Relational Foundation

1. Engaging

Motivational Interviewing

2. Focusing

3. Evoking

4. Planning
The processes are somewhat linear . . .

- Engaging necessarily comes first
- Focusing (identifying a change goal) is a prerequisite for Evoking
- Planning is logically a later step

Engage

Focus

Evoke

Plan

Shall we walk together?

Where?

Why?

How?
and yet also recursive

- Engaging skills (and re-engaging) continue throughout MI
- Focusing is not a one-time event; re-focusing is needed, and focus may change
- Evoking can begin very early
- “Testing the water” on planning may indicate a need for more of the above
- The four processes are inter-woven
Four Foundational Processes

- Engaging
- Focusing
- Evoking
- Planning
Can it be MI without . . .

- Engaging? No
- Focusing? No
- Evoking? No
- Planning? Yes
So it becomes MI when . . .

1. The communication style and spirit involve person-centered, empathic listening (Engage)
   AND
2. There is a particular identified target for change that is the topic of conversation (Focus)
   AND
3. The interviewer is evoking the person’s own motivations (or plans) for change (Evoke)
Change is Broader than Behavior

• **Decision** – to make a choice
  • Forgiveness, Leaving or staying

• **Attitude** - to become a different person
  • To be more Compassionate, Assertive etc.

• **Condition** – to address a complex problem
  • Diabetes, depression, PTSD

• **Resolution** - Acceptance
  • Complicated grief
  • Finding peace regarding a decision
    • Tolerance for anxiety, uncertainty etc.
Collaboration
Acceptance
Evocation
Compassion
MI Spirit
LEARNING TO ENGAGE
What do clinicians tell themselves that leads them away from MI?
Mental Shifts in Engaging

• Engaging is Task #1
• Directing, Guiding and Following
• Resist the Righting Reflex, Directing, and Fact Gathering
  • [Decrease MI-inconsistent responses]
Skills in Engaging

- OARS
- Replacing questions (fact gathering) with reflections
- Complexifying reflections
Measuring Engaging

• Global: Spirit (Collaboration and Autonomy Support)

• Clinician Behavior
  • OARS
  • Reflection/Question Ratio
  • % Complex Reflections

• Client
  • Working alliance
  • Retention
How To Teach OARS?
LEARNING TO FOCUS
Mental Shifts in Focusing

• Importance of focusing – clarifying one or more goals
• Balancing of expertise – client’s and clinician’s
• Developing shared goals - Negotiating the focus
• Three scenarios:
  • Clear focus (proceed to evoking)
  • Menu of options (agenda mapping)
  • Unclear focus (formulation)

4-Process coding sheet

What are the focusing challenges where you work?
3-month priorities
When there is a pre-set focus:

- What if the client doesn’t share it?
  - Evoke!
- Dealing with coercion and dual roles
- What if you get no change talk at all?
  - Develop discrepancy! [Original MET demo]
  - How to do that?
  - Develop a training exercise
    - not MET or values card sort
Decisional Balance?

- Pre-decisional (ambivalent) people? (No)
- Post-decisional (action) people? (?)
- No apparent ambivalence (?)
  - Running headstart (precontemplation)
- Equipoise (Yes)
Measuring Focusing

- Global: None so far. Clarity of goal by end of session?

- Clinician Behavior
  - Unless the client or context immediately define the goal(s), there should be an observable process of discussing the possible objectives of consultation.

- Client
  - Working alliance: Goal agreement
LEARNING TO EVOKE
Can Counselors Evoke Change Talk?
Moyers, Martin, Houck, Christopher & Tonigan, 2009

• Associational Evidence
CT = Change Talk
MICO = MI-Consistent
MIIN = MI-Inconsistent

CCT = counterchange talk (sustain and resist)
MIIN = MI-Inconsistent

CT

.1738++
.074+++  .176++

MICO

.069+++ .022---

CCT

.085++

MIIN
Can Counselors Evoke Change Talk?
Glynn & Moyers (2010), *Journal of Substance Abuse Treatment* 39: 65-70

- Experimental Evidence
Can Counselors Evoke Change Talk?
Glynn & Moyers (2010), *Journal of Substance Abuse Treatment* 39: 65-70

- 9 counselors alternated (in 12-minute segments) between
  - MI: Change talk evocation (CT) and
  - FA: Functional analysis of drinking
- in conversations with 47 college students about drinking concerns
- Coded change talk (CT) and sustain talk (ST)
% Change Talk and Sustain Talk and their Ratio

FA1 MI1 FA2 MI2
0.85 1.63 1.17 2.03
Can Counselors Evoke Change Talk?
Moyers et al (in progress) Project ELICIT

- Training counselors in two different MI strategies:
  - “Plain” or “Pure” MI (MI)
  - “Change-Talk-On-Steroids” MI (MI+)
- Frontline substance abuse providers in public agencies
- Work samples at baseline, post training, 3, 6, 12 months
- Does change talk in clients differ depending on what clinicians have been taught?
Project Elicit

Workshop Training (n=191)

MI Standard (MI) N = 96

Coaching and Feedback Standard

MI with Change Talk Emphasis (MI Plus) n = 95

Coaching and Feedback Specific to Client Speech

3, 6 and 12 month Follow-Up Percent Change Talk in Client Sessions

NIDA 021227
Results for post-training time point

MI group $n = 78$, MI+ group $n = 75$

No significant differences between groups in change talk

Significant difference between groups in sustain talk

HLM: $\beta = -0.177, p < .05$

MI group
mean = 25.05, SD = 11.564
MI+ group
mean = 21.79, SD = 10.333
Mental Shifts in Evoking

- Evoke (don’t try to install) motivation
- Requires a focus (and engagement)
- Let go of assessment as a prerequisite
- “Resistance” = Sustain Talk + Discord (Interpersonal)
What is “Resistance”? 

Sustain Talk

Discord
Sustain Talk and Discord

- **Sustain Talk** is about the target behavior
  - I really don’t want to stop smoking
  - I have to have my pills to make it through the day
- **Discord** is about your relationship
  - You can’t make me quit
  - You don’t understand how hard it is for me
- **Both** are highly responsive to counselor style
What is Discord?

- Behavior
- Interpersonal (It takes two to have discord)
- A signal of dissonance in your relationship
- Predictive of (non)change
Some Discord Signals

- Defensiveness
- Arguing
  - Challenging Discounting Hostility
- Interrupting
  - Talking over the counselor
- Ignoring
  - Inattention  Changing the subject
Skills in Evoking

- *Recognizing* change talk
  How to teach it?
Preparatory Change Talk
Four Examples

DARN

• DESIRE to change (want, like, wish . . )

•ABILITY to change (can, could . . )

•REASONS to change (if . . then)

•NEED to change (need, have to, got to . . )
Mobilizing Change Talk
Reflects resolution of ambivalence

CATs
• COMMITMENT (intention, decision, promise)
• ACTIVATION (willing, ready, preparing)
• TAKING STEPS
Yet another metaphor

MI Hill
CHANGE TALK AND SUSTAIN TALK

Opposite Sides of a Coin
Examples of Sustain Talk
The other side of ambivalence

• I really enjoy gambling (D)
• I don’t think I can give it up (A)
• Gambling is how I have fun (R)
• I don’t think I need to quit (N)
• I intend to keep on gambling (C)
  and nobody can stop me
• I’m not ready to quit (A)
• I went back to the casino this week (T)
Skills in Evoking

- *Recognizing* change talk
  - Embedded change talk

How to teach it?
Snatching Change Talk from the Jaws of Ambivalence

- Change talk often comes intertwined with sustain talk.
- That’s the nature of ambivalence.
Snatching Change Talk from the Jaws of Ambivalence

• I really don’t want to stop smoking, but I know that I should. I’ve tried before and it’s really hard.

  • 1. You really don’t want to quit
  • 2. It’s pretty clear to you that you ought to quit.
  • 3. You don’t think you _can_ quit
• See, the thing is, all my friends drink. Some of them probably drink way too much, too, but if I quit drinking, I don’t have any friends. I just stay home.

• That would be pretty lonely.
• Quitting would cause a new problem for you.
• And at the same time you recognize that you, and probably some of your friends, are drinking way too much.
• I know you’re worried that I’m getting addicted, and I guess I can see what you mean, but I really need more pain medicine. I don’t know how I would get through the day without it. If you won’t prescribe it, then I’ll find someone else who will.

• You understand my worry about dependence.
• It’s hard to imagine how you would get along without more medicine.
• One way or another, you’re going to get more medicine.
Skills in Evoking

- **Recognizing** change talk
  - Embedded change talk
- **Evoking** change talk
  - Evocation Coding Sheet
  - Strategic thinking
  - Evoking confidence

The Committed Smoker

What was she thinking?

Evoking Confidence

Evoking Client Strengths
Evoking Confidence: Speaker

- Topic: Something that you:
  - would like to do
  - have reason to do
  - is important for you to do
  - But also you are not sure whether:
    - you *can* do it
    - you have the ability to do it
    - You have the time/energy to do it, etc.

and/or
Listener

- Listen carefully with a goal of understanding the dilemma, but give no advice
- Ask these four open questions, and listen:
  - 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?
- Reflect and summarize confidence statements
Observer

- Use 4-process coding sheet
Skills in Evoking

- *Recognizing* change talk
- Embedded change talk
- *Evoking* change talk
  - Evocation Coding Sheet
  - Strategic thinking
  - Evoking confidence
  - CT bingo
  - Using summaries
- *Responding* to change talk

Bouquets

Easy as 1-2-3(4)
EASY AS 1-2-3
Responding to Change Talk
Easy as 1-2-3

• Write down 3 or 4 statements about some change that you are thinking about making within the next six months:

  • 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?
Responding to Change Talk
All EARS

- E: Elaborating: Asking for elaboration, more detail, in what ways, an example, etc.
- A: Affirming – commenting positively on the person’s statement
- R: Reflecting, continuing the paragraph, etc.
- S: Summarizing – collecting bouquets of change talk
Easy as 1-2-3 (One Step)

• Sit in a circle of 6, including an observer
• 1. One speaker offers a change talk statement
• 2. Person to the right (listener) responds once by:
  • Evoking elaboration, example, etc. or
  • Affirming or
  • Reflecting
• 3. The original speaker gives a natural reply
• Then the listener becomes the next speaker
Easy as 1-2-3: The Observer

- Observer is not a speaker or listener
- For each 1-2-3 sequence record:
  - 1. Was it change talk? (+ or -)
  - 2. How did the listener reply?
    - E, A, R, or X (other)
  - 3. Was the speaker’s reply change talk? (+ -)
- If you want more of a challenge, think about what kind of change talk it might be:
  - D A R N - C A Ts
Easy as 1-2-3-4

Speaker offers a change talk statement (a)

1. Person to the right responds by *Elaborating*
   - evoking elaboration, example, etc.
   - and the speaker responds naturally (b)

2. Next person responds by *Reflecting a/b*
   - and the speaker responds naturally (c)

3. Next person responds by *Affirming a/b/c*
   - and the speaker responds naturally (d)

4. Next person responds with a *Summary of abcd*
   - And the original speaker responds naturally (e)

Then the first listener becomes speaker
Observer: How did each speaker respond to E,R,A,S?
Measuring Evoking

- Globals: Spirit (Evocation)  Direction

- Clinician Behavior
  - Open questions (to evoke change talk)
  - Sequential coding  pEARS::CT  (Missed opportunities)

- Client
  - Change talk
  - CT:ST ratio
LEARNING TO PLAN
Mental Shifts in Planning

- Planning as an *ongoing* process (into implementation)
- Using the client’s expertise
  - You don’t have to provide all the answers
  - Balance with appropriate use of professional expertise

- Three scenarios:
  - Clear plan
  - Menu of options for how to proceed
  - Unclear (Planning funnel: Moving from general to specific)

*The Confused Artist*
Skills in Planning

• Testing the water (e.g., recapitulation, key question)
• Negotiating a plan
  How will you know it’s working?
• Recognizing CATs
• Evoking CATs
  Implementation intention
  • Calling the CATs
• Plan B inoculation
Measuring Planning

- **Global:** Implementation Intention?

- **Clinician Behavior**
  - Is there discussion of one or more specific actions that the client could take toward a focal goal?
  - Does the clinician attempt to elicit activation and commitment language for this action?
  - e.g. Open questions about *doing* (CATs)

- **Client:** CATs
Calling the CATs

• Work in groups of 3
  • Speaker, Interviewer, Observer
• Interviewer: “What have you learned in this workshop that you can put into practice?” Then do your best to evoke CATs
• Observer: Listen for CATs and write them down