

# The Case of Julia

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The case of Julia is an unfolding case example that illustrates the component tasks of motivational interviewing (MI). The actual client's name, identifying information, and personal details have been changed in order to protect client confidentiality and anonymity. The interview as presented here compresses content from several sessions.

The opening segment illustrates the *engaging* process of MI, using OARS skills (open questions, affirmation, reflection, and summary) to gain a beginning understanding of the client's dilemma and to build a collaborative working alliance. There is no particular focus at this point, but rather an exploring of the client's presenting concerns. Commentary has been added in the right-hand column to highlight key aspects of the interaction.

INTERVIEWER: Hello, Julia. Thank you for coming in a little early and completing the paperwork our receptionist gave you. I've looked it over, and I'll have some other questions to ask you later, but right now I just want to start fresh and understand what brings you here today. What's happening, and how do you hope we might be able to help?

*Affirming*

*Structuring*

*Open question*

JULIA: I don't know exactly what you do here, but I feel like I'm falling apart. I don't have any energy. I don't know what's going on with me. Maybe I need some pills.

INTERVIEWER: You're feeling upset and confused, and maybe a little surprised, too.

*Complex reflection*

JULIA: Surprised . . . well, yes. I never thought I'd be acting this way.

INTERVIEWER: One confusing thing, then, is you don't understand why you're doing what you're doing. What's been happening?

*Complex reflection*

*Open question*

JULIA: I just broke up with my boyfriend. I mean we've been living together and I thought he loved me, but he's just so distant. He won't talk to me, and I think maybe he's seeing someone else. Anyhow, he told me I'm crazy.

INTERVIEWER: What you did surprised him, too.

*Reflection—making a guess*

JULIA: I just lost it. I started screaming at him, throwing things at him.

INTERVIEWER: What were you throwing?

*Closed question*

JULIA: Glasses . . . things from the sink. A coffee pot.

INTERVIEWER: You really wanted to hurt him.

*Complex reflection; continuing the paragraph*

JULIA: I don't know. I just lost it. I don't usually act like that. It's embarrassing even to tell you about it.

INTERVIEWER: I appreciate your being really honest! So nothing like that has happened to you before.	<i>Affirming</i>
JULIA: Well, it has, actually. That's one reason I decided to come here. Maybe he's right. Maybe I am crazy.	<i>Reflection—testing a hypothesis</i>
INTERVIEWER: This blowup wasn't the first time that's happened to you.	<i>Even when a reflection is incorrect, it tends to evoke new information.</i>
JULIA: Men just drive me crazy. This is the third guy I've lived with, and they all kind of ended in the same way. I just seem to fall in love with the wrong guys.	<i>Correcting the reflection</i>
INTERVIEWER: Kind of like a pattern that's repeating itself.	<i>Reflection</i>
JULIA: Yes! It's so . . . I'm sorry. <i>(Pauses, cries a bit)</i>	
INTERVIEWER: These are really strong feelings. It's pretty painful that this has happened once again.	<i>Reflection of feeling</i>
JULIA: I can't sleep. I can't think. I'm a mess at work. I was waiting on a customer this week and just started crying for no reason. I think I'm losing it.	
INTERVIEWER: That frightens you, not understanding what's going on with you.	<i>Reflection of feeling</i>
JULIA: It's just so discouraging! I was so happy with Ray when we were first together. There's this soft teddy bear inside his tough exterior, and that's the man I loved, but then he wouldn't open up to me anymore.	
INTERVIEWER: And that annoyed you.	<i>Reflection; continuing the paragraph and undershooting</i>
JULIA: Yes! It's such a waste for him to stay locked up inside there, and I was lonely even though we were living together. Anyhow, he's gone now. He moved out. It's over.	
INTERVIEWER: All right. What you've told me so far is that these really strong feelings, and how you've reacted, are scaring you a little.	<i>Starting a collecting summary</i>
JULIA: <i>(Interrupting)</i> A lot, actually.	<i>Understated reflection of feeling</i>
INTERVIEWER: Scaring you a lot. You're not sure what's going on, and you've wondered whether medication might help. You're having trouble sleeping and concentrating at work. You really blew up at Ray and felt out of control, and you're also wondering about what seems like a painful pattern that repeats itself in your relationships with men. What else?	<i>She corrected by amplifying.</i>
JULIA: That's most of it, I guess. I just feel like I'm on the edge of losing it. After Ray left, I hated myself and I cut myself. I saw the broken glass on the floor, and I just picked up a piece . . . <i>(Pulls up a sleeve to reveal two long cuts running up her arm)</i>	<i>Collecting summary</i>
INTERVIEWER: You were in that much pain. It seemed like the right thing to do at the time.	<i>Open question</i>
	<i>Complex reflection</i>

JULIA: I don't know. It's like I wasn't even thinking. I never did that before. I wasn't trying to kill myself or anything.

INTERVIEWER: That was something new, so that's part of what scared you and brought you in today.

JULIA: Right. Do you think I'm crazy?

INTERVIEWER: That's really worrying you. You keep mentioning that you don't know what's happening to you, and so that's something you hope we can help with—to understand what's going on and what to do about it. I appreciate that it took some courage for you to come here today and talk about this.

JULIA: Thank you. I do feel a little better, just talking about it to somebody.

INTERVIEWER: Good! It often does help to talk things over. I can see there's a lot that's worrying you.

*Simple reflection*

*Reflection*

*Affirming*

*She signaled a beginning sense of engagement.*

This was just a beginning, but there seemed to be good progress with engaging. Julia was talking freely and was gradually volunteering sensitive concerns. It was tempting at various points to ask a series of fact-gathering questions. Some of that might eventually be necessary for agency procedures, for example, to establish a provisional diagnosis required for records. There can also be things that one does need to know sooner rather than later, such as whether Julia is at risk for suicide. A primary purpose at the outset, however, was to engage with the client and begin developing a working relationship. A wealth of specific assessment information is of no use if the client doesn't engage or return.

Thus far the focus of the consultation was unclear, although a picture was starting to emerge. Rather than a simple change goal, Julia presented with diffuse confusion and distress, the source of which was not yet evident. The next segment illustrates the *focusing* process of MI in this situation, where some formulation is needed in order to develop a beginning direction.

INTERVIEWER: Well, that's quite a lot that you have on your mind. Let me see if I have a beginning understanding of what's troubling you. You're angry and smarting from the breakup with Ray and wondering if there's a pattern that you will keep repeating in relationships. You're not sleeping very well, and you notice you have trouble concentrating. You don't have much energy, feel lonely, and sometimes you just break out crying for no apparent reason. But especially you wonder what's happening. You want to understand what's going on with you and worry that you're "losing it," maybe going crazy. You're feeling out of control sometimes—screaming, throwing, and breaking things. That's happened before when you broke up with boyfriends, but something new this time was cutting yourself, and that frightened you.

JULIA: Freaked me out. But it was also kind of a relief in a way, and that scares me, too.

*I began this segment with a long collecting summary of the concerns that Julia had expressed thus far.*

*In addition to double-checking that I understood correctly, a summary like this also serves to build a therapeutic relationship, showing that I was listening carefully and remembering what Julia said.*

INTERVIEWER: Like you might do it again.

JULIA: I don't know. I just don't know what's wrong with me.

INTERVIEWER: There's so much going on in your life right now that you hardly know where to start, and so you came here to the clinic.

JULIA: Yes. Do you think you can help me?

INTERVIEWER: Yes, I do. This all feels pretty strange to you, even coming here, but I've worked with women before who have had concerns like this, and I believe I can help. A good place to start, I think, is to get clearer about our goals in working together. If our work together were really successful from your perspective, what would be different?

JULIA: I guess I wouldn't feel so bad all the time. Should I be taking medication?

INTERVIEWER: That's one possibility, but let's talk first about where you want to go before we consider how to get there. So one thing you'd like to change is how you're feeling. Tell me a little more about that.

JULIA: I just feel upset and I'm crying a lot. I'm not sleeping and I feel worn out, run down.

INTERVIEWER: OK, you'd like to get your emotional life settled down some, to be able to sleep better and have more energy. What else?

JULIA: I want a good relationship.

INTERVIEWER: Tell me about that.

JULIA: I want to be with a man I can be close to, somebody who's interesting and will talk to me. Sex is good, but I want someone who really loves *me* and doesn't shut me out. Why do men do that?

INTERVIEWER: That's one thing that was so upsetting for you with Ray—feeling shut out.

JULIA: Yes! I just want to know why I keep screwing up all my relationships. What's wrong with me?

INTERVIEWER: That's another thing that upsets you—not knowing why you feel so bad and why these things happen to you. You want to understand what's going on with relationships and also with cutting yourself.

JULIA: Isn't that important—to understand?

INTERVIEWER: Clearly, it's important to you. You don't like feeling out of control, and there are some other things that you're clear about. You want to feel better, to have some peace inside, to be able to sleep and concentrate. You'd like to be in a relationship where you can love and be loved and

*Complex reflection—making a guess*

*Reflection*

*Asking for hope*

*Offering hope*

*Normalizing her concerns*

*Orienting to the focusing process*

*I avoided quick closure on one solution and continued to find the horizon.*

*Open question*

*A collecting summary*

*and an invitation to continue the list*

*Open question (although linguistically it is a statement)*

*Simple reflection*

*Reflection—accumulating a list of concerns*

*Although skeptical about the value of her gaining insight into “why,” I heard and acknowledged this as a priority for her within the context of a list of other concerns.*

feel close. And you think it would help if you could understand what's going on with you and why it's happening. Is that a good start?

JULIA: Yes. Especially understanding what's happening.

INTERVIEWER: That's a high priority for you, and I do have an idea that puts some of the pieces of the puzzle together—not all of them, mind you, but it makes sense of a lot of what you are experiencing, at least to me. If it's all right with you, we can talk about that next.

JULIA: Sure. What's your idea?

*Asking permission to share a formulation with her as one piece of understanding her dilemma*

*Permission granted*

In a simpler priority-setting process I might have asked where Julia would like to start—which of these concerns that she presented had highest priority for her as a focus. Her situation, however, is a good example of the third scenario (clarifying) discussed in Chapter 5, where there are many concerns and the challenge seems to be one of putting the puzzle together. Functioning as a guide, I had a working hypothesis to discuss with her as a possible way forward. The focusing process continues as an example of providing information in an MI-consistent manner (Chapter 11) and of the ask–offer–ask sequence.

INTERVIEWER: You're really struggling to understand what is happening to you, and I wonder if I might ask you what you know about depression.

*I began by eliciting what Julia already knew about depression—a working hypothesis.*

JULIA: I guess it's like when you feel really sad and down, maybe don't have energy to do anything. Do you think that's what I have?

INTERVIEWER: Well, if it's all right, let me describe some of what people experience with depression, and you can tell me what parts of this may fit for you.

*Asking permission*

JULIA: Yes, OK.

INTERVIEWER: Depression is really a set of different symptoms, and you don't need to have all of them. You don't even have to feel particularly sad. It's like when people catch a cold; they experience it in different ways. Some cough or sneeze a lot, some get a fever, some people feel really tired. You might or might not have a sore throat or lose your voice. Depression is like that—a set of symptoms that might or might not be present. Does that make sense?

*Providing some contextual information about depression*

*Asking*

JULIA: Yeah. What are the symptoms?

INTERVIEWER: One of them, as you said, is a sad mood, feeling down, crying. And people often seem to lose interest in the things that they usually enjoy.

*Providing more information*

JULIA: That sounds like me. I'm not having much fun lately.

*She responded without having to be asked.*



INTERVIEWER: All right. Another one is a change in sleeping patterns. Some people have trouble sleeping, and other people sleep a lot more than usual. And appetite can also change; some people gain weight and some lose it. Do you experience that?

*Providing two more bits of information*

JULIA: I'm certainly not sleeping well, but my weight hasn't really changed. I think I'm eating about the same.

*Asking*

INTERVIEWER: OK. And as I said, different people have different symptoms. You mentioned having a hard time concentrating, and that's pretty common with depression. Feeling tired most of the time. How about feeling bad about yourself, feeling worthless or guilty?

*Information (as a closed question)*

JULIA. DEFINITELY. THAT'S ME.

INTERVIEWER: And one more thing is that people who are depressed sometimes find themselves thinking about death a lot or of taking their own lives. What about that?

*Checking on suicide risk*

JULIA: I don't really think about killing myself. I don't think I'd ever do that, but I do think about dying sometimes, that it would put me out of my misery. Cemeteries give me a creepy feeling lately.

INTERVIEWER: All right—well, those are the common symptoms of depression, and it sounds like you have quite a few of them. Have I been clear? What else can I tell you about depression?

*Asking, to close the ask–offer–ask loop*

JULIA: It sounds like me.

Now there was a provisional focus for the consultation (depression), but what were Julia's own motivations for change? There were some clues in the prior conversation, but here the interview process shifted from focusing to evoking (Chapter 6). I picked up where we had left off in the prior session.

INTERVIEWER: Last time we talked about depression as a common clinical problem. In fact, depression is the most common problem that brings people to our clinic. We went through the signs of depression, and there were quite a few that you recognize in yourself. I guess the next thing I'd like to discuss is how you would like things to be different.

*Normalizing*

JULIA: I don't want to feel so bad about myself that I'm carving up my arm.

*Evocative question focused on desire language*

*Change talk (desire)*

INTERVIEWER: That really got your attention. You know how you *don't* want to feel. How *do* you want to feel?

JULIA: Normal, I guess. Happy. To have energy to do things again. When I broke up with Ray it just made me crazy. I feel like there's something wrong with me, that I always screw up my relationships.

*Change talk—desire*

INTERVIEWER: You'd like to feel happy and good about yourself again. What else?	<i>Selectively reflecting the change talk</i>
JULIA: I want to be with a man who loves me. I seem to attract guys who are hung up about telling me how they feel. I need a man I can talk to.	<i>Open question inviting more More change talk—desire Change talk—need</i>
INTERVIEWER: How important is that to you, to have a relationship like that?	<i>Evocative question focused on need</i>
JULIA: Very important. I don't want to be alone. I need to be loved.	<i>Change talk—need</i>
INTERVIEWER: You need that.	<i>Simple reflection</i>
JULIA: Yes! I don't want to keep destroying relationships. I don't know why I do that.	<i>Change talk—desire</i>
INTERVIEWER: Tell me a little about why you want to feel better.	<i>Evocative question focused on reasons</i>
JULIA: I just feel like I'm dragging around this heavy weight with me all the time. I like to have fun, but I've really become a drag to be with. I feel like even my friends avoid me.	<i>Change talk—reasons</i>
INTERVIEWER: It would be good to feel lighthearted, to enjoy life and being with your friends.	<i>Reflection</i>
JULIA: Yes it would. Do you think it's possible for me?	<i>Change talk</i>
INTERVIEWER: Well I was just going to ask you about that. What are some of your personal strengths? What might your friends say that you have going for you?	<i>Evocative question focused on ability</i>
JULIA: I don't know. They'd probably say that I'm stubborn.	
INTERVIEWER: That when you set your mind to doing something, it's going to happen.	<i>Complex reflection</i>
JULIA: Something like that. I don't feel that way now, but I've been pretty persistent in the past. I guess I have it in me.	<i>Change talk—ability</i>
INTERVIEWER: Give me an example. When have you done something or made a change in your life that really took some effort, maybe something you weren't sure at first that you could do?	<i>Asking for elaboration</i>
JULIA: Moving here. I had always lived in Ireland near my father and my sisters, and I moved out here all by myself.	
INTERVIEWER: Such a long way. That took some courage.	<i>Affirming</i>
JULIA: I just wanted to be on my own for a change, to get away. But now I feel too much on my own.	
INTERVIEWER: It takes a lot to move to a new place on your own. How did you do it?	<i>Evocative question</i>
JULIA: I had to find a job here, and I started going to classes at the university. I had to get used to a different culture, figure out the stores and banking system, and make some friends.	

INTERVIEWER: And you did it. That's a lot of change to manage.	<i>Affirming</i>
JULIA: I never thought much about it. I guess I can do it when it's important enough.	<i>Change talk—ability</i>
INTERVIEWER: So use your imagination here. Suppose that we work together and you are successful in making these changes. How might your life be different, say, 5 years from now?	<i>Looking ahead</i>
JULIA: I'd be married, maybe have a family. I'd have a better job that I enjoy more. I just wouldn't be stressing out like this all the time. A calmer life.	<i>Change talk</i>

It was not difficult to evoke change talk from Julia. She seemed to have plenty of motivations to make a change in her life. A next step, then, was to test the water for readiness to proceed with planning via a summary and a key question (Chapter 7).

INTERVIEWER: Well, thanks for all you've told me, Julia. You've been feeling a lot of turmoil in your life and I appreciate how honest and open you have been with me. Let me just pull together what you've told me, and then we'll see what the next step is. <b><i>You would really like to start feeling better, in general and about yourself, and to feel interested in things again.</i></b> When you got to feeling bad enough that you cut yourself, that kind of startled you and got your attention, and <b><i>it helped you decide that it was time to do something about it. You've been feeling really bad,</i></b> like you have been dragging a great weight around with you, and <b><i>you're rather tired of feeling like your friends avoid you. Friends are important to you.</i></b> In the longer run <b><i>you also want to have an open, warm, and loving relationship with a man.</i></b> You're a pretty resourceful person. <b><i>You moved here from Ireland all on your own and set up a new life for yourself. You're also a stubborn and persistent person.</i></b> Once you make up your mind to do something it's likely to happen. <b><i>You would like to understand what's been going wrong</i></b> in your relationships because somewhere down the line <b><i>you would like to be married,</i></b> and you also mentioned <b><i>finding a better job as a longer-term goal.</i></b> You've been through a lot of emotional pain, and <b><i>you're eager for a calmer and happier life.</i></b> So what would you like to do?	<i>Affirmation</i> <i>Recapitulation</i>
	<i>Notice that a summary collects the "flowers" of change talk into a bouquet. The bold italic text recapitulates Julia's own change talk.</i>
JULIA: I'm not sure what to do, but I know I can't keep going like I have been. Something has to change.	<i>Affirmation—emphasizing strengths</i>
INTERVIEWER: It sounds like you're ready to do whatever it takes to feel better and get on with a new life.	<i>Key question, orientation/ transition to planning</i>
JULIA: I am. I don't want to keep living the way I have been.	<i>Change talk—need</i> <i>Reflection, testing the water</i> <i>Change talk—Desire</i>



INTERVIEWER: Well, shall we talk about some possibilities, then?

*Key question—asking permission  
She signaled a readiness to proceed  
with planning.*

JULIA: Yes, please.

Planning is a collaborative process combining the expertise of the counselor and the client. I began the planning process by asking for Julia's own ideas about what would work for her.

INTERVIEWER: First of all, Julia, I would like to know what ideas you have for how you might start feeling better. No one knows you better than you do, and I'm sure you have tried some things in the past to lift your mood a bit. Tell me about those.

*Notice that evoking continues  
during the planning process.*

JULIA: Sometimes I have gone to a funny, romantic movie and it makes me smile, but it also reminds me of what I don't have in a relationship.

INTERVIEWER: Um-hmm. A pleasant movie is one thing that can lift your spirits sometimes. What else?

*Simple reflection  
Open question, asking for more*

JULIA: Getting out of my apartment. If I just sit there watching television with the curtains drawn, that's not good for me.

INTERVIEWER: You know that about yourself—getting out helps. And what do you do when you go out of your apartment?

*Reflection  
Open question for elaboration*

JULIA: I might just take a walk or arrange to see my friends. But like I said, it seems like they don't want to be around me so much anymore because I bring them down with me. What do you think I should do? Do you have some suggestions for me?

*She asks for direction.*

INTERVIEWER: Yes, I do. I already have a few thoughts of things you might try. I don't know very much about you yet, but you do, and I think together we can find what works for you.

*I support hope, emphasizing  
partnership and Julia's expertise  
regarding herself.*

JULIA: So what do you think I should do?

INTERVIEWER: Well, let's consider some options. You already know some things that have helped lift your mood in the past, like getting out of your apartment to take a walk, see friends, or go to a pleasant movie. I'm very interested in your own hunches about what you need and what will help you, so let's talk about some possibilities and then discuss together where to start, what might be best to try first.

*Orientation to brainstorming,  
respecting her own wisdom and  
choice*

JULIA: OK.

INTERVIEWER: One thing that seems clear to me is that you're struggling with depression right now. Tell me this, Julia. What do you already know about how depression can be treated?

*I began an ask-offer-ask sequence.*

JULIA: Not much. I've seen ads for pills.

INTERVIEWER: You've mentioned that several times, and it's one good option. What other possibilities do you know about?	<i>Continuing to evoke as part of the planning process</i>
JULIA: I don't know—talking about it maybe? What causes depression?	
INTERVIEWER: The good news is that there are several different approaches that work well. If you want, I can describe them to you briefly and you can tell me your hunches about which of them seem to fit you best.	<i>Orientation to a menu of options</i>
JULIA: OK.	<i>Asking permission</i>
INTERVIEWER: It seems there are several different things that can contribute to depression, a variety of ways that people sink into it. One of them has to do with thought patterns. Some people are super critical of themselves; they are often running themselves down or thinking about things in a negative way that keeps them upset. One approach helps people to examine and change their thought patterns. Does that make sense?	<i>Offering a bit of information—one possibility</i>
JULIA: Uh-huh. I do that.	<i>Asking for her reaction</i>
INTERVIEWER: You run yourself down. All right. Well, let me continue, because there are other possibilities as well. Some people just get into a situation or a lifestyle where they have very little happening that is positive. There's not much that is enjoyable or pleasurable in their lives. They spend a lot of their time doing things they don't enjoy or hearing negative feedback from other people. How does that fit?	<i>Offering (another hypothesis)</i>
JULIA: I don't know, it doesn't sound quite like me. I do enjoy going for a walk or seeing my friends, and when I have a good relationship with a man it's a real high for me. My work isn't all that great, but it's OK.	<i>Ask</i>
INTERVIEWER: So that one doesn't seem to fit your situation as well.	<i>Reflection</i>
JULIA: Right. I mean, you're the expert, so you would know better.	
INTERVIEWER: Actually I think we will know best together, and I trust your judgment on this. Ready for another one?	<i>Respecting client autonomy</i>
JULIA: Sure.	
INTERVIEWER: Sometimes people feel like they can't express their own needs or feelings very well. They let people walk all over them, or spend their time trying to meet other people's needs rather than their own. Inside they feel frustrated or angry, but they don't often express it openly.	<i>Offering another bit of information, another possible factor in depression</i>
JULIA: Oh, I express it all right. I don't think that's my problem.	<i>No need to ask this time—she responded without prompting.</i>

INTERVIEWER: Let me just check one more thing, though. Some people go back and forth between stuffing their own feelings and frustrations, and then blowing up. It's like the pressure builds up until there's an explosion. What about that?

*Ask*

JULIA: Like I told you, I've had some explosions in my relationships, but I don't think it was because I wasn't expressing my needs. I'm pretty good at asking for what I want, and sometimes that's what gets me into trouble.

INTERVIEWER: OK—one more idea. Sometimes depression just seems to come out of nowhere. Life is going along all right, and then gradually the person starts having trouble sleeping, breaks out crying, feels fatigued, and feels sad and worthless for no apparent reason. If you try to think up a reason to explain it you can probably find one, but the depression just seems to have a life of its own.

*Another hypothesis*

JULIA: Maybe there's some of that with me. Is that when people take medication?

*Again responding without an asking prompt; she seems to be getting the rhythm.*

INTERVIEWER: That's one reason, yes, but there can be other reasons to try medication as well.

JULIA: It seems like I have more than enough reasons for feeling down and upset. But I do wonder if medication would help me.

INTERVIEWER: That's very helpful, thanks. There are different treatments to try depending on which of these seems to be contributing to depression, and your strongest hunch seemed to be about how you run yourself down in your mind—things you tell yourself that get you feeling worse about yourself. A treatment that helps with this is called cognitive therapy.

*Beginning a change plan summary*

JULIA: I definitely do that.

INTERVIEWER: And then you also have wondered whether an antidepressant medication might help. Those are the two that you mentioned as seeming most promising.

*Continuing the plan summary*

JULIA: Which do you think I should do?

INTERVIEWER: It's not a matter of having to choose between them, because it's possible to do both. The research on this indicates that both cognitive therapy and medication are about equally effective, and we could start with either.

*Continuing the plan summary*

JULIA: That's a relief. I don't want to take medication if I don't have to—the side effects and all. If I can do it myself, I'd prefer that.

*Surprise—after raising the possibility several times she doesn't like the idea of taking medication.*

INTERVIEWER: One plan, then, could be to start with cognitive therapy and see how that goes for you. We can always keep other options open depending on your experience.

*Tying together the initial change plan*

Notice how collaborative and evocative the planning process is. Even when the interviewer is providing information, there are open questions and reflections. There is a temptation for the counselor to just take over when it comes time for planning. So a tentative change plan has been developed, but is it acceptable to Julia and will she commit to it? The next segment clarifies and confirms a plan with Julia.

INTERVIEWER: All right, Julia. Let me see if I understand what you want to do. The first time we talked you were feeling a bit out of control, scared about the explosion with Ray, and cutting yourself. As we talked, much of what you're experiencing fits together as depression, and addressing that seems like a first priority. I know that you have other important goals as well, like understanding what has been happening with your relationships. First, though, it makes sense to do something about your depression—to have more energy, sleep better, feel better about yourself. Is that about right?

*Summary*

JULIA: Yes.

*Checking*

INTERVIEWER: And as we discussed different ways to alleviate depression, you particularly picked up on your thought patterns as a contributing factor. I mentioned cognitive therapy as one approach that has been shown to work well, keeping other options open depending on your experience. So far so good?

*The summary continues into the change plan.*

JULIA: How long does that take?

*Checking*

INTERVIEWER: It varies, but normally we would meet weekly for about 2 months, probably twice a week in the beginning to get started.

JULIA: And how long before I get better?

INTERVIEWER: Again, it varies, but certainly you should feel quite a bit better within a month or two. If not, we will explore other options.

JULIA: Like pills.

*Encouraging hope*

INTERVIEWER: Like medication if that seems the next good option. I will work with you until we find what works for you. So that's our plan as I understand it. Are you willing to do that—come once or twice a week, work together for about 2 months, and see how it goes?

*Key question testing the water for commitment*

JULIA: Yes, that sounds good.

INTERVIEWER: So that's what we'll do then?

JULIA: OK.

*Signaling commitment*

INTERVIEWER: Then let's get started on Thursday. Is 4:00 possible for you?

JULIA: Yes, that's fine.

We did pursue cognitive therapy as a remedy for Julia's depression. She stayed with the process very well, did most of her homework assignments, kept journals of her thoughts and resulting feelings, generated antidote self-talk to practice when she was running herself down ("Now wait a minute . . .") emphasizing her strengths and inherent worth, and began feeling substantially better. Flagging motivation was not really a problem during the treatment process, but still she longed for an explanation that would account for her experience. Even though she recognized that changing her self-talk was helping her to maintain a more positive mood, she wanted to understand why she was having so much difficulty in relationships and she feared continuing to repeat the pattern. Then during our eighth session, on a hunch I asked her:

INTERVIEWER: Julia, what was your father like?

*Open question*

JULIA: He was gone a lot. He traveled, but when he was in town he was usually around at night. My sisters and I were always glad to see him, and he liked to tell us stories sometimes. He wasn't very affectionate—physically, I mean. He didn't hug or kiss us much. We always knew that deep down inside he loved us. He just wasn't the kind of man who showed it.

INTERVIEWER: Inside he loved you, but outside he was pretty reserved.

*Simple reflection*

JULIA: Right. It's like he was a little afraid of us maybe, afraid of getting too close.

INTERVIEWER: So sometimes you probably wondered if he really loved you.

*Reflection of feeling*

JULIA: No, not really, but it would have been nice for him to show it more. He wasn't even very affectionate with our mum, at least not as far as we could see.

INTERVIEWER: Like it was uncomfortable for him. He kept his distance.

*Complex reflection (or in psychodynamic perspective, an interpretation)*

She went silent and I saw it hit her. She began weeping, and I waited. After a while she broke the silence: "Oh my God! I'm trying to make my father love me and show it." It was a classic insight moment, and it satisfied her yearning to understand.

Julia reminded me once again that people have wisdom about themselves. I was skeptical that insight would heal her, but I remained open to her own intuition and in the end it provided closure for her. Her insight also helped me with several subsequent clients who had a similar pattern of repeated relationship difficulties. By virtue of her history she was attracted to precisely the wrong kind of man for her. Her romantic passions were aroused by men who were uncomfortable expressing feelings, with the fantasy that she could somehow "get to" the real, warm teddy-bear person that she envisioned to be inside them. But then as the relationship developed and she wasn't getting the warm affection that she longed for, she began pressing harder for it. The natural response of her partner in this demand-withdraw pattern was to withdraw more, further frustrating her desire until finally it ended in a cataclysm of rage. We continued to meet for a few more weeks, and she began experimenting with dating men to whom she didn't feel a chemical attraction, but who were overtly warm and loving. She found these relationships less intense but considerably more rewarding.



# Is That Motivational Interviewing?

## A Case Example

WILLIAM R. MILLER, PhD, AND STEPHEN ROLLNICK, PhD

The following dialogue is with a behavioral health specialist who works on site in a medical clinic, seeing people who could benefit from behavior changes. She typically sees people with chronic conditions in which a change in behavior or lifestyle is a key to disease management or recovery. Chronic disabling pain is a common reason for referral, as in this case. This is her first conversation with a 52-year-old man newly referred by his physician, who is worried about persistent requests for pain medication.

The interviewer (designated as I) generally demonstrates the clinical style of motivational interviewing (MI), but occasionally she offers MI-inconsistent responses. The right-hand column provides commentary on how the interviewer and the client (designated as C) are responding. As a learning exercise, we invite you to cover the right-hand commentary column as you read this dialogue, and as you come to each Interviewer response ask yourself, “Is this MI consistent?,” and why you think it is or is not. Then reveal the corresponding commentary box.

1	I	Tell me what brings you to the clinic.	+ An open question (OQ)
2	C	My doctor said I should see you because I’ve been having some back trouble, pain in my lower back. Sometimes it’s hard to get out of bed in the morning.	A possible focus (pain management) with change talk about pain reduction (“having . . . trouble . . . hard to get out of bed”).
3	I	It hurts that much.	+ Reflection. The engaging process usually involves open questions and good listening.
4	C	Yes, it’s always worse in the morning. I get up anyhow, but it takes me a while to straighten up. And I get these shooting pains down my leg.	
5	I	And still you get on with your day.	+ Complex reflection (CR). Continuing the paragraph.
6	C	Yes, and that’s not easy. My whole life has changed, and the pills from the doctor don’t really help, and he doesn’t want to give me stronger ones.	
7	I	Sometimes you must wonder when you will ever feel better.	+ CR.
8	C	Exactly, it’s been going on for a few years now, and I sometimes just burst into tears with the pain.	
9	I	It gets that bad.	+ CR.
10	C	And I can’t keep taking time off work, so I have to keep going, and it only seems to get worse.	

11	I	Like it's taking over your life.	+ CR. Still continuing the paragraph.
12	C	That's exactly right, and I can't keep going like this. I'm not that old.	Engagement is good so far, and he is expressing change talk, but is exercise the focus?
13	I	Something's got to change for you.	+ CR of change talk.
14	C	Yes, so he referred me to you for help with exercise, but I just hate exercising. It's so incredibly boring and I get out of breath quickly.	Focus on exercise is confirmed, and he starts with sustain talk.
15	I	Exercise seems like a waste of time.	+ CR. Amplified reflection.
16	C	Not exactly. I mean, I can see that it's an investment in my own health, but I get so bored just exercising. I can't stand it. Besides, it hurts.	Change talk and sustain talk together.
17	I	An investment in your health—yes! That's a good way to look at it. What kinds of exercise have you tried?	+ Reflecting the change talk; affirmation. Asking for elaboration.
18	C	I never go to a gym—weight lifting or anything like that. I feel too self-conscious.	
19	I	Why do you feel self-conscious?	? OQ, but asking for elaboration of sustain talk. The expected result would be more sustain talk.
20	C	There would be all these super-buff people working out there. I'd feel like a loser.	Sustain talk.
21	I	There are some gyms that are designed for older people.	– [MI inconsistent]. Offering information/advice without permission.
22	C	I just don't like to exercise around other people.	More sustain talk.
23	I	It's the comparison that feels so uncomfortable—being unfit.	+ CR.
24	C	Yeah. I've put on some weight here in the belly, and I don't look good in spandex!	
25	I	And the back pain is keeping you from doing things you enjoy. . . .	+ CR Bringing the focus back.
26	C	<i>(interrupting)</i> Dancing, too. I used to like going dancing.	
27	I	The pain limits you in doing things you enjoy like dancing. You notice you're getting out of breath more quickly, and sometimes you feel self-conscious about being out of shape. You're also concerned about being restricted or disabled, both now and as you get older.	+ A good MI summary of change talk offered thus far.
28	C	Right. The pain is really slowing me down.	Change talk.
29	I	How much do you already know about exercise and aging?	+ OQ, possible beginning of an ask–offer–ask sequence.

30	C	I've heard that you lose muscle mass as you age if you don't do something to prevent it.	Change talk.
31	I	Yes, you're right about that. Do you know how to prevent it?	+ Affirmation. Closed question, but MI consistent.
32	C	Use it or lose it, I guess. But what's the good of living a few months longer if you've spent them exercising?	
33	I	It's the <i>quality</i> of life that matters to you.	+ CR that is a nice reframe of sustain talk.
34	C	Yes. I mean, I'd like to live to a nice ripe old age, too, but only if I'm healthy and able to do things.	
35	I	With whatever amount of time you have, long or short.	+ CR. Continuing the paragraph.
36	C	Right.	
37	I	So I asked you before what kinds of exercise you have tried.	+ OQ.
38	C	I used to run some. People say that if you run long enough you get this kind of high that keeps you going. Never happened. I promised myself once to run every single day for a year at a track nearby. I did it, and I hated every single day of it.	
39	I	What else have you tried?	+ OQ.
40	C	I bought a stationary bicycle from a friend earlier this year, and like I said it just bores me to death.	Taking steps. Sustain talk.
41	I	You bought an exercise bicycle for your home! Good for you. What else?	+ Affirmation. OQ.
42	C	That's about it, I guess. I used to do some sit-ups sometimes to tighten up my belly, but I can't now.	
43	I	You're pretty self-conscious about your stomach.	+ CR.
44	C	Yeah, I don't want Dunlap disease. ( <i>Laughs</i> )	Change talk (desire). "Dunlap disease" is a southwestern joke: "My belly done lapped over my belt."
45	I	So that's another change you might like—to tighten up your stomach muscles.	+ Adding a focus.
46	C	I'd look better.	Change talk (reason).
47	I	What other advantages might there be for you to exercise more?	+ OQ. Shifting focus a bit to exercise.
48	C	My doctor told me that I have borderline diabetes, and losing some weight would help with that.	Change talk (reason).
49	I	Oh! So that's another consideration—you don't want to wind up with diabetes.	+ CR.
50	C	It runs in my family, and I've seen what can happen.	Change talk (reason).
51	I	You know what can happen.	+ Simple reflection.

52	C	My grandmother had to take insulin every day, and she died from complications of diabetes. She was also going blind.	Change talk (reason).
53	I	And you don't want that to happen to you.	+ Reflection. Continuing the paragraph.
54	C	No, I don't. I like to read, go to movies, see my family.	Change talk (reasons).
55	I	What else do you know can happen with diabetes?	+ OQ (ask).
56	C	I've heard you can lose your toes or your feet. Is that right?	Change talk (reason) and giving permission.
57	I	Yes, high blood sugar makes your blood thicker, and that interferes with circulation. Over time it can affect your hands and feet, and your eyes, as you said. What would that mean for you?	+ Offering information with permission followed by asking.
58	C	Well like I said, I don't want to be disabled.	Change talk.
59	I	That's a big theme for you—to stay healthy and able to do what you enjoy doing. That's one reason you came here.	+ Reflection linking to prior material.
60	C	Yes, I guess so.	
61	I	You guess so? Well is it or isn't it?	– MI inconsistent: Confront.
62	C	Well mostly I came about my back.	Backpedaling.
63	I	You're not really that concerned about the diabetes.	+ Reflecting sustain talk (without any sarcasm).
64	C	Oh, I am. I was kind of surprised when the doctor told me I'm getting it, and I should lose some weight.	Change talk.
65	I	That surprised you.	+ Simple reflection.
66	C	It did. I think of myself as a pretty healthy person, and I want to stay that way as long as I can.	Change talk.
67	I	And you know that there's something you can do about that—like you said about not losing muscle mass. What you do makes a difference in staying healthy.	+ CR. Testing the water a bit on action planning.
68	C	Yes. So what do you think I should do?	
69	I	I can certainly suggest some options, and together we can figure out what might work best for you—what would fit into your life and get you the results you want.	+ Avoids the trap of making one suggestion.
70	C	That sounds good.	
71	I	Let me just take a minute to make sure I understand what you want, and then we can talk about options. OK?	+ Transitional summary.
72	C	All right.	

73	I	The first thing you mentioned, what was bothering you most, is your lower back pain that particularly slows you down in the morning. The pain and getting out of breath have been keeping you from doing things that you enjoy, like dancing. You wish we could just wave a magic wand and make it go away, and you also suspect that exercising more could help. So far so good?	+ Summary of change talk.
74	C	Yes.	
75	I	OK. A big motivation for you is that you don't want to become disabled as you age. You know about "use it or lose it" and you don't want to lose it. Then there is also this concern about diabetes, and you think there are things you could do to keep from developing it, or at least slow it down.	+ Continuing the summary of change talk.
76	C	That's what the doctor told me.	
77	I	And that's right, you can. So the theme that seems to run through all this is that you want to be as healthy as you can. You know that doesn't happen automatically, but there are things you can do to keep yourself more healthy and strong. Not only the length, but the quality of your life is important to you. Did I miss anything?	+ Continuing the summary of change talk.
78	C	That I don't like exercising.	The client responds with a sustain talk theme that is an important piece of the puzzle.
79	I	Right. That's a real puzzle for you. You really detest exercising, and you know that your health depends on what you do, and that's part of why you're here. You don't like exercise, and you know it's important. That's where you're stuck.	+ CR. Double-sided reflections of ambivalence with "and" in the middle, placing the change talk last.
80	C	Well, I'm here.	
81	I	Yes, you are! You're warming up a bit to the idea of being more active. In fact, being able to stay active is one of the things you want.	+ Affirmation. Reframe.
82	C	Right. It's just so boring.	
83	I	Yes—sorry, I forgot to mention that. You've told me several times now how boring exercise is for you sometimes. And at the same time there are kinds of activity that you really enjoy. It's just certain kinds of exercise that you hate.	+ Apology. Reframe.
84	C	Uh huh. If I enjoyed it, it would be easier to do.	
85	I	One key for you, then, is to find forms of exercise or activity that you enjoy doing and that will also help you manage your pain, maybe lose some weight, and decrease your insulin resistance. So what do you think might make physical activity less boring and more enjoyable for you?	+ Summary and OQ. The interviewer is doing well with reflection, but is starting to talk more than the client. It's time to change the balance, and the interviewer does it with an open question.
86	C	When I'm doing it with someone, like dancing, that's more fun, especially if it's someone I like being with.	



87	I	Having a friend along.	+ Simple reflection.
88	C	Yeah—someone to talk to. But it doesn't have to be with somebody else. I do like walking in the mountains by myself. It's peaceful and helps me relax.	
89	I	That's interesting. Sometimes activity is not boring.	+ CR.
90	C	In the mountains it's not all the same. I see different things along the way, hear sounds, feel the air. It's not the same every time.	
91	I	It's straight repetition that is dull. And you're self-conscious exercising around others, except maybe a friend.	+ CR.
92	C	I tried that bicycle at home, but it was so boring.	
93	I	Just staying in the same place, with nothing else happening.	+ CR.
94	C	Right. Maybe I should get a mountain bike!	
95	I	Or you could try doing something you enjoy while riding the stationary bike at home.	– Advice without permission; not terribly off track, but now they must discuss the interviewer's idea.
96	C	Like what?	Uh oh. Will the interviewer become the problem solver?
97	I	It would have to be something that you watch or listen to, I guess. What do you watch or listen to when you're relaxing?	+ The interviewer recovers with an open question to elicit solutions from the client.
98	C	I could listen to music. Or I can get reruns of TV programs I like on my iPad.	
99	I	That sounds like a good idea. How would you do it?	+ Affirm, OQ.
100	C	The machine has like a music stand on it, and I can put the iPad on there, or the iPod just goes in my pocket.	
101	I	So how would that work for you, to try bicycling while you enjoy reruns?	+ OQ.
102	C	Or even new programs—they stream them now after the broadcast. You can get all kinds of things on line.	
103	I	There's a lot to choose from.	+ Reflection, emphasizing choice.
104	C	Yeah. That might work.	
105	I	You're not sure yet.	+ Reflecting voice tone of ambivalence.
106	C	Well, I like being outside more, but I could try it when the weather's not good.	Mobilizing change talk: Activation.
107	I	I see. When the sun's shining you like to be outside, and you even had the idea of a mountain bike to keep your strength and energy up. Then when that's not convenient, you also have the option of using your inside bicycle and watching programs or listening to music you enjoy. It sounds like that could work for you.	+ Summarizing a change plan.

108	C	Yes, I think so.	Change talk (ability).
109	I	And how do you think that might help you with the pain you've been having, or managing your blood sugar?	+ Asking instead of giving information he may already have.
110	C	The doctor told me that being more active, getting more exercise can help with both of those.	Change talk (reasons).
111	I	Two for the price of one.	+ CR.
112	C	Maybe even lose some weight, too.	Change talk (reason).
113	I	So are you going to do it or not?	– [Definitely MI inconsistent]. Closed question, and pressing for commitment too quickly.
114	C	It sounds like a good idea.	Still preparatory, not mobilizing change talk.
115	I	Well, let me see if I understand you, then. Your doctor referred you because you're having this lower back pain that is slowing you down and preventing you from doing things you like, and there is also this concern about developing diabetes. You know that more regular exercise could help you with both of those and also with keeping your weight down. Since some kinds of activity are really boring for you and you're definitely not into going to a gym, you've been coming up with ways that you could get more exercise and also enjoy it. You already go walking in the mountains sometimes, and you like that, and you've thought about getting a mountain bike that could let you cover more ground, see more scenery, and get a good workout. And you came up with a way that you could even use the stationary bike at home and pass the time by watching programs you like.	+ A recapitulation emphasizing the change talk that he has offered . . .  . . . the client's own ideas for a change plan.
116	C	Without the commercials!	
117	I	Right! You can get reruns with the commercial breaks cut out. That gets an hour program down to about 45 or 50 minutes, which is good length of time to exercise. And another idea you had was to be active with other people, with friends, like going dancing. So you have come up with some really good options. I suppose the challenge at this point is getting yourself to do these things. Given what you know about yourself, what will it take?	+ CR.  Continuing the change plan.  + OQ, asking.
118	C	Well, I know if I call a friend and say let's go dancing or walking or biking, I'm going to do it.	Mobilizing change talk.
119	I	That's one thing that would work for you.	+ CR, with an implicit "What else?"
120	C	And for me it's deciding when I'm going to do it—like on what day and time.	
121	I	If you schedule it, it's more likely to happen.	+ CR.
122	C	Yeah, otherwise I just have these good intentions, but never get around to it.	

123	I	So planning it for regular times and days of the week and maybe including somebody else in the plan sometimes. That would help you actually carry out your plan.	+ CR.
124	C	I think so.	
125	I	Now let me ask you this. On a scale from 0 to 10, where 0 is not at all important, and 10 is extremely important, how important would you say it is for you to do this, to be more active?	+ Importance ruler.
126	C	Seven maybe, or eight.	
127	I	Seven or eight. That's pretty high! Why such a high number?	+ OQ follow-up.
128	C	This diabetes thing is bothering me, and I can also see that if I don't do something different and take off some weight I'm just going to get more restricted and not be able to do things I enjoy.	His own change talk summary.
129	I	OK. Now how about this? On that same 0 to 10 scale, where 0 is not at all confident, and 10 is totally confident, how confident are you that you can do this, increase your activity, if you make up your mind to do it?	+ Confidence ruler.
130	C	Ten.	
31	I	Ten! My word! No doubt about it.	+ CR.
132	C	Nope.	
133	I	So it's really a matter of deciding that it's important enough to do, and once you do that, it's going to happen.	+ CR.
134	C	That's right. And it's important.	
135	I	You're pretty close to making up your mind.	+ CR.
136	C	I am.	

Now what is your hunch? Do you think that the interviewer should try now for a firm commitment? Why or why not?

# Reflection Questions

WILLIAM R. MILLER, PhD, AND STEPHEN ROLLNICK, PhD

As a learning resource, we have provided the following reflection questions for each of the chapters in *Motivational Interviewing, Fourth Edition*. While they may be useful in courses, discussion groups, and learning communities, we also commend them to individual readers who are practicing professionals, for personal reflection on the content of each chapter.

## Chapter 1. The Mind and Heart When Helping

- ? In what situations or scenarios might the use of motivational interviewing (MI) be helpful?
- ? Think about your own current style in conversations about change. Where are you likely to spend most of your time along the continuum of directing–guiding–following?
- ? From your own conversations and experience, can you think of a kind of change that would not necessarily involve changing behavior?

## Chapter 2. What Is Motivational Interviewing?

- ? What kinds of people, problems, or situations are most likely to evoke your own fixing reflex?
- ? Of the four aspects of MI spirit, which one comes most naturally to you?
- ? Which one comes least naturally?
- ? Which of those traps are most familiar to you personally?
- ? How do you see the relationship between MI and client-centered counseling?
- ? Why are you interested in learning about MI?

## Chapter 3. A Flowing Conversation

- ? What do you recognize in your own conversations that reminds you of MI?
- ? What's the difference between a short and helpful MI conversation and a longer one?
- ? When you are in a good flowing and helpful conversation what is your mind focused on?
- ? What do you feel about using self-disclosure?

## Chapter 4. Engaging: "Can We Walk Together?"

- ? What have you found to be most helpful in quickly establishing a helping relationship of mutual trust and respect?
- ? When you visit a new place or group for the first time, what factors influence whether you will want to go back?
- ? In which of the four core skills (open question, affirmation, reflection, summary) may you need more practice? How comfortable or easy is it for you to respond with a good reflective listening statement?
- ? In your own work setting, what assessment (if any) is required at the outset of consultation, and how may that influence client engagement?

## **Chapter 5. Focusing: “Where Are We Going?”**

- ? In the setting(s) where you work, how often is the focus of consultation provided by the client, the context, the referral, or the clinician?
- ? How have you proceeded when the goals or focus of counseling have seemed very unclear?
- ? In a helping conversation, how often does the subject change and why?
- ? How often do you want to focus on a change topic that your client does not endorse (at least not initially)?
- ? Where there are multiple possible topics to talk about, how skilled are you in reaching agreement about which one to focus on?

## **Chapter 6. Evoking: “Why Would You Go There?”**

- ? If you decide to evoke someone’s own good reasons to change, what’s your ideal state of mind? And what personal reminders will serve you well?
- ? Of the various methods described as options for evoking change talk, which ones feel easiest or most natural for you?
- ? How well tuned is your ear to the difference between preparatory and mobilizing change talk?
- ? Which of the four described ways of responding to change talk seems easiest or most natural to you?

## **Chapter 7. Planning: “How Will You Get There?”**

- ? Think of a time when you made a plan to change. What did you find helpful?
- ? What kinds of signals do your clients give you that it is time to consider planning?
- ? An unhurried state of mind is an asset in MI. What might make that more possible in your own work?
- ? How might “envisioning” talk sound for one of the more common change issues that you encounter in practice?
- ? When you lack confidence about a problem or challenge, what do you find most helpful?
- ? Can you think of four or five really useful open questions about a change plan?

## **Chapter 8. Deeper Listening**

- ? When you decide to really listen to someone, what helps you settle into the right state of mind?
- ? In what situations in everyday life can you practice deep listening?
- ? What might it take for this ability to listen deeply to become second nature to you?

## **Chapter 9. Focusing: A Deeper Dive**

- ? If you realize that your goal(s) for someone are not shared by them, what guidelines would you follow to make good progress?
- ? What traps might you fall into when your goal is different from theirs?
- ? In helping someone explore their core values are you more inclined toward an open-ended or a more structured (e.g., card sort) approach? Why?
- ? When in your own life have you come face to face with a truth that changed you?
- ? In what scenarios would you maintain neutrality? Can you think of some examples?



## **Chapter 10. Evoking: Cultivating Change Talk**

- ? What's the difference for you between simply listening and purposefully evoking change talk?
- ? Where is the line between cultivating change talk and pressuring someone to consider change? How would you know when the latter is happening?
- ? When helping others, how soon into the conversation might you hear change talk for the first time? How important is this?
- ? How able are you to generate forward-looking evocative questions about change as a conversation unfolds?

## **Chapter 11. Offering Information and Advice**

- ? When you offer information or advice, how often is it with the person's permission?
- ? How easily does it come to you to use autonomy-supportive language when offering advice?
- ? Where in your own practice might the ask–offer–ask framework be useful?
- ? How often might you hear change talk, even softly, when you offer advice?

## **Chapter 12. Supporting Persistence**

- ? When talking about the ups and downs of someone's efforts to change, how strong is the fixing reflex inside you? What other traps might you fall into, and what reminders help you the most?
- ? To what extent should your change planning rely on the client's personal expertise and on your own expertise? What proportion might you assign to each?
- ? If someone has a setback, what might be your top two to three evocative open questions?
- ? Is it important for people to explore why a change plan has come unstuck?

## **Chapter 13. Planting Seeds**

- ? Of the people you serve, what percentage would you say start out in “precontemplation,” with absolutely no personal motivation for change (desire, ability, reasons, need)?
- ? Looking back, how much time and energy have you spent trying to motivate people who seem to lack motivation to change?
- ? Of the strategies for planting seeds, which would you like to practice getting better at?
- ? How helpful is it to be open and honest with people who seem to lack motivation?

## **Chapter 14. Responding to Sustain Talk and Discord**

- ? Why did the authors abandon the concept of “resistance” in MI?
- ? How is discord most likely to sound (e.g., defensiveness, disengagement, arguing, interrupting) among the people you serve?
- ? What changes, if any, might you make in how you respond to sustain talk and discord?
- ? How do you feel when you hear discord? What's the most helpful route for you to move ahead constructively?

## **Chapter 15. Practicing Well**

- ? In your own interviewing, what emotional responses are you most likely to experience that could distract you from an MI style when working with clients?
- ? What works well for you to clear your mind when in a helping conversation? How aware are you of emotions and thoughts that are not helpful to you or the other person?
- ? How can you switch your attention from focusing primarily on problems to seeing people's strengths? What will help you do this?
- ? How can you turn your attention from looking at what goes wrong to a more positive focus on the horizon of change?
- ? What are the signs of potential burnout for you?
- ? When you are at your best as a helper, how might MI help you do this even better?
- ? How might practicing MI improve your well-being?

## **Chapter 16. Learning Motivational Interviewing**

- ? What feels familiar in MI and worthwhile to get better at?
- ? What would you want to let go of or do less often, and what would you like to do more of?
- ? If you were to set up some deliberate practice, what would you most like to focus on?
- ? How might you set up conditions in your work setting or elsewhere to help you (and others) continue to develop proficiency in MI?

## **Chapter 17. Learning from Conversations about Change**

- ? If you were to listen to a recording of your practice, what do you imagine you might hear?
- ? What kind of feedback do you find most helpful?
- ? How many reflections can you make for each open question you ask?
- ? How often do you ask for feedback from people you help? Do any useful common themes emerge?

## **Chapter 18. Studying Motivational Interviewing**

- ? What are the standout themes that emerge from your reading of the evidence?
- ? Why do you think MI works (when it does)?
- ? What is the effect of MI on the receivers?
- ? What unanswered questions do you have about MI?
- ? What effect might learning MI have on you personally?



# Glossary of Motivational Interviewing Concepts

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

*Acceptance*—one of four central components of the underlying *spirit* of MI by which the interviewer communicates nonjudgmental understanding of people as they are.

*Accurate empathy*—the skill of perceiving and reflecting back a person’s meaning so that both understand more clearly.

*Activation language*—a form of *mobilizing change talk* that expresses a disposition toward action but falls short of *commitment*; typical words include ready, willing, and consider.

*Agenda mapping*—selecting from a menu of possibilities the topic(s) to be discussed in a consultation.

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

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- Amplified reflection**—a response in which the interviewer reflects back the person's content with greater intensity than the person had expressed; one form of response to *sustain talk* or *discord*.
- Analogy**—a form of *reflection* that offers a metaphor or simile.
- Apology**—a way of responding to *discord* by taking partial responsibility.
- Ask-offer-ask (AOA)**—an information exchange process that begins and ends with exploring the person's own experience to frame whatever information is being provided.
- Autonomy support**—an interviewer response that acknowledges and honors the person's freedom of choice and self-determination.
- Beginner's mind**—entering an interaction with curiosity and openness, knowing that you don't know.
- Bubble sheet**—a paper sheet with circles containing a variety of options such as possible topics for conversation.
- CATs**—an acronym for three subtypes of *mobilizing change talk*: *commitment*, *activation*, and *taking steps*.
- Change talk**—any speech that favors movement toward a particular change goal.
- Client-treatment matching**—the attempt to discover which kinds of clients benefit differentially from certain types of treatment.
- Closed question**—a question that limits the range of answers, such as asking for yes/no, a short answer, or specific information.
- Coming alongside**—a response to persistent *sustain talk* or *discord* in which the interviewer adopts and reflects the person's perspective.
- Commitment language**—a form of *mobilizing change talk* that conveys intention or agreement to carry out change; common verbs include will, do, am going to.
- Compassion**—one of four central components of the underlying *spirit* of MI; a benevolent intention toward the person's well-being.
- Complex affirmation**—an appreciative statement that highlights or infers an enduring positive attribute.
- Complex reflection**—an interviewer *reflection* that adds additional or different meaning beyond what the person has already said; a guess as to what the person may have meant.

**Computer-automated coding**—using artificial intelligence to identify specific counselor or client responses.

**Confidence language**—change talk that implies or bespeaks *ability* to change.

**Confidence ruler**—a scale (typically 0–10) that rates level of confidence in one’s ability to make a particular change.

**Confront response**—an MI-inconsistent response such as warning, disagreeing, or arguing.

**Continuing the paragraph**—a method of *reflective listening* in which the counselor offers what might be the next (as yet unspoken) sentence in the person’s paragraph.

**Contraindication**—a situation or characteristic that makes a particular approach ill advised.

**Cultivating change talk**—responding in a manner that increases the depth, strength, or momentum of a person’s language in favor of change.

**DARN**—an acronym for four subtypes of *preparatory change talk*: *desire*, *ability*, *reason*, and *need*.

**Decisional balance**—the relative strength of positive and negative motivations toward change; an intervention that equally explores the pros and cons of a change or plan.

**Deliberate practice**—intentional time and effort devoted to strengthening skills outside normal performance.

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

**Developing ambivalence**—cultivating perceived discrepancy between the status quo and a client’s important goals and values.

**Directing**—a natural communication style that involves telling, leading, providing advice, informing, or instructing.

**Directional**—favoring movement toward a particular change.

**Directional question**—a strategic question the natural answer to which is change talk.

**Directional reflection**—a strategic reflection focused on change talk.

**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.

**Double-sided reflection**—an interviewer *reflection* that includes both *sustain talk* and *change talk*, usually with the conjunction *and*.

**Embedded change talk**—*change talk* that is expressed in combination with *sustain talk*.

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

**Empowerment**—helping people realize and utilize their own strengths and abilities.

**Engaging task**—the first of four fundamental tasks in MI designed to establish a mutually trusting and respectful helping relationship.

**Envisioning**—speech that reflects the person imagining having made a change.

**Evidence-based treatment (EBT)**—a therapeutic method for which there is sufficient scientific evidence of efficacy according to specified criteria.

**Evoking task**—the third of four fundamental tasks of MI designed to elicit the person's own motivations for a particular change.

**Experiencing**—speaking about oneself in first-person, present-tense, emotionally engaged language.

**Expert trap**—assuming and communicating that the counselor has the best answers to the person's problems.

**Fidelity drift**—decreased adherence to a treatment approach over time.

**Fixing reflex**—the natural desire of helpers to prevent harm and promote a person's welfare by trying to correct or repair perceived problems.

**Focusing task**—the second of four fundamental tasks of MI designed to identify shared goals 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.

**Genuineness**—being your authentic and natural self.

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

**Implementation science**—the study of how a particular product or service is adopted and applied in practice.

**Importance ruler**—a scale (typically 0–10) to rate the importance of making a particular change.

**Interrater reliability**—the extent of agreement between two observers in rating or classifying responses.

**Key question**—a particular form of question offered following a summary of *change talk*, which asks, in essence, “What’s next?”

**Learning community**—a group of practitioners engaged in *deliberate practice* together to strengthen their skills.

**Lending change talk**—tentatively offering a reflection of change talk that a client has not yet voiced directly but that seems to follow from what the client has been saying.

**Mediator**—in research, a variable that explains the relationship between two other variables.

**MET**—an acronym for *motivational enhancement therapy*.

**Meta-analysis**—a method for combining the results of separate studies to examine size and trends in effect.

**MINT**—the Motivational Interviewing Network of Trainers, founded in 1997 and incorporated in 2009 (<https://motivationalinterviewing.org>).

**MIPC**—the Motivational Interviewing Process Code.

**Mirroring**—seeking to accurately reflect what a person is saying and experiencing.

**MISC**—the Motivational Interviewing Skills Code; the original system for coding client and interviewer utterances within MI.

**MISTS**—the Motivational Interviewing Supervision and Training Scale.

**MITI**—the Motivational Interviewing Treatment Integrity coding system, simplified from the *MISC* and focusing only on interviewer responses, to document fidelity in MI delivery.

**Mobilizing change talk**—a subtype of *change talk* that expresses or implies action to change; examples are *commitment*, *activation*, and *taking steps*.

**Motivational enhancement therapy (MET)**—a combination of MI with *assessment feedback*, originally developed and tested in Project MATCH.

- Motivational interviewing**—a particular way of talking with people about change and growth to strengthen their own motivation and commitment
- Need language**—a form of *preparatory change talk* that expresses an imperative for change without specifying a particular reason. Common verbs include *need, have to, got to, and must*.
- Neutrality**—an interviewer’s intentional decision not to influence the direction of choice or change.
- Norm correction**—an intervention offering information on what is actually average behavior based on reliable survey or other normative data.
- OARS**—an acronym for four basic person-centered communication skills: *open question, affirmation, reflection, and summary*.
- Open question**—a question that offers the person broad latitude in how to respond; compare with *closed question*.
- Overstating**—a *reflection* that adds intensity to the content or emotion that was expressed; see also *amplified reflection*.
- 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 person’s own expertise.
- Pendulum approach**—a strategy for eliciting *change talk* in which the interviewer first reflects perceived good things about the status quo in order to then query the less good things.
- Permission**—obtaining assent before providing advice or information.
- Person-centered**—an approach introduced by psychologist Carl Rogers in which people explore their own experience within a supportive, empathic, and accepting relationship; also called *client-centered*.
- Persuasion response**—attempts to change a person’s opinions, attitudes, or behavior using methods such as logic, compelling arguments, self-disclosure, or facts.
- Persuasion trap**—communication that attempts to convince.
- Planning task**—the fourth fundamental process of MI designed to identify a path to accomplish a particular change.
- Preparatory change talk**—a subtype of 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*.

*Psychological reactance*—the natural human tendency to assert one’s freedom when it appears to be threatened.

*Quality assurance*—measuring the fidelity of services provided.

*Rapid engaging*—an initial period of exclusive listening without investigative questions, problem solving, or interruptions.

*Real play*—a skill-practice method in which the person being interviewed is relating their own experience.

*Reason language*—a form of *preparatory change talk* that describes a specific if-then motive for change.

*Reflection*—an interviewer statement intended to mirror the meaning (explicit or implicit) of what a person has said; see also *simple reflection* and *complex reflection*.

*Reframing*—an interviewer statement that invites the person to consider a different interpretation of what has been said.

*Role play*—a skill-practice method in which the “client” being interviewed is portrayed by an actor.

*Seeking collaboration*—an interviewer response that communicates sharing power or acknowledging the person’s expertise.

*Self-affirmation*—statements that recognize a person’s own positive efforts or attributes.

*Self-disclosure*—sharing something of oneself that is true when there is good reason to expect that it will be helpful to the person.

*Self-regulation*—the ability to develop a plan of one’s own and to implement behavior in order to carry it out.

*Shared decision making*—a process whereby people are offered the best available evidence about options and are supported to choose how to proceed.

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

*Simple affirmation*—an appreciative statement that recognizes a specific positive action, statement, effort, or intention.

*Simple reflection*—a *reflection* that contains little or no additional content beyond what the person has already said.

**Softening sustain talk**—responding to *sustain talk* or *discord* in a manner that diminishes its depth, strength, or momentum.

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

**Stages of change**—within the *transtheoretical model* of change, a sequence of steps through which people pass in the change process: precontemplation, contemplation, preparation, action, and maintenance.

**Status quo**—the current state of affairs without change.

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

**Supportive significant other**—a person who supports a client's movement toward change.

**Sustain talk**—any speech that favors *status quo* rather than movement toward change.

**Systematic review**—an ordered summary of research findings on a particular topic.

**Taking-steps language**—a form of *mobilizing change talk* that describes an action or step already taken toward change.

**Time trap**—resorting to hurried or unhelpful communications in response to felt time pressure.

**TNT**—an acronym for the Training of New Trainers of MI; begun in 1993 and now organized by *MINT*.

**Understating**—a *reflection* that diminishes or understates the intensity of the content or emotion expressed by a client.

**Value-behavior discrepancies**—conflicts between a person's actions and their core goals or standards that provide meaning and direction in life.

**Vertical ambivalence**—the simultaneous presence of competing motivations for and against change, with the person consciously aware of one motivation but unaware of an opposing motive.

**Wandering trap**—listening with insufficient attention to directional movement.

**Working alliance**—the quality of the collaborative relationship between client and counselor, which tends to predict retention and outcome.