MI-PB

Motivational Interviewing Practice Blueprint
Edition: July 2016

Jeff Allison

CONTENTS

THIS BOOKLET

This booklet describes the Motivational Interviewing Practice Blueprint (MI-PB). The MI-PB is a framework for practice development coaching. It is designed to be used by trainers, coaches and practitioners as an aid to achieving a sustained level of demonstrable competence in the practice of motivational interviewing (MI). The MI-PB describes MI as it will appear to the primed observer when practised by a highly competent practitioner.

The MI-PB is not intended as a research instrument.

FOCUS

The description of MI practice in this booklet is non-specific. When first studying the MI-PB it will assist understanding to think about a practice context familiar to the reader.

TERMS

The word 'practitioner' is used throughout to refer to the person practising or learning to practise MI. This is the best fitting generic noun for the UK.

The personal pronouns 'her' and 'she' are used to represent both sexes.

The word 'patient' is used as a synonym for 'client', 'beneficiary', 'service user', etcetera.

DIVERGENCE

Those familiar with Miller & Rollnick (2013) Third Edition 'Motivational Interviewing Helping People Change' will notice that the four processes schema discussed in that book plays no part here.

LANGUAGE

Effort has been made to use clear English. It is acknowledged that some words and phrases may not have precisely the same meaning outside the UK or when translated.

Users making translations are requested to inform the author. Note that accurate translation of the targets has already proved difficult. Back-translation should be used to test reliability.

CITATIONS

No research citations are provided in this booklet. Visit: http://www.motivationalinterviewing.org/motivational-interviewing-resources.

CONTACT

Jeff Allison | jeff@jeffallison.co.uk | Jeff Allison Training Ltd
During the last twenty years JAT Ltd has provided services for more than 300 commissioning organisations in 18 countries.

WHAT'S IN THE BOX?

The MI-PB describes ten practitioner behaviour sets considered to be targets for attaining the highest standard of MI-consistent practice. Taken as a whole, the ten targets amount to a comprehensive account of the observable practice of motivational interviewing *done well.* The targets are not listed in order of importance but do form an unfolding narrative sequence. The first eight targets are regarded as indispensable components of MI, while the last two will be less relevant in some conversations. Each target definition has its own elaborations, further expanding the description.

The MI-PB provides a series of lenses through which practice performance is brought into focus, while the accompanying impressions schematic (Tables 1 & 2) offers a simple measure of the distance, should there be any, between the observed practice and each exemplar definition. The MI-PB assists the user in making judgements about how close the practice performance under consideration is to a particular target.

Note that the MI-PB is not intended as a replacement for the summary definitions offered by Miller & Rollnick and others. Those definitions and the MI-PB sit adjacently and describe the same complex psychological intervention from slightly different viewpoints, and for different purposes. The MI-PB can be regarded as an alternative guidebook to the same town.

MI-PB COMPONENTS

- Definitions
- Target Behaviour Set Descriptions
- Table 1: Impressions Inventory
- Table 2: Impressions Chart

ORIGINS

The MI-PB is derived largely from the MITS (2012) [Visit](): http://www.motivationalinterviewing.org/sites/default/files/MITS_2.1.pdf. The MITS was an assessment instrument developed by the now defunct MiCampus BV as part of a practitioner certification procedure. In developing the MI-PB, the author acknowledges the earlier contribution of his collaborators, Rik Bes and Gary Rose.

BACKGROUND

With regard to professional conversations about behaviour change, it is generally the case that greater MI-consistency is associated with productive practice. This is an evidence-based conclusion, although effect sizes are moderate. The more MI-consistent the practitioner's style, the more likely she will exert an influence on outcome in a manner which the patient will find helpful and constructive. So what does MI-consistent practice look like? The MI-PB attempts to provide an answer.

Any professional conversation about change may be investigated for its MI consistency even if the practitioner has never heard of MI. Elements of MI consistency may be naturally occurring or coterminous with other similar conversational methods. The use of the MI-PB will enable practitioners to form an opinion about how adeptly they are using this method – intentionally or otherwise – and where their strengths and weaknesses may lie.

MI is not a substitute for subject-specific professional expertise. It is, however, a conduit through which such expertise may be provided. As such, while not seeking to become MI specialists, practitioners may wish to establish the extent to which their performance within their own field is consistent with MI.

MI is rarely used as a 'stand-alone' therapy. The employment, more frequently, is one of integration as a reference method – a platform on which work is done. In diverse professional settings, what we might term 'lessons from' MI are implemented. Wherever difficult conversations about change occur, where issues of seriousness, reluctance or uncertainty are centre-stage, practitioners use the style and techniques of MI to improve engagement and enhance effectiveness.

Most professions do not regard competence in MI as a prerequisite for practice. Rather, MI is described by some practitioners as, 'something to call upon in some circumstances'. Other practitioners assert that they use MI on a daily basis yet, on examination, the evidence appears not to entirely support the assertion. What is to be done when practitioners in training contend that MI already is an established part of their repertoire? Questions arise concerning the extent to which such practice is MI-consistent. The MI-PB provides a framework for comparing and contrasting common practice with exemplar descriptions.

RATIONALE

Patients are unlikely to make judgements about the helpfulness, or otherwise, of practitioners based on the number or type of conversational artefacts present in a conversation. More likely, it is a gut feeling, a summation effect, and perhaps difficult to put into words. A patient might say, "There's something about that nurse I just like. She's so helpful and kind!' A recording of that consultation might reveal the nurse offering a high proportion of complex reflections and working to build a collaborative ambience, or indeed a long list of relevant observable ingredients. The patient, however, chose 'kind' and 'helpful' to describe the practitioner.

It is suggested that the impressions gained by the impartial professional observer using the MI-PB would correlate significantly with those of the patient in the consultation being observed. The differences would lie in the particulars. The ten target behaviour sets in the MI-PB provide the detail that our hypothetical patient distilled as 'kind' and 'helpful'. The patient may be content with the distillation, but discussion of the detail is required to develop proficiency in achieving and maintaining a heightened state of MI consistency. For the purpose of training and coaching, the adjectives 'kind' and 'helpful' are insufficient. What must be understood in depth is what the practitioner was doing – and not doing – to cause that conclusion. The presumption is that the closer the practitioner comes to the architype behaviour sets in the targets the more likely it is that a positive conclusion will follow. The converse is also presumed to be the case. The more detail available for discussion the more likely the practitioner in training will benefit from the experience.

PREPARING THE PRACTICE EXAMPLE

An example of the practitioner's work is required as the focus for discussion. Two questions start the process of obtaining and preparing an example; what will be most useful and what will be possible? The first is relatively straightforward to answer while the second can only be addressed by users. The suggestions below are based on the early development work for the MITS, the author's experience of coaching over the last twenty years and the use of the MI-PB as a coaching framework.

Note that no suggestions are offered here regarding the obtaining of informed consent. This is a local matter and the prevailing regulations must be observed.

- The conversation selected for an example should have at least one self-evident behaviour change target, focal problem or issue for discussion.
- The example should be of a complete conversation – one where the start and end are recognisable, irrespective of its length.
- If the conversation is recorded, the quality should be good enough to hear clearly every word spoken by each party. Poor sound quality may result in inaccuracies if a transcription is to be attempted.
- Conversations with patients invariably are more useful than simulated conversations, although real-play conversations may provide an adequate substitute. Simulated role-play is best avoided unless no other options are available. In general, the order of usefulness is; consultations, real-play, and simulated role-play.
- An example should have no more than three people present and speaking: a single practitioner (their work being the focus), the patient, and an accompanying friend or family member.
- Recorded examples are more useful than live observed practice, since the latter cannot be revisited other than by recall and from contemporaneous notes. A sound recording with an accurate transcription is more useful than one without. Note that a transcription without its source recording may reveal little of the conversation's nuances and appear rather lifeless. The author's preference is for audio rather than video recordings, but this is a matter of coaching style. There are, no doubt, advantages to both.
- The most common form of practice example is the single conversation. In general, more material is better than less. The optimum length is between thirty and forty-five minutes. Less than thirty minutes is not advisable.
- Practitioners working in settings with consultation times shorter than thirty minutes might use a number of brief recordings bundled together to achieve at least the preferred minimum: six examples of five minutes, three examples of ten minutes or two examples of fifteen minutes. A variety of patients is preferable.
- Most trainers, coaches and practitioners regard transcriptions as desirable, though not essential. The time and effort required to transcribe recordings

with sufficient accuracy can be burdensome. The advantage, though, of a good transcription is that all parties may discuss, with greater ease, the example's precise detail. The circumstances and resources available will determine the decision to transcribe or not.

- The MI-PB lends itself admirably to group coaching, where practice is observed in simulation exercises. The trainer or coach should use it as they see fit, having first become thoroughly familiar with the targets.

GAINING AN IMPRESSION OF MI CONSISTENCY

The MI-PB is designed to give structure to the user's overarching impressions of the practice example. When the example is composed of more than one component, the collection should be considered as a whole. If the example is recorded the user may find it helpful to repeat this task while making notes.

The guiding question for forming an impression: considering the practice example as a whole, how close is the practitioner's performance to each target description?

The sense a practitioner makes of her own work is always essential material for coaching. Accordingly, it is recommended that all parties independently complete Table 2.

USING TABLES 1 & 2

Having formed an impression for each target under discussion, the user selects the one statement in Table 1 that best fits the impression gained. The selected statements are then charted in Table 2.

DISCUSSING IMPRESSIONS

The MI-PB provides a detailed description of MI, yet its use for scrutinising practice is wholly impressionistic. This apparent contradiction is intentional. The main task for the ensuing collegial discussion will be to explain and explore what prompted the conclusions reached by each party – how might the similarities and differences be explained? The strength of the MI-PB lies in the contradiction between the detailed description of MI and the impressionistic mode of practice scrutiny – debate will illuminate the practice example.

This procedure may be used periodically to gauge the extent to which the practitioner's work is changing over time and will help to identify those areas of performance requiring attention.

A BRIEF NOTE ON COLLABORATIVE COACHING

The exploration and resolution of change-related ambivalence using MI is not a simple matter. Someone once said that it takes no more than an hour to understand the gist of MI but a year to learn how to do it. The contrast is instructive. The acquisition of established proficiency requires sustained determination on the part of the practitioner. The explanation for this is demonstrated by the many elements in the targets – there are numerous plates to be spun all at once.

A few general comments on coaching are offered:

- An impatient or insensitive coach can be very discouraging for the practitioner. Such an experience may lead to disengagement.
- No one should feel disheartened as a consequence of coaching. Good quality coaching encourages an attitude of curiosity and optimism in the practitioner, and increases her capacity for self-development though reflective practice.
- The 'guiding hand' of MI has particular relevance for the coaching task: a respectful, thoughtful, gentle and fair manner is always appreciated. Consider, particularly, how 'Target 7: Evocation' might inform the process.
- Work to forge common agreement on all things. Attend carefully to any inconsistencies in perspectives, particularly with regard to the practice example.
- Practitioners should provide feedback for coaches. This is a necessary part of the process and not an optional afterthought.
- When dancing, it is far better to avoid treading on your partner's toes than to offer fulsome apologies having done so. Trainers and coaches are advised to tread carefully; everyone prefers to feel comfortable in acknowledging the desirability of change.

DEFINITIONS

A simple definition of MI:

- Motivational Interviewing is a collaborative conversation to strengthen a person's own motivation for and commitment to change.

Miller & Rollnick (2013) Third Edition 'Motivational Interviewing Helping People Change' Guilford Press: New York.

A definition of ambivalence:

- The tension between several courses of action each having perceived costs and benefits associated with it. Such contradictions often result in an immobilising state of indecision.

It has been suggested that ambivalence lies at the heart of a patient's reticence about change. If this is true then the principal task of MI may be thought of as the exploration and resolution of ambivalence.

A definition of MI practice:

- The observable performance of MI, the practitioner's explanation of that performance, and the evidence in the explanation of the practitioner's knowledge and understanding of MI.

The MI-PB is designed to provide a framework within which the practitioner's observable performance may be discussed. The performance is regarded as the intentional utilisation and manifestation of the practitioner's knowledge and understanding of MI.

A definition of MI consistency:

- The performance of MI in a manner consistent, to a greater or lesser extent, with the ten target behaviour sets described in the MI-PB.

The MI-PB is designed to provide a framework for considering the degree to which the practitioner's performance is MI-consistent. MI consistency is rarely a steady-state phenomenon. It is more likely to be observed as a fluid tendency, with the practitioner either approaching or retreating from each exemplar target behaviour set. The five impression statements in Table 1 are designed to acknowledge the variability of common practice.

TARGET 1: ACTIVITY	
SUMMARY	Target 1 describes a group of three distinct primary activities within which the other target behaviours may be practised. The practitioner shifts between activities as appropriate. The choice of activity is determined by whichever will best serve the general strategic goal of enhancing the probability of change. In shorter consultations the primary activities may form a functional sequence.	
DEFINITION	The practitioner gives emphasis to the primary activity that best serves the consultation's stage, and demonstrates a capacity to change activity, as appropriate, to maintain impetus and helpfulness.
ELABORATIONS	primary activity: the target contains three primary activities: Considering, Discussing and Advocating. The practitioner's prevailing task shifts with each activity. appropriate: the practitioner demonstrates a capacity to change activity swiftly and effectively when the greater advantage of another activity becomes apparent.
CRUX ELABORATIONS	Considering: the prevailing task is one of deliberation. The practitioner works to better understand the nature of the predicament forming the conversation's focus. The patient is largely to the fore and contributing most of the conversation's content. Keyword: formation. Discussing: the prevailing task is one of building mutual appreciation of the nature and resolution of the focal predicament. The practitioner works to evoke from the patient the arguments favouring change. Both parties contribute equally to the conversation. Keyword: alliance. Advocating: the prevailing task is one of employing professional knowledge and judgement (expertise). The practitioner offers commentary/information/advice to assist the patient in forming a considered opinion as to the preferred course of action. The practitioner is largely to the fore and contributing most of the conversation's content. Keyword: guidance.

TARGET 2: POSTURE	
SUMMARY	Target 2 describes the manner in which the practitioner conducts herself throughout the conversation. It is an unchanging 'way of being' resulting from a set of attitudes adopted and maintained for the challenge of helpful and productive engagement. This posture is consistent with enhancing effectiveness, common decency and, above all, doing no harm.	
DEFINITION	The practitioner gives evidence of being compassionate, courteous, respectful, considerate, serious, caring and friendly. The practitioner acts as a benevolent witness to change.
ELABORATIONS	evidence of being: these adjectives may be regarded as aspects of a general attitude, sometimes to the fore, at other times less prominent. benevolent witness to change: this expression attempts to capture the essence of what is meant by posture. It is intended to suggest a compassionate way of being, in which the practitioner conveys acceptance and abiding confidence in the capacity of the patient to resolve the difficulties under discussion, and a willingness to attend the process, as appropriate.

TARGET 3: NAVIGATION	
SUMMARY | Target 3 describes the skills of guiding the conversation in a promising and ultimately productive direction while taking the patient along as a willing collaborator and without causing disengagement. The absence of particular responses from the patient indicates how well the practitioner is doing.	
DEFINITION	The practitioner navigates the conversation so that discussion of the focal predicament and its resolution is maintained largely at the centre. This is done without causing a discordant ambience or resistant behaviour from the patient.
ELABORATIONS	navigates the conversation: the practitioner largely determines the direction, focus and content of the conversation by the use of conversational devices or tactics. The practitioner apparently is aware of a favourable course for the conversation and how best to negotiate its precarious moments. The word 'navigation' includes the notions of 'position' and 'course'.
	discordant ambience: an atmosphere of reticence, distrust, friction, anger, or conflict – any one, some or all of these.
	resistant behaviour: opposition in apparent feeling, speech or behaviour towards the practitioner or her organisation. The expression by the patient of unfriendliness, disagreement, antagonism, or hostility toward the practitioner. Such behaviour may be sustained or transient. Sustain talk and resistant behaviour are not the same phenomenon.

TARGET 4: COLLABORATION	
SUMMARY | Target 4 describes an unmistakeable impression of purposeful collaboration to which all parties actively contribute. This prevailing mood is evident from both the practitioner's and the patient's speech and demeanour.	
DEFINITION	The practitioner fosters a collaborative ambience in the conversation and encourages the patient to articulate her ideas so that these are placed at the centre of the conversation. Any decisions are reached with a sense of purposeful partnership.
ELABORATIONS	collaborative ambience: a dynamic feeling, mood or quality of teamwork and partnership, either lasting throughout or existing in parts of the conversation, as appropriate. The practitioner gives no evidence of being impatient and appears able to exercise self-restraint. purposeful partnership: defined as, practical cooperation focussed toward mutually agreed goals.

TARGET 5: INDEPENDENCE	
SUMMARY	Target 5 describes a foundation aspect of the relationship, in which the practitioner works to establish, legitimise and maintain recognition of the patient's independence with regard to all matters pertaining to the focal predicament.	
DEFINITION	The practitioner is encouraging, supportive and accepting of the patient's independence. The practitioner seeks to enhance the patient's sense of control and freedom of choice.
ELABORATION	seeks to enhance: the practitioner takes every opportunity to encourage the patient to accept responsibility for decision-making – to see themselves as occupying the 'driving seat'. At the same time the practitioner emphasises her own role as being principally in the service of the patient. In other words, the practitioner works to correct the customary power relations imbalance in such transactions.

TARGET 6: EMPATHY	
SUMMARY | Target 6 describes the core competency of using empathic reflection in a discriminating manner. Its many purposes include achieving and maintaining congenial relations, piloting the course of the conversation, developing an understanding of the patient's predicament and cultivating the case for change.	
DEFINITION	The practitioner attempts to demonstrate accurate understanding of the patient's thoughts and feelings through the use of reflective statements. The practitioner appears to be genuinely interested in the patient, the focal predicament and its resolution.
ELABORATIONS	attempts to demonstrate: the practitioner's efforts to offer accurate reflections are prompted by her apparent respectful yet persistent curiosity regarding all matters germane to the focal predicament and its resolution. While the accuracy or frequency of reflective statements may vary, the enduring impression given is one of 'striving to understand'. reflective statements: in exceptional circumstances, the common understanding of a reflective statement may be broadened to include an utterance that appears to be 'hypothesis testing' even when the practitioner's vernacular style seemingly transforms a statement into a question. The practitioner's apparent intentions and the patient's responses should be a consideration in gauging usefulness.

TARGET 7: EVOCATION	
SUMMARY	Target 7 describes the particular skills and tactics for assisting the patient to articulate the arguments in favour of change and ideas about how change could be achieved. An evocative style is maintained throughout the conversation with no evidence of the practitioner attempting to overtly persuade the patient.	
DEFINITION	The practitioner encourages the patient to articulate her own motivations for change. She does not attempt to inform, advise or direct the patient in an unsolicited manner. When the patient articulates her own motivations for change and ideas about how change might happen, these are accepted and explored by the practitioner.
ELABORATIONS	encourages: the practitioner offers well-crafted evocative questions, reflections, appreciations and summaries to assist the patient in articulating and consolidating change talk. This is both an active and reactive process. motivations: in this context, the patient's utterances include expression of the DARN & CAT components: reasons, desires, needs, abilities, commitment, activation and taking steps – some or all of these components. accepted: the practitioner offers gestures of appreciation to encourage and consolidate change talk.

TARGET 8: CONTRASTS	
SUMMARY	Target 8 describes the skills of causing the patient to consider apparent inconsistencies between the conversation's focal predicament and her goals, aspirations, beliefs or values, without evoking a sense of despondency or hopelessness. It is often in the expressed desire to correct such inconsistencies that motivation for change becomes evident.	
DEFINITON	The practitioner attempts to evoke, highlight and explore the ways in which the focal predicament is inconsistent with the patient's goals, aspirations, beliefs or values. This is done in such a way that the patient's sense of self-worth is maintained or enhanced.
ELABORATION	attempts to evoke, highlight and explore: where there may be an apparent advantage to be gained in developing discrepancy, the practitioner articulates, with due restraint, the possible contradictions in the patient's predicament. Such utterances are made more often in a reflective rather than an interrogative manner and are intended to evoke in the patient an appreciation of the gains to be made in change.

TARGET 9: DISTINCT TACTICS	
SUMMARY	Target 9 is concerned with the skills of employing, intermittently, particular conversational 'routines' that, when done well, greatly assist in clarifying the focal predicament and facilitating efficient progress. Such routines, by their design, offer short-cuts through the conversation.	
DEFINITION	When the practitioner uses distinct tactics, it is done with skilfulness.
ELABORATIONS	distinct tactics: refers to conversational devices or routines such as; agenda-setting, importance & confidence, a typical day, ask-share-ask, two possible futures and goal-setting & route planning, etc. The word 'tactics' is used to describe the arrangement of conversational procedure with a view to particular ends. skilfulness: with regard to a particular tactic, having good knowledge of its purpose, demonstrating practical ability in its application, and timeliness in its employment.

TARGET 10: INFORMATION & ADVICE	
SUMMARY | Target 10 is concerned with the skills of offering information and advice with effect; that is, in such a manner that the patient will at least consider it, if not act upon it.	
DEFINITON	When the practitioner offers information/advice, it is done with skilfulness.
ELABORATION	skilfulness: before offering information/advice the practitioner either expressly asks for permission, or offers information/advice in a non-judgmental, neutral manner. The practitioner conveys information/advice with clarity. Where possible, advice is offered with options. The practitioner discusses the patient's understanding and the meaning or value attached to the information/advice. The information/advice offered suggests that the practitioner has good knowledge of her subject.

TABLE 1: IMPRESSSIONS INVENTORY
1. Observe the practice example in its entirety.   2. Choose <u>one</u> statement from the list below (A-E) that best describes the practitioner's performance for each target. Definitions are provided for adjectives within each statement.   3. Chart your impressions in TABLE 2 on the next page.

<u>A</u>	The evidence <u>completely</u> or <u>almost</u> completely supports the target definition
<u>B</u>	The evidence <u>substantially</u> supports the target definition
<u>C</u>	The evidence <u>moderately</u> supports the target definition
<u>D</u>	The evidence <u>partly</u> supports the target definition
<u>E</u>	There is <u>no</u> <u>evidence</u> or <u>almost</u> no evidence to support the target definition

completely	With everything necessary; to the highest degree. Synonyms: to the full extent, wholly, entirely, totally, altogether, comprehensively.
almost	For the most part; very nearly all. Synonyms: all but complete, on the verge of, within sight of, not quite, within an ace of.
substantially	To a great extent; to a large degree. Synonyms: considerably, more than adequately, amply, largely, mainly, on the whole.
moderately	To some extent; to a mainly sufficient degree. Synonyms: reasonably well, somewhat, middling, passably, nominally, tolerably.
partly	In part; to some degree. Synonyms: at the least, in a manner, in small part, to some extent, slightly.
no evidence	In no part; to no degree. Synonyms: not any, nothing, not a bit, not a hint.

✔	T 1 Activity	T 2 Posture	T 3 Navigation	T 4 Collaboration	T 5 Independence	T 6 Empathy	T 7 Evocation	T 8 Contrasts	T 9 Distinct Tactics	T 10 Information & Advice
TABLE 2: IMPRESSIONS CHART										
1. Tick the box that corresponds with your impression for the particular target.										
Statement A										
Statement B										
Statement C										
Statement D										
Statement E										

LAST THOUGHTS: IS THERE SOMETHING MISSING?

Why is it that some practitioners appear to find it more difficult than others to 'do' MI effectively? The explanation is not straightforward, but how MI is taught might have little to do with how it is learned or adopted. Could it be that some are unlikely to make effective practitioners – irrespective of the nature of their training – because they have an insufficiency or absence of professional curiosity? Below are a few thoughts about the role of curiosity in the busy machine of conversations about stuckness and its antagonist, locomotion.

What does it mean to describe a patient as stuck? Stuckness may be described as being held fast, or being puzzled, or being attached or, interestingly, as an appreciation of its opposite. The last suggests dissatisfaction and a desire to be set free.

'Stuckness' denotes an unyielding condition regulated by dominant influences. Such influences contrive to maintain the predicament, while any countervailing influences are inadequate to provoke alteration. Patients take on the aspect of a gyroscope. But even the condition of the gyroscope must eventually decay and alter. Since all things ultimately change, the only unknowns are the direction and pace of alteration, and the determinants.

A key question for teaching MI is simple to define yet thorny in nature: if the practitioner is to influence the direction or pace of change, how should she behave and what is she to do? That is to say, how is she to topple the gyroscope? Perhaps one answer is that she must be persistently curious. How might such professional curiosity be explained in the context of MI practice?

Curiosity is prompted by the tension resulting from two interconnected thoughts; '*I do not understand*' and, '*I want to understand*'. The first is an acceptance of the strangeness of others – the unknowable quality, the partial view, and the obscured truths. In this, the essential postures of acceptance and humility sit together. The second is the desire to be helpful in the face of stuckness – the exploration of contradictions, of puzzles, and of complexity. To be curious (in this context) is to be frustrated and impatient with oneself.

A curious manner is a means to an end. If change in a patient's behaviour is borne of change in perspective, what might cause such change? If the several voices – the 'committee' within the patient – are to be heard and understood, the practitioner, granted the role of committee chair, must facilitate the committee's negotiations. The proposal here is that the sustained and respectful curiosity of the practitioner fosters a reciprocal curiosity within the patient; '*I do not understand myself*' and, '*I want to understand myself.*' This is a mechanism for progression.

In this mechanism the practitioner's initial lack of understanding is to her advantage, since it places the patient in the stronger role, that is, as the source of comprehension. However, such an advantage is of little use in promoting change if it

does not act as an irritant provoking curiosity. Professional curiosity is a desire to make sense of complex riddles in the company of the patient. Ignorance should be unsatisfying and frustrating for the MI practitioner because its resolution may pave the way for helpfulness. This process for 'making sense of things' presumes that in the light of greater comprehension comes greater control and sounder choices. This is consistent with a foremost objective of MI; to assist the patient in gaining greater control of her predicament.

If it is the case that persistent and respectful curiosity sits at the heart of constructive conversations about change, then maybe this a missing item in the customary descriptions of MI and explanations for the method's usefulness.

The word 'spirit'[1] – which suggests necessary and invariable qualities – has been used by Miller & Rollnick to depict the nucleus of the MI method. An absence of 'spirit' would therefore suggest a misrepresentation of MI practice. Within the English-speaking MI community the word plays a pivotal role in defining MI. There is also general assent regarding the aggregation of terms to be used for naming the spirit's components: 'partnership', 'collaboration', 'compassion', 'evocation' and 'acceptance'. The behaviour named as 'acceptance' is deconstructed to four additional components: 'absolute worth', 'autonomy', 'accurate empathy' and 'affirmation'[2].

Why is professional curiosity and its role in promoting change so neglected in this aggregation? Neither is the word 'curiosity' to be found in the glossary provided in the MI-3 textbook. And similarly remiss is the MI-PB where the phrase only appears within 'Target 6: Empathy'. Perhaps 'professional curiosity' cannot be constrained in a behaviour set because it is something more fundamental. Could it be that this is a hidden undercurrent of effective practice? It seems likely that its insufficiency or absence explains, in part, the less-effective practitioner.

Of course, all of this is largely conjecture – who can say that they really understand what's going on during processes of transformation? That said, if these ideas make sense to other trainers then further exploration is indicated.

---

[1]   Readers will have noted that 'spirit' is not a term used in the MI-PB although its components are dispersed within the target descriptions. It could be argued that a proper grasp of the component terms renders the concept of 'spirit' redundant.

[2]   The word 'appreciation' is preferred in the MI-PB.