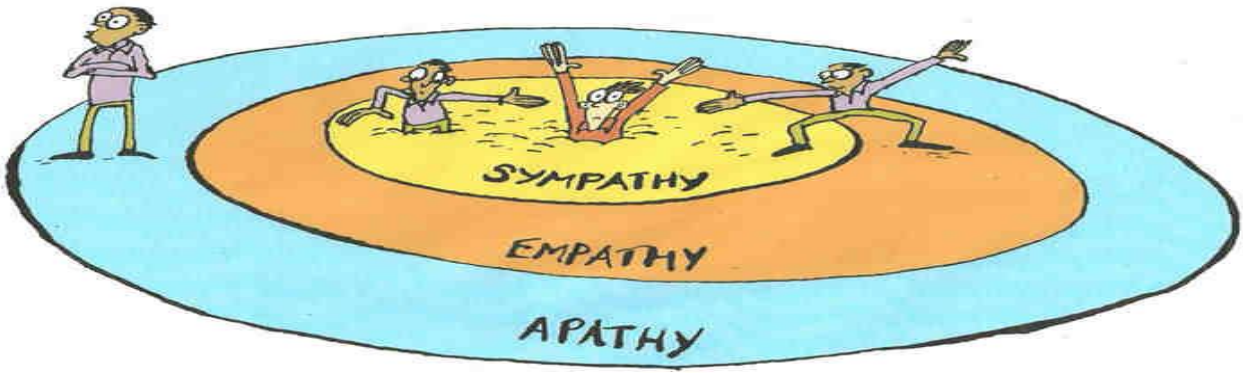
What is the difference between sympathy and empathy?

Ask the participants to provide answers before adding the following:

- **Sympathy** is **feeling** the same as the other person, without making a difference
- **Empathy** is **understanding** the feeling of the other without mingling himself with him/her.



- Empathy helps **solve our problems faster** than sympathy (pity, victimization, agreement).
  N.B: **Sympathy** may also be needed as it helps people feel that they are not alone but it is not the most relevant tool for the SW and it can be overwhelmed for the SW.



How to provide empathy?

Ask the participants to explain how they do before adding the following:

- Give **full attention** to your partner: like when you listen to a person very important to you, in a very important meeting, etc. → eye contact, not distracting (phone, etc.).
- **Keep your own conclusion and judgment aside** for a moment.
- Try to **figure how the person may feel** at one's current position.
- **Listen to person's feelings** and reflect them as you understand them: *It seems <u>you</u> are going through a hard time, <u>you</u> must feel very sad.*
  N.B: **understanding somebody's feeling does not necessarily mean sharing the same feeling**.
  Avoid: *It is sad, you are in deep trouble!* This would rather be ***sympathy*** and it will not help moving forward because then the person might feel that there is no other way to think/feel that the way she/he does.

Possible difficulties met by the SW in showing empathy

Ask the participants to explain their limitations before proposing the following:

- Listening without giving guidance **may be taken as weakness or lack of skill**.
- In such an open attitude, you may feel uncomfortable and vulnerable because you will be led to areas where you may **not be able to provide guidance or adequate solutions**.
- Tapping painful feelings into our **own experience** to understand partner's.

REMEMBER – Receiving empathy **helps solve one's problems by oneself**. Empathy is a **necessary skill** for the FDP SW and it **needs to be trained**, as a muscle. You can train your empathy by fully listening, being curious about others' life, avoiding judging, acknowledging different feelings, etc.

Exercising empathy also implies **being prepared to our own limitations** that may have a strong effect on our work: e.g. making us avoid some topics during the discussions with family members or show less empathy to specific cases.

2. Pitfalls to avoid in rapport building

In FDP, we try to establish a **balanced rapport** between the partner and the SW. allowing enough space and autonomy to each.

*Ask some participants to interact each in turn with the trainer, who will alternately **talk too close** (intimidating, disturbing, dominating), **too far but in a low voice** (requiring maximum efforts from the partner), **talking very slowly as when you are talking to** as a child (patronizing) or **finishing your sentences before you can, etc**. Ask the participants how did they feel each time.*

2.1. Righting reflex

The righting reflex is the **natural desire of helpers to set things right, to prevent harm and promote partner's welfare**. We usually feel good about this, especially when:

- we feel that **it's better for our partner**
- the problem is **obvious** to us but the partner does not see it (possibly due to lack of awareness)

Seeing a person taking a wrong path often makes us intercept her, shouting: *Stop! don't go there! Don't you see it's dangerous? There is a safer/faster path right there!*

Ask the participants how they feel when we tell them: **Don't do this!** *or* **You should not**.
[Possible answers to disclose after the exercise: incompetent, taken in charge, dependent, inferior, taught, despised.]

Indeed, from your shouting intervention this person may understand: *I know and you don't, you ignorant!*

Ask the participants to provide less obvious examples of righting reflex. [Possible answers: finishing partner's sentences, trying to convince her/him, etc.]

This reflex often leads the SW to push the partners towards objectives that they do not really want to achieve or before they express their will to do so. Therefore, the righting reflex leads to:

- A **directive approach** (teaching attitude)
- A **diagnosis of needs** by the SW only (expert attitude)
- A **decrease in partner's motivation**, not feeling involved in the process. She/he may become passive, not responding or not taking efforts autonomously. She/he may also resist by pushing toward the opposite direction:
    - If we push the partner in one direction, she/he may react by being defensive and pushing in the other direction (this is called **reactance**).

*As an illustration, ask the participants to **physically push each other** and see how the bodies react.*

    - If the partner is pushing hard in one direction (either towards her/his initial objective or against it) and expresses this will aloud, it may have a strong convincing effect on oneself.

MOVIE CLIP – *Roger Rabbit "Drink the drink".* *Where the rabbit opposes with such a strength that he just focuses on disagreeing and takes action accordingly. Please note that in this funny case, it is manipulation and not counseling.*
https://www.youtube.com/watch?v=Vv6dWhBlsoM&list=RDQMoPlPooUfGv4&start_radio=1

During the training, instead of showing the movie clip, we decided to role play it (with the participation of 2 trainers) and it was much more efficient!

To fight this tendency, remember that:

- FDP is **no emergency work**[2]: most of the time, we do not deal with life-threatening situations and there is usually no rush to intervene.
- The **partner is an expert**, like you, and you have to learn from her/him before providing any support.
- The **partner needs autonomy:** if you try to direct your partner, she/he may react by going the opposite way or, worst, adopt a dependent attitude towards you.
- **The SW is a guide**: guiding is situated **between Directing and Following**.

List orally the action verbs of this table to the participants and ask them to sort them one by one under the most relevant label:

DIRECTING	GUIDING	FOLLOWING
Ordering	Accompanying	Listening
Deciding	Collaborating	Observing
Leading	Proposing	Understanding
Managing	Supporting	Believing in
…	Caring	being Present
	Encouraging	Allowing
	Motivating	…
	Indicating	

REMEMBER: MI is a semi-directive approach. The SW **leads** the interview but **follows** the partner's agenda (e.g. *You told me that you were concerned about your smoking*), not hers/his (e.g. *It would be good for your health to quit smoking*).

2.2. Resistance / Discord (Fr. dissonance)

The kind of resistance we talk about here indicates an **alteration of the rapport** between the partner and the SW. Regarding the opposition to change, we will use the expression "ambivalence".

Resistance (or **discord**) **can happen in your partnership at every stage** of the intervention. We often face refusals from FDP families, even after several visits. It is important to **identify the signs** of this resistance.

Ask the team to propose a list of these signs before giving the following examples: *finally denying the agreed objectives, saying* "Yes, I will do" *with no subsequent action, lying or stating what the SW wants to hear to avoid being lectured, accusing or blaming the SW, interrupting or cutting the SW off, ignoring her, etc.*

Resistance is likely to appear **when the partner feels that we limit her/his autonomy** by (for instance):

- a righting reflex (meaning that the SW is the expert)
- a premature focus on objectives (usually because the focus is on SW's own agenda, not on partner's)
- a teaching or lecturing attitude (*You should…, You'd better…, It's time to…, Don't you feel wrong?)*
- cutting her/him off

Resistance can also happen when the partner feels there is **not enough room to ventilate one's feelings**: When the emotions are so strong that your partner is not able to think of everything else or to overcome them, she/he may not be ready for anything but complaining or crying. By listening emphatically and helping ventilate these feelings the SW may help decrease the partner's tension and engage the discussion again.

[2] Except during exceptional times. Example: a malnourished and diarrheic child who may die if s/he is not brought to the hospital. To better know what to do in case of emergency, you can read : https://drive.google.com/file/d/1wKUV5wPFNmjivVIrrZz_-62j75CHF8SD/view?usp=sharing

MOVIE CLIP – *It is not about the nail.* https://www.youtube.com/watch?v=-4EDhdAHrOg
No matter how obvious the problem, the partner may not be ready to talk about it if she/he first wants to ventilate emotions and to be listened to.
During the training, instead of showing the movie clip, we decided to role play it (with the participation of 2 trainers) and it was much more efficient!

DO NOT SAY *kohi bat nahi* (Eng. *Nevermind, Don't worry, It's no big deal*) or mean it through body language during such ventilation. Do not minimize the partner's emotions! Even in a friendly way. It will not help much. The partner expressing difficult and private feelings needs only listening and may become resistant to the SW if she/he cannot.

The partner may then start being **defensive**: pushing back, lying, denying help, promoting the no-change option (Sustain Talk), etc. It is a **normal process**. We need to accept it and search for the **causes of resistance in the way we interact with our partner**.

TIP – *When one feels accepted or acceptable, then it becomes possible to change.* (W. Miller)

2.3. Possible reactions to resistance

Ask the team to propose a list of solutions before sharing the following solutions

- Here too, **DO NOT SAY OR MEAN *kohi bat nahi*** (Eng. *Nevermind, Don't worry, It's no big deal*). The partner expresses an opinion through this resistance and we need to listen this respectfully. Do not minimize it! Even in a friendly way.
- **Apologizing:** not necessarily by saying *Sorry*, but rather by recognizing that we may have done wrong in specific areas *(Ask the participants to propose statements)*:
  - *(SW) I think I misunderstood your situation*
  - *(SW) I probably rushed into this and did not see that you had some doubts*
- **Affirming** the capacity and autonomy of the partner *(Ask the participants to propose statements)*:
  - *(SW) I am not there to decide in your stead*
  - *(SW) Only you can decide*
- **Verifying the objective** *(Ask the participants to propose statements)*:
  - *(SW) Are you still willing to talk about this? Do you want us to talk about something else?*

  + Open questions to confirm, like:
  - *(SW) Can you remind me why this objective is important to you? What exactly do you want?*
- **Getting to a wider picture** if the partner does not want to talk anymore about…
  - …her/his addiction:
    - (Partner) *So you think I have a problem with alcohol*
    - (SW) *It is not my place to say what your problems are. What matters to me is how you feel and what you want.*
  - …the schooling of her/his child:
    - (SW) *What were your expectations when sharing this objective with me? What other plans do you have for your child?* Etc…
- **Asking a support visit from the supervisor** *(in case the previous attempts are not sufficient)*

TIP – It will be difficult for your partner to argue with you if you do not argue with her/him.

N°4 (30 mn)

3. How to provide guidance. Fill the gap only!

Most of the times, the FDP families have already explored different solutions to their problems. They have done it in a specific way which is worth knowing for the SWs. Giving them comprehensive information, advice, or awareness without eliciting what they already know will be useless, most probably wrong and disrespectful to their capacity and autonomy. This chapter is based on the MI process of Elicit-Provide-Elicit (*Fr.* Demander-Fournir-Demander).

TIP – Remember or replay the training activity *Auto wala*[3], where an auto driver is asked the location of the post office and takes you there before understanding that you only wanted to know the address.

- At every step of the "stairway", before giving any guidance, the SW has to **ENQUIRE** about what the partner already knows about the matter (This is **ELICITING**).

Ask the team to propose questions to elicit partner's knowledge. Share the following examples if needed:

- *Can you tell me what solution you tried last time and how it went?*
- *Do you know how to proceed if you choose to go in this direction?*
- *What do you already know about…?*

TIP – Whenever you feel that you are providing guidance, try to **identify the question** you intend to answer yourself and transform it into a question (**as if only the family knew**):

Instead of explaining…		**You can directly ask:**
*…**How** to go to this service*	→	***How** will you go to this service?*
*…**What** is menstruation*	→	***What** do you know about menstruation?*
*…**What** school can provide to children*	→	***What** do you think school can provide to children?*

- After getting clarity about what the family knows, the SW will be able to identify the possible gaps and/or misconceptions. If there are any, the SW needs to ask **PERMISSION** to give additional information.

Ask the team to propose examples of permission requests and share the following if needed:

- *It seems you already know most of the process. I got some recent updates that may interest you if you wish.*
- *Before planning the next step, are there any points which I could help clarify?*

- If the answer is positive, the SW can **PROVIDE** the required information. It is important to provide it in a **clear and short way, not giving too many details at once**. The family will gradually ask precision if interested, and at their own pace.

Ask the team Imagine your answer to a friend asking you (politely) what your job is:

I am visiting poor households in slums in order to help them identify and achieve their priority objectives about health, documents, education, psychosocial. The intervention lasts 6 months per household and involves most of the family members. So far, we reached 700 families and the average achievement ratio is …

Ask in a neutral way (not to suggest answers) to the team: How do you think this person will feel and react?

[3] Source: *Complete and interactive training on family*, Mumbai FDP team, 2016

⇨ If you explain everything at once, unprepared people may **stop listening to you**, either because they feel drown into excessively complex information, or because they get angry against you if you keep them listening without giving them means or time enough to understand or ask questions.

You would rather start answering briefly, **giving just enough information to make the person interested and asking the details that she/he needs**, from the widest picture to the small details:

*Ask the participants to role-play by pairs, one starting with the question "*what is your job?*" and one other answering, **adjusting the responses to the partner's expectations rather than providing details**. To support or debrief the activity, you can use the following example of discussion:*

– What is your job? → *– I am a social worker.*
– What kind of Social work? → *– I do family counseling.*
– How it works? → *– I identify very poor families in the slums and try to help them improve their living conditions through a regular guidance.*

- After having given a new information, it is important to **ASK** (or **ELICIT**) the partner what she/he has understood and what are the possible needs for further clarification. This will give more chance to the partner to **use the information effectively** and will help the SW **adjust or clearing up the information**. Try to use open questions in order to avoid a simple approval (closed questions such as "*Does this information help you? Is it clear?"* are likely to lead to "*Yes").*

Ask the team to propose examples of questions and share the following if needed:

- *How do you think this will help you?*
- *What do you think about it?*
- *What other questions did you have about it?*

REMEMBER: The information should be ADJUSTED to the knowledge gaps of the partner and keep the partner INTERESTED, ACTIVE and INVOLVED.

The SW needs to BE REACTIVE RATHER THAN PROACTIVE in delivering information.

Remember the tip given on p.2 (**River/Wall** of problems): the partner is the only expert able to find passage through the wall. Helping her/him identify and remove FEW KEY STONES will be sufficient to collapse the whole wall.

Role-play

N°1
(1 hour)

4. Dealing with ambivalence

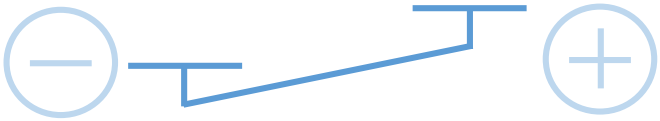
4.1. Ambivalence (brief reminder of previous trainings)

Ambivalence is a situation where, in the same time, we want and we do not want to do something. It is a normal process that happens to everybody: before taking a decision, we always need to weigh pros and cons.

Ambivalence toward an objective is usually observed at "**Motivation**" (or Evoking) step, when we try to evaluate the partner's commitment to work on the objective.

Ambivalence can be represented as a balance (**decisional balance**) weighing pros and cons (in the example below, of public hospital delivery):

Decision to make: Birth delivery at public hospital	
CONS [-] *NOT-SO-GOOD THINGS*	***PROS*** [+] *GOOD THINGS*
Fear of public hospital doctor's behavior	Free of charge
Carelessness on the part of the public hospital's staff	Safer than home delivery
Better privacy and support at home	Government subsidies allotted to parents



[To make the decisional balance clearer we have limited it to 2 parts (– and +) instead of 4, as presented in previous trainings: status quo's pros, status quo's cons, change's pros, change's cons]

It is necessary to **listen to both sides of the balance**: Apart from providing a clear image of the partner's readiness for change, it enhances the rapport SW-family by showing a genuine interest to the family, not objective-achievement-oriented, and limits their defensive reaction or resistance.

REMEMBER: The more the partner talks about the change, the more likely this change will happen. By contrast, the more the SW talks about the necessity to change, the more the partner will get defensive and identify reasons not to change.

4.2. Recognizing Sustain Talk and Change Talk

- ***CHANGE TALK*** (CT) is every talk **supporting the change**. The SW has to try to encourage it.
- ***SUSTAIN TALK*** (ST) is every talk **rejecting the change**. It is a normal process in every decision and we need to accept it.

Birth delivery at public hospital	
CONS [-] *NOT-SO-GOOD THINGS*	***PROS*** [+] *GOOD THINGS*
Emphasized by SUSTAIN TALK	Promoted by CHANGE TALK

REMEMBER: **Identifying an obstacle to change does not automatically means doing Sustain Talk**. Sustain Talk is rather about not willing (desire), not feeling the need (reason, need) or not feeling capable (ability).

Sustain Talk and Change Talk can be perceived **only after the objectives of change have been identified**. Indeed, ambivalence is always about a specific will to change.

4.3. Examples of Sustain Talk and Change Talk:

Ask the participants to determine if the following statements[4] relate to Change Talk [+] or Sustain Talk [-]
N.B: the [+] and [-] mentions are not to be disclosed to the participants and just aim at supporting the trainer.

- My drinking doesn't affect my kids [-]
- My doc told me I'm going to lose my leg if I don't start checking my blood sugars [+]
- I've got a friend who got a head injury on his motorcycle and I don't want that to happen to me [+]
- Only idiots need helmets and I am not an idiot [-]
- I don't want my child to have all these expensive cavities [+]
- My drinking is getting worse [+]
- My drinking is hopeless [-]
- If I don't stop using drugs, my wife will leave me [+]
- Protecting my health is the most important thing to me [+]
- I have young children to take care of [+]
- I know I will please my God if I quit using drugs [+]
- I'm a mother and I ought to take better care of my kids [+]
- I want to stop smoking [+]
- I'd like to quit, yeah [+]
- I love waking up sober [+]
- I hate being an addict [+]
- I am able to do this [+]
- I just can't quit [-]
- I don't think I have this problem [-]
- Once I make up my mind, I know I can do it [+]
- I don't have much willpower [-]
- It's not that hard to do [+]

*Show the team the importance of **body language** and **tone** by expressing same statements with body languages expressing opposite meaning.*

➔ *e.g. try to say "*I will go*" in the following ways: Convinced / Unsteady / Hopeless / Detached.*

Change Talk refers to statements that suggest there is a **window of opportunity** for change to take place. They often happen spontaneously. They aren't usually declarations of change ("*That's it, I'm done with drinking!*"). **Often they are much subtler statements**. Furthermore, both talks usually **mix together like in a sandwich (ST-CT-ST)** and it can be tough to identify the CT: *I cannot take my children to school every day, but I want the best for them, a good education. Moreover, they are afraid of the teacher…*

TIP – When you hear '***but***' or similar (*though, however...*), you are probably listening to a **sandwich CT/ST.**

REMEMBER:

- The **ST may emerge regularly at every step of the intervention**, provided that there is an identified objective and an ambivalence.
- ST/CT and ambivalence are always linked with a plan of change. Thus, we will find **no ST/CT or ambivalence if the family does not have a clear objective set.**
- **Expressing difficulties** is not always doing Sustain Talk and it is very important not to stop partners in sharing these or in **ventilating emotions** even when you try to focus on Change Talk. Similarly, **identifying an obstacle** (e.g. *I do not have sufficient documents*) is not doing Sustain Talk per se. Sustain Talk and Change Talk, are rather about willing or not (desire), feeling the need or not (reason, need), feeling able or not (ability). [Cf rationales in Preparatory Change Talk]

Reminder – Intervention steps and focus points

		Focus points
PLANNING		: ***HOW/WHEN*** *will we travel?*
MOTIVATION	: ***WHY*** *we travel?*	Ambivalence, Sustain & Change Talk
OBJECTIVES DEFINITION	: ***WHERE*** *do we go?*	Righting reflex, Awareness (fill the gap only)
RAPPORT BUILDING	: ***HOW*** *we travel together?*	Resistance

[4] Source: *Recognizing Change Talk,* Urban Indian Health Institute [Here *Indian* means Native American] www.uihi.orgwp-contentuploads201308MI-Workshop-Handout4-4b-Recognizing-Change-Talk-Final-070313.pdf

1.5 h.

5. Encouraging Change Talk

Now that we know how to recognize ST and CT, we need to know how to focus on CT and to encourage it.

REMEMBER: We need to **listen to the Sustain Talk and respect it** even if we try to encourage the Change Talk. Sustain Talk is a normal process in the decision making process, as is ambivalence.

5.1. Common strategies to encourage Change Talk [maybe only for trainers]

Open questions, Affirmation, Reflection, Summary (OARS) are the 4 basic techniques used in MI. Let's see how we can make use of them in FDP.

Open-ended questions – Open questions call for some elaboration and cannot be answered with one word like closed questions: e.g. "*What concerns you most?*", "*What would you like to be different?*". Open questions invite description, giving the listener more to listen to and to learn. They also set a collaborative tone, as they communicate more interest in our partner's view.

REMEMBER: Both open and closed questions are useful in an interview. They just serve different purposes: closed questions limit the partner's answer options but may be useful in a survey, or to confirm understanding.

One effective way consists in asking **open questions** to which the answer is CT (and trying to **avoid those** which call for ST):

*Ask the following questions, not necessarily in sequence: one participant (each in turn) will answer as if she/he were a FDP partner; one other will evaluate **if the answer is CT or ST** and **if the question encourages CT or ST**. Before every statement, do not forget to indicate the objective on which the person is ambivalent.*

- School enrollment: *Why do you want to provide good education to your children?* [+]
- Delivery at hospital: *What worries you about your next delivery?* [+]
- Access to Employment: *Why would you like to increase your income?* [+]
- Document: *How important the PAN Card is for you?* [+]
- Fight against addiction: *If you had a magic wand able to make you stop drinking, what would be different?* [+]
- School enrollment: *Why do you let your children playing in the street all day long (no school)?* [-]
- Immunization: *Why did you not do anything about the immunization of your child yet?* [-]
- Access to Employment: *Why can you not work?* [-]
- Access to Employment: *What are the 3 main reasons for you to go on resting at home like that?* [-]

TIP – Using "***Why not?***" or meaning it (e.g. *Is there any reason you do not take effort?*) will probably **lead to Sustain Talk** and will make the partner **feel judged** and blamed.

Affirmations – Affirmations focus on the positive attitude of the partner and acknowledge the capacities, efforts and successes of the partner, difficulties and struggles too. It is a **positive feedback** which needs to be **specific** (it is not sufficient to say: *"you are a good guy"*) and **genuine** (do not lie or overstate!). For instance: "*It seems you are taking great care of your children", "you already did a lot of efforts*". Supported by such an affirmation, the positive attitude is likely to **be repeated in the future**.

*Ask the team to **identify the positive attitude and efforts** (underlined for the trainer) of the partner in the following statement and **prepare 2 affirmations** to support them:*

I am fed up with my children. I try to raise them the best I can [+] **and it is very difficult in my situation. But they spoil it all always and I am very anxious about what they will become** [+]**. Even**

my husband does not support me and I spend my whole day getting little money and food [+] **for the family. Now, I would like lying on the floor and stop worrying for good...**

Examples of affirmations (to use only after the exercise if needed):

1. Affirming the struggles: *I can see that you managed to keep up in a very difficult situation. You make continuous and brave efforts for this.*

2. Affirming the commitment: *It seems you feel very responsible of your children and you do your best for them.*

Reflections – **The reflection is a sentence that will rephrase part of what the family has done or said**. It helps the SW focus on some components of the motivation without enforcing them. Thus the SW can act as **a more or less deforming mirror**. You can simply **repeat the words** you heard or **share the feeling** you perceived. Reflections are **statements, not questions**: with reflections the partner feels more listened, heard and cared for than with questions and speaks more about what is in her/his mind than answering what is on listener's mind (I. Kotzenok).

Besides, a **reflection helps people know themselves better**. Everybody (and especially the family members we are working with) only has a partial and subjective image of him/herself. We are not aware of all the things we do and our actions are not always in line with our wishes or principles.

The reflection calls for a reaction, confirming or infirming what has been rephrased. Therefore, the SW may have to be silent after the reflection, to give the time to the family to think about it and either add more information or correct what was said and express something different.

Try to keep **as neutral as possible**, and never sarcastic (you can show the funny aspect of a situation but you cannot have fun of the partner). Reflections can be of different kinds, among them:

- **Simple**: restating our understanding of what the partner just said explicitly. It is a clarification request and can be very useful if:
    - the partner is resistant and you do not want to get wrong.
    - you do not know what question to ask next. It will push forward the discussion.
    - you hear some CT and you want to emphasize it.
- **Amplified or Diminished**: restating with greater/smaller intensity to encourage reaction, possibly towards CT.

Ask the team to prepare 1 simple reflection + 1 amplified/diminished reflection to support the Change Talk [+] *of the partner in the previous situation. Use the following examples only after the exercise if needed:*

- **simple reflections**
    - *You really care for your family.* [Avoid: *You are lost / Your husband let you down / It is really sad*.]
    - *You worry about the future life of your children.* [Avoid: *They do not care.*]
- **Amplified/Diminished**
    - *You think your children will not benefit from your work.*

- Avoid: *It is a bit bad time for you* → partner may reply: *No it is hell and it's always like this!*

- Avoid: *You want to die* → partner may cry of despair

REMEMBER – *Try to reflect the feeling of the partner and start with* "you think", "you worry", "it seems that you…", *etc. Avoid agreeing or giving your opinion on the situation (*it is, I agree, you are right, etc.)

- Try to **reflect CT** when you hear/identify it. Example of reflection to a sandwich ST-CT-ST:
  – (Partner) *I cannot take my children to school every day* [-]*, though I want the best for them, a good education* [+]*. Moreover, they are afraid of the teacher* [-] …
  – (SW) *Children education is important for you*
  – (Partner) *Of course, it is!* [+] *I am doing my best for this* [+].

Ask the team to encourage the Change Talk of a partner expressing the following:

- *My tooth hurts* [+] *but I do not want to visit a dentist* [-]
- *My baby cries all the time* [+] *and we get mad* [+] *but we do not have time to take care of the matter* [-]
- *Before, I dreamed about calling my brother again* [+] *but he is kind of stupid and will not listen to me* [-]
- *My drinking is really not a problem* [-]*, I drink only little* [-]*. I do not understand why they complain* [-]*. Maybe I scare them* [+]
- *The teachers do not accept my children* [-] *because they are dirty* [+]*, the community people also give us bad names when we try* [-]*. Now the admission time will be off* [-] *and I do not know what to do with my children* [+]

Summary – A reflection that draws together content from two or more prior client statements. It helps verify and show that we well understood what the partner has expressed. To emphasizing the CT in it, you can summarize only the CT. It will be like a bouquet of CT flowers that you collected from the partner and that you offer to her/him ☺

*Ask the team to prepare a summary (to offer a nice bouquet of flowers ☺) to support the Change Talk of the partner in the previous situation. Show the difference with Affirmation and "bahut acchi" (*Eng. *very good).*

REMEMBER – Change Talk usually requires **more efforts from the family** than Sustain Talk.

5.2. Additional handy strategies

Importance ruler – Helping balancing partner's ambivalence

1. **If you mostly hear Change Talk [+]:**

- First ask: *On a scale from 0 to 10, how much would you score the need of this change?*
- Then: *Why, did you not set an inferior number?* [pushing to Change Talk]

Ask 2 participants to role-play this strategy on the following topics (one participant being the partner, the other the SW):

- *School attendance (FE) of the partner's child*
- *Antenatal care (ANC) of the pregnant partner*
- *Immunization (MM) of the partner's children*

2. If you mostly hear Sustain Talk [-]:

- First ask*: On a scale from 0 to 10, how much would you score the need to keep things like that?*
- Then: *Why, did you not set a superior number?* [pushing to Change Talk]

Ask 2 participants to role-play this strategy on the following topics (one participant being the partner, the other the SW):

- *Alcohol addiction (FA) of the partner*
- *Gambling habit of the partner*

TIP – To encourage your partner in one direction [+], ask why she/he would not score towards the other direction [-]. This will spur the partner to identify and express arguments in favor of change [+] and will sharpen her/his motivation.

What if Sustain Talk reaches 10/10?

Imagine a partner scoring 10/10 her/his need to drink. It may mean that this partner is not ambivalent (not willing to stop drinking at all) or that she/he is tired to be lectured or to discuss on the problem (resistance). In both cases, the partner is not ready to share any change talk with the SW.

Ask the participants what would be the options of the SW then.

- One effective strategy is to **stop talking about the topic**. For instance, you can tell the partner:

"*Ok, I will not bother you anymore about this topic. I am there to support you only on the objectives that are important for you*"

Try to mean it and actually stop talking about this, even in the following visits.

If the partner is ambivalent, seeing the SW dropping the topic this easily may provoke a reaction, on the spot or some days after.

If resistant to the SW, the partner may change her/his mind, feeling respected and accepted by the SW.

If the partner turns not to be resistant nor ambivalent, there is no longer ways for the SW to identify the "fight against addiction" objective. It is time to drop it.

- Another strategy consists in **explicitly pushing towards the negative side of change**, in favor of status quo.

"Maybe this habit is too important for you so you will not give it up"

NB: Be careful not to show any contradictory body language (sarcastic) when stating this.

Here too, if the partner is ambivalent, she/he may change her/his mind after hearing the SW leaving the topic.

5.3. Recap table

N°5	POSSIBLE **STRATEGIES**	EXAMPLES OF **STATEMENTS AND QUESTIONS**
IF YOU RECOGNISE **CHANGE TALK** (CT)	Pay interest to the family CT and ask for ELABORATION with **OPEN QUESTIONS** to which the ANSWER IS CHANGE TALK	• *(Partner)* When I wake up after having drunk, I do not always feel well. • *(Social Worker)* Can you tell me what you feel then? • *(Partner)* I feel irritated and not friendly with people. • *(SW)* How this affects you/your family? • *(SW)* How you would like things to be?
	AFFIRMATIONS – Acknowledging positive attitude. like reflections, these are not questions.	• *(P)* I will go to talk to the teacher of the school (says P not taking efforts on this). • *(SW)* You seem brave enough to do difficult things. • *(P)* This is for the good of my children. • *(SW)* You really care about your family.
	REFLECTIONS – Restating the CT expressed explicitly and/or implicitly (body language). Reflections are not questions but statements, in order to prevent partner's defensive reactions and encourage the discussion	• *(P)* I feel irritated and not friendly with people after I drank. • *(SW)* You think this is not a right attitude. • *(P)* I cannot take my children to school every day, though I want the best for them, a good education. But they are afraid of the teacher. *[Sandwich ST-CT-ST]* • *(SW)* You want to provide a good education to your children. *[Reflection on CT]*
	AMPLIFIED REFLECTION – To help the partner balance/review her/his feelings and resources by exaggerating her/his statement. Disproving reaction is expected.	• *(P)* I do not like the way my mother-in-law criticize the education I provide to my children. She cannot help me. • *(SW)* You are really mad against her. *[trying to explore possible support from mother-in-law]* • *(P)* Not this much… She is my mother-in-law after all.
	DIMINISHED REFLECTION – Opposite process	• *(P)* I would like to provide good education to my children. • *(SW)* Yes but I understand that you have other priority things to do first. • *(P)* No, it is a priority for me!
	IMPORTANCE RULER – Helping the partner identify her/his will to change and ambivalence	• *First:* On a scale from 0 to 10, how much would you score the need of this change? • *Then:* Why, did you not set an inferior number? *[pushing to Change Talk]*
	LOOKING BACK – Reminding what was better in the past	*(SW)* Were things different/better before the problem emerged?
	LOOKING FORWARD – Picturing positive future and judging if it is reachable without change	*(SW)* Suppose that you manage to make this change happen, what will you do then? What could be your life in 5 years?
	QUERYING EXTREMES – Imagine if all went well	*(SW)* If you had a magic wand that would make this change possible, what would be different? If you had this wand, what would you like your life to be?
IF YOU RECOGNISE **SUSTAIN TALK** (ST)	**AMPLIFIED REFLECTION** – Some of the following technics may be used as "starters" only to get a positive reaction from the partner before asking CT-question	• *(P)* I think things are going well enough in my couple. • *(SW)* There is nothing to improve. *[Totally ignoring the "enough"]* • *(P)* Well, I do not say that things are perfect but I am happy like that. • *(SW)* Since things cannot be better than that, so it is fine with you. • *(P)* For me yes, but probably not for my wife…
	DOUBLE-SIDED REFLECTION – Acknowledging ST and previous CT. Use "*and*" to connect ST and CT (not "*but*").	(*SW*) You feel a big pressure from the community not to enroll your daughter at school and you know that a good education will help her have a good life.
	AUTONOMY SUPPORT – Explicitly acknowledging the fact that the partner is expert and decision maker	• I wonder what you decided to do. • Only you can decide. This is your right. Even if I wanted to decide for you, I could not. • I see that you do not want to talk about this further, so I now stop asking about it.
	Explore the **DECISIONAL BALANCE –** reviewing the pros and cons of a desired change	*First*: What is good about not changing? *Then*: What is not so good?
	Explore **VALUES AND GOALS –** Develop discrepancies between values/dreams /projects and actual life	• What do you want in life? What things are most important to you? • When you were a child where did you see yourself at adult age? *[Helping the partner remind one's initial goals and compare with one's actual life]*
	Explore partner's **RESSOURCES/CAPACITY**	• *(SW)* What would your friends say about your qualities? [*capacity]*
	IMPORTANCE RULER – Helping the partner identify her/his will to change and ambivalence	• *First:* On a scale from 0 to 10, how much would you score the need of this change? • *Then:* Why, did you not set an inferior number? *[pushing to Change Talk]* • *First:* On a scale from 0 to 10, how much would you score the need to keep things like that? • *Then:* Why, did you not set a superior number? *[pushing to Change Talk]*
	QUERYING EXTREMES – Identifying the worst consequence that may or did happen	• What do you think can happen if you just go on as you have been? • What have been the worst think that happened to you while drinking?
	Explicitly push towards the **NEGATIVE SIDE** of change (in favor of status quo)	*(SW)* Maybe this habit is too important for you so you will not give it up. *[Be careful not to show contradictory body language when stating this]*

6. Exercises

6.1. Identify Resistance / Ambivalence (Sustain Talk)

*Ask the participants to **identify** Resistance and Sustain Talk in the following statements or situations collected from FDP cases and to analyze the **possible reasons**:*

A. A mother complains to 2 SW that her 7-year-old child has been denied for admission at Anganwadi She is angry against the AWW, stating that the staff try to get rid of her. When one SW starts explaining that it is due to the age limit (0-6 bracket), she turns her head to the second SW and resumes her complaining, ignoring the information just provided by the first SW.

Here, the partner may be **frustrated** by the answer of the SW. She is **not ready** to get new information yet and only wants to **ventilate**. It is resistance to the SW. **Possible reasons?** Directive attitude of the SW, Expert trap, righting reflex, etc.

B. A TB patient explains that he does not want to continue his treatment, arguing that everybody has to die eventually. Though, his wife later shows to the SW that he regularly takes his medicine.

In this fake situation, we see that what we first hear as Sustain talk is actually a **provocation**, which is a kind of resistance. **Possible reasons?** Expert attitude of the SW (the SW did not elicit the knowledge and capacity of the partner), premature focus on objective, etc? The person can also be very afraid to die and prefer to not have any expectations of getting better and to not have to report to anybody about the treatment to prevent herself from being disappointed if the treatment is not working.

C. A SW explains the difficulties faced with a partner lady about Ante Natal Care: she has not completed the full process at the hospital but is very reluctant to be informed by the SW about the next required steps. After 8 visits spent on the same topic, she always says "*I will go*" but never does.

This "I will go" is not Change Talk but rather a **strategy to avoid being lectured**. It is again resistance. **Possible reasons?** Directive attitude, righting reflex, limiting partner's autonomy (right to decide), or not giving space enough to the partner for expressing her difficulties.

D. During 4 visits, a partner is asking for details about child immunization but still not go the indicated health center. He explains that it is too far and that he has no time.

Here, we can observe that the partner is asking by himself for details, showing his will to go forward. This also shows a good trust towards the SW's guidance. The fact that he is not actually doing shows his hesitation and possible ambivalence.

E. A partner woman explains her relationship issues with her mother-in-law (MIL) and ends saying that she needs to talk to her. Since the SW supposes that this relationship issue is a core problem of the family, she supports the initiative. During the following visits, she keeps enquiring about the steps taken by the partner but the latter always replies "*I was busy*", "*my MIL was out*", etc. The SW believes that the partner tries to find excuses but does not find alternatives. One day, the partner replies "*My MIL is OK now*".

Here, the partner was hesitating to take action for some reason, This is **ambivalence**. Obviously the reason was not openly shared with the SW, possibly meaning a weak **rapport** with the partner. Insisting on the topic in vain led the partner to be resistant.

6.2. Adjust your response

*For all the previous situations, ask the participants to **prepare a response** (question, reflection, body expression, or else) **that could help** the partner **ventilate emotions, decrease resistance, do Change Talk**:*

A. First **Empathize**: "You seem very annoyed by the situation", "It must be disturbing not to know what to do with your child" and then listen to the complaint. Then **Elicit** "What reason did they give you for refusing your child?", "do you know why they refuse your child?". Only if the reason seems not sufficient to you, ask **permission** to inform: "If you want, I may give you some more information about it (because I have regular contacts with the AWW)". Only if the partner agrees, you can **provide** the information. Do it short, so the partner feels free not to ask for further details if not interested. Be prepared not to give these details. Once the partner will feel that you respect her autonomy, she may get back to you with questions on the topic.
B. Same
C. Same
D. First ensure that the stated obstacles are not big enough to prevent the partner from proceeding. Then encourage change talk with "importance ruler", ask open questions to explore the "positive" aspects of change (*what positive things do you expect from vaccination?*), reflect the change talk, support it through affirmations and summary. Overall, it is very important to better understand why it is so complicated for the lady to process the ANC.
E. First focus on rapport (remember that without reinforcing this primary step of the stairway, the next ones may not withstand): for instance, you can apologize (*I am sorry, I did not want to push you without your consent*) and then only, you can propose to shift to another topic, e.g in planning the next visit if the partner needs to be left alone for a while.

7. Sources

Books:

- ***Motivational Interviewing, Third Edition: Helping People Change***, William R. Miller and Stephen Rollnick, 2013 (French version: *L'entretien motivationnel: Aider la personne à engager le changement*, 2ème édition, 2013)
- ***Client-centered Therapy: Its current practice, implications and theory***, Carl Rogers, 1951, Boston, Hoghton Mifflin et London, Constable.

Videos on Internet:

- **2020 webinar on *Motivational Interviewing Fundamental Skills*** – Igor Kotzenok, https://www.youtube.com/watch?v=FTQMppKt9aQ
- **Hindi webinar on *Motivational Interviewing techniques (OARS)***, Dr. Naveen Kumar& Dr. Tejal Doshi, https://www.youtube.com/watch?v=WLFKYTjOK7g
- **Bill Miller On Change Talk**, Youtube channel: P. Erichsen, https://www.youtube.com/watch?v=YIhMsTdZMVM
- **Carl Rogers's 1974 lecture on empathy**, https://www.youtube.com/watch?v=iMi7uY83z-U
- ***How to DO Empathy***, Alan Rafael Seid, https://www.youtube.com/watch?v=ZBjTsuhsaOY
- ***7 Keys to Learning How to Empathize***, Jerry Wise, https://www.youtube.com/watch?v=YFyWceiSZKc
- ***Break the cycle,*** website of Peter K. Gerlach, http://sfhelp.org/site/intro.htm
- ***The effective school counselor with a high risk teen: Motivational Interviewing***, ***The ineffective School counselor with a high risk teen: Non-motivational approach*** and other role-play videos, Youtube channel: MerloLab, https://www.youtube.com/channel/UC8EhbC3dstHbCxlfMW3KC9w
- Youtube channel: **Advanced motivational Interviewing for clinicians**, https://www.youtube.com/channel/UCFmBI-FjJ0ZpTMbgjC09KyQ
- **Motivational interviewing in brief consultations: role-play focusing on engaging**, Youtube channel: BMJ Learning, https://www.youtube.com/watch?v=bTRRNWrwRCo

8. Short glossary of Motivational Interviewing Terms

Ability—A form of client *preparatory change talk* that reflects perceived personal capability of making a change; typical words include *can*, *could*, and *able*.

Absolute Worth—One of four aspects of *acceptance* as a component of MI *spirit*, prizing the inherent value and potential of every human being.

Acceptance—One of four central components of the underlying *spirit* of MI by which the interviewer communicates *absolute worth*, *accurate empathy*, *affirmation*, and *autonomy support*.

Accurate Empathy—The skill of perceiving and reflecting back another person's meaning; one of four aspects of *acceptance* as a component of MI *spirit*.

Affirmation—One of four aspects of *acceptance* as a component of MI *spirit*, by which the counselor accentuates the positive, seeking and acknowledging a person's strengths and efforts.

Affirming—An interviewer statement valuing a positive client attribute or behavior.

Ambivalence—The simultaneous presence of competing motivations for and against change.

Amplified Reflection—A response in which the interviewer reflects back the client's content with greater intensity than the client had expressed; one form of response to client *sustain talk* or *discord*.

Apologizing—A way of responding to *discord* by taking partial responsibility.

Assessment Trap—The clinical error of beginning consultation with expert information gathering at the cost of not listening to the client's concerns. See also *Question–Answer Trap*.

Autonomy Support—One of four aspects of *acceptance* as a component of MI *spirit*, by which the interviewer accepts and confirms the client's irrevocable right to self-determination and choice.

Blaming Trap—The clinical error of focusing on blame or fault-finding rather than change.

Bouquet—A particular kind of *summary* that collects and emphasizes the client's *change talk*.

Change Goal—A specific target for change in *motivational interviewing*; typically a particular behavior change, although it may also be a broader goal (e.g., glycemic control) toward which there are multiple avenues of approach.

Change Plan—A specific scheme to implement a *change goal*.

Change Ruler—A rating scale, usually 0–10, used to assess a client's motivation for a particular change; see *Confidence Ruler* and *Importance Ruler*.

Change Talk—Any client speech that favors movement toward a particular change goal.

Chat Trap—The clinical error of engaging in excessive small talk and informal chat that does not further the processes *of engaging*, *focusing*, *evoking*, and *planning*.

Closed Question—A question that asks for yes/no, a short answer, or specific information.

Compassion—One of four central components of the underlying *spirit* of MI by which the interviewer acts benevolently to promote the client's welfare, giving priority to the client's needs.

Confidence Ruler—A scale (typically 0–10) on which clients are asked to rate their level of confidence in their ability to make a particular change.

Decisional Balance—A choice-focused technique that can be used when counseling with neutrality, devoting equal exploration to the pros and cons of change or of a specific plan.

Directing—A natural communication style that involves telling, leading, providing advice, information, or instruction.

- ***Discord***—Interpersonal behavior that reflects dissonance in the working relationship; *sustain talk* does not in itself constitute *discord*; examples include arguing, interrupting, discounting, or ignoring.

Discrepancy—The distance between the *status quo* and one or more client *change goals*.

- ***Desire***—A form of client *preparatory change talk* that reflects a preference for change; typical verbs include *want*, *wish*, and *like*.

Double-Sided Reflection—An interviewer *reflection* that includes both client *sustain talk* and *change talk*, usually with the conjunction "and."

- ***Elicit–provide–elicit***—An information exchange process that begins and ends with exploring the client's own experience to frame whatever information is being provided to the client.

- ***Empathy***—The extent to which an interviewer communicates accurate understanding of the client's perspectives and experience*;* most commonly manifested as *reflection*.

- ***Emphasizing Personal Control***—An interviewer statement directly expressing *autonomy support*, acknowledging the client's ability for choice and self-determination.

Engaging—The first of four fundamental processes in MI, the process of establishing a mutually trusting and respectful helping relationship.

Evocation—One of four central components of the underlying *spirit* of MI by which the interviewer elicits the client's own perspectives and motivation.

- ***Evoking***—The third of four fundamental processes of MI, which involves eliciting the person's own motivation for a particular change.

Expert Trap—The clinical error of assuming and communicating that the counselor has the best answers to the client's problems.

- ***Exploring Goals and Values***—A strategy for evoking *change talk* by having people describe their most important life goals or values.
- ***Focusing***—The second of four fundamental processes of MI, which involves clarifying a particular goal or direction for change.

Following—A natural communication style that involves listening to and following along with the other's experience without inserting one's own material.

Guiding—A natural communication style for helping others find their way, combining some elements of both directing and following.

Importance Ruler—A scale (typically 0–10) on which clients are asked to rate the importance of making a particular change.

Labeling Trap—The clinical error of engaging in unproductive struggles to persuade clients to accept a label or diagnosis.

- ***Looking Back***—A strategy for evoking client *change talk*, exploring a better time in the past.

Looking Forward—A strategy for evoking client *change talk*, exploring a possible better future that the client hopes for or imagines, or anticipating the future consequences of not changing.

Motivational Interviewing—

- Lay definition: A collaborative conversation style for strengthening a person's own motivation and commitment to change.
- Clinical definition: A person-centered counseling style for addressing the common problem of ambivalence about change.
- Technical definition: A collaborative, goal-oriented style of communication with particular attention to the language of change, designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.

Need—A form of client *preparatory change talk* that expresses an imperative for change without specifying a particular reason. Common verbs include *need*, *have to*, *got to*, *must*.

OARS—An acronym for four basic client-centered communication skills: *Open question*, *Affirmation*, *Reflection*, and *Summary*.

Open Question—A question that offers the client broad latitude and choice in how to respond; compare with *Closed Question*.

Partnership—One of four central components of the underlying *spirit* of MI by which the interviewer functions as a partner or companion, collaborating with the client's own expertise.

Path Mapping—The process of choosing a *change plan* when there are several possible routes toward the goal.

Permission—Obtaining by the interviewer of client assent before providing advice or information.

Person-centered Counseling—A therapeutic approach introduced by psychologist Carl Rogers in which people explore their own experience within a supportive, empathic, and accepting relationship; also called *client-centered counseling*.

Planning—The fourth fundamental process of MI, which involves developing a specific *change plan* that the client is willing to implement.

Premature Focus Trap—The clinical error of focusing before engaging, trying to direct before you have established a working collaboration and negotiated common goals.

Preparatory Change Talk—A subtype of client *change talk* that expresses motivations for change without stating or implying specific intent or commitment to do it; examples are *desire*, *ability*, *reason*, and *need.*

Querying Extremes—A strategy for evoking *change talk* by asking clients to imagine best consequences of change or worst consequences of *status quo*.

Question–Answer Trap—The clinical error of asking too many questions, leaving the client in the passive role of answering them. See also *Assessment Trap*. ***Reactance***—The natural human tendency to reassert one's freedom when it appears to be threatened.

Readiness Ruler—See *Change Ruler.*

Reason—A form of client *preparatory change talk* that describes a specific if–then motive for change.

Reflective Listening—The skill of "active" listening whereby the counselor seeks to understand the client's subjective experience, offering *reflections* as guesses about the person's meaning. See also *Accurate Empathy*.

Reflection—An interviewer statement intended to mirror meaning (explicit or implicit) of preceding client speech. See also *Simple Reflection*, *Complex Reflection*.

Reframe—An interviewer statement that invites the client to consider a different interpretation of what has been said.

Resistance—A term previously used in MI, now deconstructed into its components: *sustain talk* and *discord*.

Righting Reflex—The natural desire of helpers to set things right, to prevent harm and promote client welfare.

Self-Efficacy—A client's perceived ability to successfully achieve a particular goal or perform a particular task; term introduced by Albert Bandura.

Self-Esteem—A client's general level of perceived worth.

Shifting Focus—A way of responding to *discord* by redirecting attention and discussion to a less contentious topic or perspective.

Simple Reflection—A *reflection* that contains little or no additional content beyond what the client has said.

Smoke Alarms—Interpersonal signals of *discord* in the working alliance.

Spirit—The underlying set of mind and heart within which MI is practiced, including *partnership*, *acceptance*, *compassion*, and *evocation*.

Status Quo—The current state of affairs without change.

Summary—A *reflection* that draws together content from two or more prior client statements.

Sustain Talk—Any client speech that favors *status quo* rather than movement toward a *change goal*.

Traps—(Clinical errors) See *Assessment Trap*, *Blaming Trap*, *Chat Trap*, *Expert Trap*, *Labeling Trap*, *Premature Focus Trap* and *Question–Answer Trap.*

Values—A person's core goals or standards that provide meaning and direction in life.