Principles and Practices of Motivational Interviewing: Conversations about Change

Carlo C. DiClemente, PhD, ABPP
University of Maryland Baltimore County Psychology Department
Introductions
“The way in which you talk with patients about their health can substantially influence their personal motivation for behavior change.”

Developers of Motivational Interviewing

~Rollnick & Miller
Motivational Interviewing
Definitions

- Layperson:
  ▫ A collaborative conversational style for strengthening a person’s own motivation and commitment to change

- Technical:
  ▫ A collaborative, goal-oriented style of communication with particular attention to the language of change designed to strengthen personal motivation and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion
Motivational Interviewing

- Based on motivational psychology & patient-centered counseling
- Developed as a result of several areas of research:
  - Brief Interventions
  - Patient-centered communication style
  - Stages of Change Model
- “Meeting the patient where they are.”
- Recognizes that ambivalence is a key issue in any behavior change
- A way of being with a patient
The Role of Motivational Interviewing in Sexual Health & HIV Treatment Adherence

“The readiness for change process is an excellent match for the necessary suspension of judgment and client-centered approach that is central to initial client engagement in addressing sexual health concerns.”

~Braun Harvey, 1997

“Motivational interviewing (MI) can be used to increase a variety of treatment compliant behavior, such as attending scheduled appointments and medication compliance.”

~Zweben & Zuckoff, 2002
The Spirit of MI

• **Partnership/Collaboration**
  ▫ Clinical intervention as a partnership
  ▫ Honors client’s expertise & perspective

• **Evocation**
  ▫ As opposed to “imparting”
  ▫ Drawing out client’s intrinsic motivation for change

• **Acceptance**
  ▫ Absolute worth, Autonomy
  ▫ Affirmation, Accurate Empathy

• **Compassion**
  ▫ Benevolently seek and value the well being of others
  ▫ Commitment to pursue welfare and best interests of others
Partnership

• An active collaboration between experts
• Honors the client’s expertise and perspective
• Seeks to create a positive interpersonal atmosphere that’s conducive to change, not coercive
• MI is like dancing, not wrestling
• Avoiding the “expert trap”
• As a provider, partnership requires attunement to your own aspirations, values, and opinions

“MI is not a way of tricking people into changing; it is a way of activating their own motivation and resources for change.”

Miller & Rollnick, 2013
Partnership: A Guiding Style

Directing ↔ Guiding ↔ Following

A continuum of practitioner styles: Directing involves proving information, instruction, and advice. Following involves listening, understanding, and refraining from inserting one’s own material. Each of these styles are appropriate at times. Guiding involves assisting, encouraging, collaborating, inspiring, motivating, showing, and supporting.

MI lives in this middle ground between directing and following, incorporating aspects of each.

Miller & Rollnick, 2013
Acceptance

Affirmation

Accurate Empathy

Absolute Worth

Supporting Autonomy

Acceptance

Miller & Rollnick, 2013
Compassion

• Deliberately, actively pursuing and promoting someone’s welfare; giving priority to their needs

• Our services are for our patient’s benefit, not our own

• “Having your heart in the right place”

Miller & Rollnick, 2013
Evocation

- Assumption: people have motivation and a capacity for change; your task is to evoke it
- Drawing out implicit motivation
- Important to focus on strengths rather than search for deficits

Miller & Rollnick, 2013
MI Style of Interacting

- Provider’s style is quiet, accepting, attentive, respectfully curious, and guiding
  - Rather than overtly persuasive
  - Rather than confrontational
  - Rather than passive
  - Rather than simply reflective
A Developmental Process of Learning MI

- Fully internalizing the **Spirit of MI** is not a *prerequisite* for the practice of MI
  - However... it’s arguably the most important part
- Integrating the spirit into your state of mind is an ongoing process that is never quite finished
- Practicing this style of being with others evokes learning and growth within the therapist
Your Goals and Challenges

• What are your goals in your interactions with clients?

• What challenges do you experience?

• What seems to get in the way of engagement and adherence?
How do People Change?

- Changing a behavior requires a **personal journey** through an **intentional change process**
  - Over a period of time (varies)
  - Variable, dynamic, non-linear course
  - Consists of self-change and [sometimes] treatment
  - Often involves multiple attempts
How do People Change?

- People change **voluntarily** only when:
  - They become *interested and concerned* about the need for change
  - They become *convinced* the change is in their best interest or will benefit them more than cost them
  - They organize a *plan of action* that they are *committed* to implementing
  - They *take the actions* necessary to make the change and sustain the change
## Stages of Change: Client Tasks

<table>
<thead>
<tr>
<th>STAGES</th>
<th>CLIENT TASKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precontemplation</td>
<td>◦ Not interested</td>
</tr>
<tr>
<td></td>
<td>Gauge/increase interest and concern</td>
</tr>
<tr>
<td>Contemplation</td>
<td>◦ Considering</td>
</tr>
<tr>
<td></td>
<td>Risk-reward analysis and decision making</td>
</tr>
<tr>
<td>Preparation</td>
<td>◦ Preparing</td>
</tr>
<tr>
<td></td>
<td>Commitment and creating an effective/acceptable plan</td>
</tr>
<tr>
<td>Action</td>
<td>◦ Initial change</td>
</tr>
<tr>
<td></td>
<td>Implementation of plan and revision as needed</td>
</tr>
<tr>
<td>Maintenance</td>
<td>◦ Sustained change</td>
</tr>
<tr>
<td></td>
<td>Consolidating change into lifestyle</td>
</tr>
</tbody>
</table>

DiClemente, 2003; 2005
Considerations for moving through the stages

Motivation

Decision Making

Self-efficacy

Precontemplation → Contemplation → Preparation → Action → Maintenance

Personal Concerns
Environmental Pressure
Decisional Balance
Cognitive Experiential Processes
Behavioral Processes

What would help or hinder completion of the tasks of each of the stages and sustain or deplete the self-control strength needed to engage in the processes of change needed to complete the tasks?
Stages of Change

- Precontemplation: Awareness of need to change
- Contemplation: Increasing the Pros for Change and decreasing the Cons
- Preparation: Commitment & Planning
- Action: Implementing and Revising the Plan
- Maintenance: Integrating Change into Lifestyle
- Relapse and Recycling
- Termination

A Brief Overview
Clear Difference Between Pre Action and Action Stages

The Key Link

What do individuals have to do in Pre Action Stages to be successful in Action Stages? What do they have to do in the Action stages to sustain success?
Where Do We Come In?
<table>
<thead>
<tr>
<th>Stage</th>
<th>Therapist Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precontemplation</td>
<td>Raise doubt - Increase the client’s perception of risks and problems with current behavior</td>
</tr>
<tr>
<td>Contemplation</td>
<td>Tip the decisional balance - Evoke reasons for change, risks of not changing; Strengthen client’s self-efficacy for behavior change</td>
</tr>
<tr>
<td>Preparation</td>
<td>Help the client to determine the best course of action to take in seeking change; Develop a plan</td>
</tr>
<tr>
<td>Action</td>
<td>Help the client implement the plan; Use skills; Problem solve; Support self-efficacy</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Help the client identify and use strategies to prevent relapse; Resolve associated problems</td>
</tr>
<tr>
<td>Relapse</td>
<td>Help the client recycle through the stages of contemplation, preparation, and action, without becoming stuck or demoralized because of relapse</td>
</tr>
</tbody>
</table>
How can MI skills help you work with a client to move through their change process?
“It is the patient, rather than you, who should be voicing the arguments for behavior change.”

~Rollnick, Miller, & Bulter, 2008
Assumptions of MI

• Motivation is a *state of readiness* to change, which may *fluctuate* from one time or situation to another
  ▫ This state can be *influenced*

• Motivation for change does not reside *solely* within the client

• The provider’s style is a *powerful determinant* of client resistance or change
  ▫ An empathic style is more likely to bring out self-motivational responses and less resistance from the client
Assumptions of MI

• People struggling with behavioral problems often have *fluctuating and conflicting motivations for change*, also known as ambivalence
  ▫ *Ambivalence is a normal part* of considering and making change -- it is NOT pathological

• Each person has *powerful potential* for change
  ▫ The tasks of the provider is to *release that potential and facilitate the natural change process* that is already inherent in the individual
Motivational Interviewing: Four Processes

- **Engaging**
  - Relationship Building
- **Focusing**
  - Finding Strategic Direction
- **Evoking**
  - Preparing for Change
- **Planning**
  - The Bridge to Change
Engaging Dialogue

- **Client:** “I am often high when I have sex. It just kind of happens that way.”
- **Provider:** “It would be weird for you to have sex while sober.”
- **Client:** “We just start with cocaine and it relaxes me.”
- **Provider:** “Cocaine helps you to feel free when having sex.”
- **Client:** “I guess that’s true.”
MI Processes: Engaging “Keeping Connected”

• Engagement is a central, foundational process throughout MI
• Engagement means:
  ▫ Keeping lines of communication open
  ▫ Creating an empathic working relationship
  ▫ Valuing the perspective of the client
  ▫ Respecting the autonomy and freedom of the client to choose not only whether or not to change but **whether or not** to be engaged
Basic Techniques: O.A.R.S.

- **O** – Open Ended Questions
- **A** – Affirming the Client
- **R** – Reflective Listening
- **S** – Summarize

**Lead to self-motivational statements**

*Used in all processes: Engaging, Focusing, Evoking, and Planning*
Open ended questions

- Closed questions give a yes or no answer with little opportunity to expound on what is really going on for the patient.
  - Can also include “multiple choice questions”
  - Chaining together closed questions goes against the goals of a collaborative relationship

- Open ended questions allow for exploration and explanation and a chance to probe for further information.
  - Giving room to someone to respond how they wish

- Note: There are times to use each kind of question.
ACTIVITY: The Utility of Open-Ended Questions

What did your partner do over the weekend?
Did you know there are several medications available to manage your HIV?

Tell me how you feel about this idea.

Do you agree that it would be a good idea for you to be adherent to your medication regimen?

What do you think about the possibility of trying to adhere to your medication regimen?

How many children do you have?

Tell me about your family.

So, you are here because you are concerned about your HIV, correct?

Tell me, what is it that brings you here today?

Did you know there are several medications available to manage your HIV?

There are several medications available to manage your HIV. Tell me how you feel about this idea.

### Making Closed Questions Open

<table>
<thead>
<tr>
<th>CLOSED QUESTIONS</th>
<th>OPEN QUESTIONS/STATEMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many children do you have?</td>
<td>Tell me about your family.</td>
</tr>
<tr>
<td>So, you are here because you are concerned about your HIV, correct?</td>
<td>Tell me, what is it that brings you here today?</td>
</tr>
<tr>
<td>Do you agree that it would be a good idea for you to be adherent to your medication regimen?</td>
<td>What do you think about the possibility of trying to adhere to your medication regimen?</td>
</tr>
<tr>
<td>Did you know there are several medications available to manage your HIV?</td>
<td>There are several medications available to manage your HIV. Tell me how you feel about this idea.</td>
</tr>
</tbody>
</table>
Key Open-Ended Questions in MI

- Why would you want to make this change?
- How might you go about it in order to succeed?
- What are the best reasons for you to do it?
- How important is it for you to make this change? Why?
- So, what do you think you’ll do?
Asking Open-Ended Questions

To ask open-ended questions in a credible fashion, it is important for counselors to have the following skills:

- Be capable of genuine interest in what the client has to say.
- Be able to sit back and listen.
- Be able to take the client’s perspective.

Avoid open-ended questions when you don’t have time or the inclination to listen. (Remember the spirit)
OARS: Basic Techniques of MI for all Processes

- Open-Ended Questions
- Affirming the Client
- Reflective Listening
- Summarize
Affirmations

• Accentuating the positive
• Should be genuine and congruent
• Benefits:
  ▫ Positivity is reciprocal
  ▫ Helps build rapport
    • Affirmations may be rare with certain populations
  ▫ Facilitates retention in treatment (Linehan et al., 2002)
  ▫ Reduces defensiveness
  ▫ Increases openness
• Can also come from the client – ask them to describe their strengths, successes, efforts
Affirmations

- Different from praise
- Noticing, recognizing, and acknowledging the positive
  - “You tried really hard this week.”
- Reframing situations in a positive light; “glass half full”
- Recognizing positive traits
  - “Listening to all that you’ve been through, I’m not sure if I would have been able to come out of that as well as you have. You’re a real survivor.”
- Point out and celebrate steps taken so far
  - “You have come so far in three weeks.”
- Remind the client of past successes
  - “You’re feeling discouraged right now, and it strikes me that you have been able to succeed in similar ways in the past.”
- Broader
  - “Welcome back! Thanks for coming in today. It’s good to see you.”
OARS: Basic Techniques of MI for all Processes

- Open-Ended Questions
- Affirming the Client
- Reflective Listening
- Summarize
Reflective listening

- Reflections are simply statements that convey, “I heard what you just said,” “I understand what you’re saying [or conveying]” or “I’m trying to understand”
- There are varying types of reflections that have different emphases
- Reflections allow you to be directive by choosing *what* to reflect
- It also allows both you and the patient to clarify anything and to make sure you are understanding correctly
What to Reflect?

• How do you know which statements or pieces of the conversation to reflect?
  ▫ This isn’t random!

• Reflections are a crucial tool to enhance motivation, particularly when you reflect the client’s change talk

• Reflections help manage the conversation and explore motivation
CHANGE TALK

- Self-motivational statements
- Any self-expressed language that argues for change
- Preparatory change talk needed in earlier stages of change (generates interest, concern, considerations for decision making)
- Mobilizing Change Talk moves forward to planning and implementation of change
Change Talk: Two Sides of the Hill

“Where are you on the hill?”

“uphill”

“downhill”

D.A.R.N.

C.A.T.S.
Change Talk

**Preparatory**
- DARN Language
- Desire
  - Want, wish, hope
- Ability
  - Can, able to, could do it
- Reasons
  - Specific benefits, values
- Needs
  - Urgency, have to, must, can’t continue

**Mobilizing**
- CATs Language
- Commitment
  - Going to, will, promise to
- Activation
  - Prepared to, ready, starting to
- Taking Steps
  - Initial actions, preparatory actions
The opposite of change talk?

→ **Sustain Talk**

- Comments and utterances that reflect considerations that would continue status quo and argue against change
- Can be in the same categories of DARN and CATs language
- Reflect desires, inability, needs, reasons to not make a change
- Language would demonstrate commitment, activation, or taking steps to avoid change and continue behavior that is the focus of change
### Responding to Sustain Talk

#### Reflective Responses
- Straight reflection
- Amplified Reflection
- Double-Sided Reflection

#### Strategic Responses
- Emphasizing Autonomy
- Reframing
- Agreeing with a Twist
- Running Head Start
- Coming Alongside

*When possible, however, look for any bit of change talk alongside or in the middle of the sustain talk!*
ACTIVITY: Reinforcing Change Talk
Simple Reflections

• Demonstrate listening by repeating or slightly rephrasing

Patient: “I’m feeling really worn out lately.”
  ▫ “You’re feeling worn out.”
  ▫ “You’ve been tired.”

• Can be useful, but can yield slower progress
Complex Reflections

- Add meaning or emphasis to what the person says
- Makes a guess about *unspoken content* or what might come next
- Patient: “I think I’m probably being too careful. My last test results were good. It just scares me when I feel pain like that.”
  - “It reminds you of your heart attack.”
- Patient: “I’m feeling really down and tired.”
  - “Sounds like something has happened since we last talked.”
Complex Reflections

- **Amplified**: Overstates or exaggerates some component of a statement (thereby inviting the client to argue the other side)

- **Double-sided**: Captures both sides of the client’s ambivalence about change

- **Affective**: Addresses the emotion of a statement (either expressed or implied)
Example: Amplified Reflection

“I don’t know if I could quit. I mean, all my friends do it.”

“So you really couldn't quit smoking because then you'd be too different to fit in with your friends”

“Well, that would make me different from them, although they might not really care as long as I didn't try to get them to quit”
Example: Double-Sided Reflection

“I mean, I know that I should still make sure he wears a condom... I get that it’s stupid not to... but honestly, it’s a pain and really ruins the moment. I don’t want to start arguments.”

“You’re frustrated with the process of making sure your partner wears a condom, but at the same time, it sounds like it’s important to you.”
ACTIVITY: Practice Reflections

Emotion Reflection
(simple, diffuse resistance)

“I feel hopeless and down.”

“I tested positive for HIV last month and am worried that I’ve infected my wife.”

“I’m too ashamed to get HIV treatment.”
Sustain talk and Discord

- Sustain talk is a normal part of the ambivalence struggle and is focused on the target behavior or the change that is sought or needed
- Discord, on the other hand, indicates some communication snag in the client provider relationship
- Resistance is nothing more than one of these two when experienced in an encounter between client and provider
What to do with Resistance

<table>
<thead>
<tr>
<th>Sustain Talk</th>
<th>Discord</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Part of the conversation about change</td>
<td>• Need to step back and reflect on relationship and reactions of client</td>
</tr>
<tr>
<td>• Connect with it can be difficult</td>
<td>• Repair relationship</td>
</tr>
<tr>
<td>• Distract from reasons for not changing</td>
<td>• Clarify any confusion or miscommunications</td>
</tr>
<tr>
<td>• Focus on change talk when you hear the sustain-change talk sandwich</td>
<td>• “Sounds like you see me as pressuring you to change. It really is up to you”</td>
</tr>
<tr>
<td>• Do not over empathize or agree with sense of hopeless or impossibility of changing unless strategic</td>
<td>• “We may not be on the same page. How can I best help you”</td>
</tr>
</tbody>
</table>
Evoking Change Talk

- Listening closely to client thoughts, feelings and language
- Asking Evocative Questions that elicit DARN language
- Avoiding questions and reflections that are likely to evoke sustain talk
Evoking Process

- Helping people talk themselves into change
- Helping people hear themselves say things out loud that they have not fully processed for themselves
- Supporting self-examination and exploration and resolution of ambivalence, exposing the approach avoidance conflicts
- Providers can help clients increase change talk and decrease sustain talk
OARS: Basic Techniques of MI for all Processes

- Open-Ended Questions
- Affirming the Client
- Reflective Listening
- Summarize
Summarizing

Linking together a series of statements or main themes said by the client and presenting back to him or her a condensed, thoughtful, and directed version

• Similar to reflective listening but makes connections
• Communicates, “I remember what you tell me and want to understand how it fits together.”
• Good for building rapport and clarifying information.
• Helpful in calling attention to important points in the conversation and shifting attention or direction.
• Clients are not always adept at organizing various thoughts and feelings; often do not see discrepancies or similarities among thoughts, feelings or situations that they discuss → this is where you come in with summarizing
Utilizing Summaries with Clients

There are some important skills needed to develop and use productive summaries:

- Ability to track conversations over time
- Be free from over-interpretation and assumptions
- Link – *don’t leap!* – to avoid negative reactions

*The skills needed for asking open-ended questions and reflective listening are also critical for creating and using the various types of summaries*
Types of Summaries

There are three main types of summaries that can be helpful during a counseling session:

- **Collecting** – allow the client to hear and process what he or she is saying
- **Linking** – allow the client to make connections with statements they’ve made
- **Transitional** – allow for a gentle change of topic, direction or tone of a conversation
RECAP!

**MI SPIRIT**: Partnership, Acceptance, Compassion, Evocation

**MI SKILLS**: Open-ended questions, affirmations, reflections, summaries

→ How do you apply the SPIRIT and SKILLS in order to:
  
  ENGAGE a client?
  
  FOCUS your work together?
Engaging A New Client: Avoiding the traps

- Assessment trap
- Expert Trap
- Premature Focus Trap
- Labeling Trap
- Blaming Trap
- Chatting Trap
Engaging a New Client: Factors that Influence Engagement

- Desires or Goals
- Importance
- Positivity
- Expectations
- Hope
Engaging Your Client - Listening

• Ask open questions

• Use reflective listening -- the crucial element is demonstrating that you are listening; not necessarily whether you get everything right

• Roadblocks: common responses that impede self-exploration and suggest that you are not listening well
  ▫ Ordering, warning, moralizing, too much probing, too much interpreting/analyzing
ROLE PLAY: Engaging a Client

YOUR TURN
Once the client is engaged, how do you focus your work together?

- **Definition:** The way that the provider and client come to agreement on what goals to address

- The client and providers can have a number of different goals and problems to address
  - It is difficult to address multiple problems, especially ones that are not closely linked in a consultation

- **Understanding agendas and learning how to work with them is the objective of the focusing process**
When focusing, remember...

Directing

It’s crucial that you take your medications. Here’s how you can do it. You need to use a pill box and set reminders on your phone.

Guiding

Tell me what makes it hard to take your medications. Let’s talk about the pros and cons of regularly taking your medications. What do you think about using a pill box?

Following

I know how hard it is to remember to take your medications. Why don’t you try to stick to it for the next week? I believe you can do it.
**Client:** “I’m not sleeping well, and I have had trouble concentrating since I broke up with my boyfriend.”

**Provider:** “This must be difficult for you.”

**Client:** “Yeah, on top of this, I am homeless and have started shooting up again.”

**Provider:** “Wow, so much has been going on, I would imagine this is overwhelming.”

**Client:** “Yea, and now at my doctor’s on Tuesday, he told me I am vulnerable for Hepatitis C and I should get tested.”

**Provider:** “Ok, so there are many things on your mind right now. Before we go too far, where would you like to begin?”
Sources of Agendas

• **Client**
  - Presenting Problem and Concerns
  - External Demands and Desires

• **Setting**
  - Type of Service
  - Source and Demands of Funding

• **Provider**
  - Clinical Judgment:
    • Provider’s view of Key Problem
    • Provider’s Assumptions about Targets for Change
When Goals Differ

• Is this a Current Goal of Client?
  ▫ YES
  ▫ NO

• Is this the Provider’s Goal or Hope for Client?
  ▫ YES
  ▫ NO

*How do you resolve conflict and discrepancy?*
MI Inconsistent
Common Traps

• “I am the expert on how and why clients should change”
• “I collect information about problems”
  ◦ Closed questions, impose focus
• “I teach you what you need to know”
• “I can scare you into change”
• “Clear directions will get you to change”
MI Consistent
Good Messages (can be either explicit or implicit)

- “I have some expertise, but you are the expert on yourself”
- “I match information to your needs and strengths”
- “You can tell me what kind of information would be helpful”
- “Advice that respects your needs and autonomy is most helpful”
MI Consistent

• **Elicit**
  ▫ Ask permission and clarify information gaps and needs

• **Provide**
  ▫ Clear important information
  ▫ Support autonomy; Don’t prescribe response

• **Elicit**
  ▫ Client interpretation, understanding, response
Returning to the Stages of Change

- **Precontemplation**
  - Not interested

- **Contemplation**
  - Considering

- **Preparation**
  - Preparing

- **Action**
  - Initial change

- **Maintenance**
  - Sustained change

- Interested, concerned and willing to consider
- Risk-reward analysis and decision making
- Commitment and creating a plan that is effective/acceptable
- Implementing plan and revising as needed
- Consolidating change into lifestyle

Ambivalence

- **Definition**: Having important motivational considerations on both sides of an issue, argument, or change

- It is a normal part of behavior change—it is not defensive or pathological!

- Four Types of Ambivalence:
  - **Approach-Approach** (two good options)
  - **Avoidance-Avoidance** (two undesired options)
  - **Approach-Avoidance** (two sides of one option)
  - **Double Approach-Avoidance** (two options)
Addressing Ambivalence: Using a Decisional Balance

- A decisional balance can diffuse resistance and increase discrepancy
- Ask client to brainstorm a list of reasons for not making a change (i.e., good things about drinking)
  - Use this to argue *against* change
- Invite counterarguments (i.e., why change would be a good thing)
  - Reinforce comments and encourage client to argue their point even more forcefully!
Addressing Ambivalence: Using a Decisional Balance

Weighing pros and cons of behavior change

The goal is to tip the scale in favor of change
Addressing Ambivalence: Using a Decisional Balance

<table>
<thead>
<tr>
<th>Pros of Change</th>
<th>Cons of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cons of No Change</th>
<th>Pros of No Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Supports change)                   (Supports no change)
Addressing Ambivalence: Using a Decisional Balance

Example: Using condoms (as change behavior)

<table>
<thead>
<tr>
<th>Pros of Change</th>
<th>Cons of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Protect from pregnancy</td>
<td>• Sex doesn’t feel as good</td>
</tr>
<tr>
<td>• Protect from STI’s</td>
<td>• Partner may not agree to use condoms</td>
</tr>
<tr>
<td>• Feel more responsible</td>
<td>• Interrupts foreplay</td>
</tr>
<tr>
<td>• Feel less guilty</td>
<td>• Have to remember to bring a condom</td>
</tr>
<tr>
<td>• Shows my partner I care</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cons of No Change</th>
<th>Pros of No Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Could get an STI</td>
<td>• More enjoyable</td>
</tr>
<tr>
<td>• Could get pregnant</td>
<td>• Don’t have to talk with partner about it</td>
</tr>
<tr>
<td>• Would worry all the time about what could happen</td>
<td>• Don’t have to remember to bring a condom</td>
</tr>
<tr>
<td>• Feel guilty if I infected my partner</td>
<td></td>
</tr>
</tbody>
</table>
Additional Strategies: Readiness Ruler

On a scale of 1-10, how would you rate your readiness to change your ________(behavior)?

- "What made you choose a ___ and not a 1?"
- "What would it take to get you to a 10?"

*Note: the ruler can also be used to assess MOTIVATION, EFFICACY/CONFIDENCE, and IMPORTANCE related to change of a behavior.
Take Away from Today’s Training

Therapist Empathy & MI Spirit

Client Change Talk & Diminished Resistance

Commitment to Behavior Change

BEHAVIOR CHANGE!
Recommended Readings I

- www.motivationalinterview.org


Recommended Readings II


Recommended Readings

- www.motivationalinterview.org
Questions?