

# **A Taste of Motivational Interviewing**

**Recorded March 21, 2025**

LINDA HEDENBLAD: Well, thank you, everybody, and thank you for the opportunity to be here. I want to start by thanking, even though he's gone, Steve Wooderson. I'll tell you what, on a Friday of so much chaos going on, it's nice to have someone give us some information given a way that feels empowering, when things can feel fairly out of our control. I thought that was well done.

I want to thank the Center and George Washington University. I'm a member of the center and have been for 8 years, 9 years, 10 years. I don't know. I have known Maureen for-- I probably shouldn't have even started with that, but over 20 years. And same with Rob Froehlich. They are truly among the best of the best, in my opinion, in the field. And to be known in the company of them, as well as John Walsh, is one of the highlights of my career.

In addition to working with George Washington University, as John said, I work with YesLMS? I'm the CEO. So somehow I went from being a case manager to a mental health outreach person with the homeless and mentally ill, to a VR counselor, to an educator and a teacher, to now being a CEO of a small tech company.

And if you're wondering, that is not a typical trajectory for anybody, especially for someone who needs help with or who still will never understand some of the Microsoft suite of products. But that is where I found myself.

Now, how did we get to YesLMS? I was working with a different project at one point, with another university, and they were insisting that we use software that wasn't accessible. And I said no. And a colleague of mine at the university and I created an accessible website to put content on. And this is in 2016. After that grant folded, that colleague called me and said, let's build our own. Let's make the most accessible software for Learning Management System ever created. And he's done the programming, and I did the business building. And between the two of us, we've achieved that goal.

And right now, we work with, among other types of customers, we work with a brewery and a few other types of businesses. We also work with 40 state vocational rehabilitation agencies. So that's pretty cool. The other folks I would like to thank for this opportunity is everybody out there. It's because of you that the civil rights for people with disabilities continues to advance every year.

All right. Let's talk about motivational interviewing. Are you ready? Phew. It's quite a change to go from Steve to motivational interviewing, but let's give it a try, shall we? All right.

So I'm going to start by asking you to contribute to the chat. Now, on a scale of 1 to 10, what I would like to know-- and just go ahead and put your number in the chat. On a scale of 1 to 10, are you asking yourself, where am I? Are you able to say, I'm aware of motivational interviewing? Are you able to say, I've had some classes and I use some of the skills?

SPEAKER 1: Did you learn anything?

LINDA HEDENBLAD: [LAUGHS] I use MI and feel confident in my skill or step down, lady. I'm teaching this. Where do you think you fall? And if you say, step down, lady, I'm teaching this, you will get the opportunity. Don't even think about it. It's Friday. So where are most of you falling?

It looks like quite a few people have some experience. We're, a little bit, all over the map. I think if I were to make an average, the average would be somewhere around five or six. We have some folks that are eights, some that are fours, a lot of fives, sevens. OK, great. Well, that's fantastic. We don't have anyone who's a 10 just yet. But if I were to be honest, I don't know that anyone ever hits the 10. There's so much to learn with motivational interviewing. So fantastic. Thank you for that feedback.

Well, let's start for those folks. We're going to give a broad and very brief interview to motivational interviewing. Hopefully there's something in here that even the sevens take away from this, or the eights. And hopefully, I'm trying to thread that needle, so the threes also walk away with some information. But this really is all about change. Motivational interviewing is.

So let's say we were to address a family member, or maybe it's even someone on this call. And the person says, I'd really like to lose weight. I'd like to diet and exercise, but I don't know where I'm at with that. What's our first compulsion? Our first compulsion may be not as counselors, but our first compulsion, as human beings, is to try to give an enormous amount of advice. Well, have you tried this? Have you tried that? Have you tried this? Have you tried that?

Let's pretend, for just a moment, that I say to everyone out there, think of a change that you'd like to make. A change that's in the realm of diet, exercise, managing your time, something like that and not, I think I would like to leave my spouse. Let's not go that far. Let's tone it down and think of a change that you'd like to make.

And if you have one in your head, then this is the ultimatum I'm going to give you. You start working to achieve that goal this week. For every week that you do not give significant progress on that goal, you owe me a week worth of your paycheck.

Now, I can almost hear what you are thinking right now. Some of you are saying, oh, well, that might actually be the push I need. And some of you are probably not as kind, and you're standing up for yourself and you're thinking, who the heck are you to tell me what to do? And that's where our normal way of wanting to give advice and give information for people who are looking for change falls short. We're going to get more into that in just a moment.

But there is a mystery around change. So you'd think that giving a person an opportunity to escape poverty would motivate them towards change, or you'd think that easy instructions or next steps for a consumer to follow through would be something-- Yeah. I'm going to go do it. You'd think that being pregnant would be enough of a reason to stop someone from drinking or drugging, but life doesn't always happen that way. And why is that?

It's because of ambivalence. So all change has a certain degree of ambivalence. And thank goodness, because if all change didn't have ambivalence, we'd be out changing it. I had a thought yesterday, about something that I should do. And I was like, well, maybe you should take a beat on that.

What if that was my ambivalence talking? What if my ambivalence hadn't interceded? I would have just made that change and made another change and made another change. I would have left my husband probably 75 times by now if I would have-- if ambivalence hadn't-- I mean, it would have been because he left the dishes in the sink. It wouldn't have been for any really significant reason. But ambivalence always comes in to give us a break and give us a moment going, I'm not sure that's what you really want.

Well, resolving ambivalence is the key to motivational interviewing, because all change has ambivalence. Let's think about the ambivalence that our customers may have, or our consumers. If they come in and they're looking at gaining employment, what are their recent experiences? Are their recent experiences with an accident or injury that had all of these other components that come along with that, a change of life, perhaps change of income, all of these things that are webbed in with that?

Is it someone who's been on Social Security disability for a long time and wants to explore work but is worried about losing Social Security disability? The ambivalence level in the folks that we work with can be, actually, quite strong. And so how do we work with that ambivalence, to help a person explore the change that they'd like to make and feel confident in doing so? So how do we do that?

Well, let's start with a definition of motivational interviewing. And this comes right out of the William Miller and Steve Rollnick book. William Miller and Steve Rollnick are the original authors of Motivational Interviewing. And if I have the story correct, it was William Miller who was working in a chemical dependency organization, and his client outcomes were very, very high. And so the team decided to film what William was doing, to see why his outcomes were so much higher.

And he had really tapped into a lot of Carl Rogers's techniques of active listening and turn them into something different, turn them into motivational interviewing. And so if you're interested in learning more about motivational interviewing, I will turn you right back to that book. I think it is in the fourth edition now. It's easy to read. There's lots of great information in there. I personally love that book, and it's definitely worth purchasing.

But this is a definition right out of there. "Motivational interviewing is a collaborative, goal-oriented style of communication with particular attention to the language of change. It's designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion." That's it. That's it, that's it. That's all of it.

So, now, what does this mean? Well, I mentioned, a few minutes ago, that writing influence, righting reflex. So if I were to say to you, as I did earlier, you have to start with this change or I'm going to start taking money from you, those of you that were like, who are you to tell me what to do, you're feeling the righting reflex. But the righting reflex is, I feel this within myself a lot.

A friend will say, I'm really thinking about doing this. Well, I have my own life experience, and I want to tell them, I have some ideas for you. But instead of eliciting where they're at and what their ideas are, I start pushing my own ideas. And oftentimes, what I hear back-- and thank goodness that I know enough about motivational interviewing to listen for this-- is I start hearing reasons why things I'm suggesting won't work.

The main problem with this is that the more a person tells you why they can't do something, the statistically less likely they are to do it. Now let that sit in for a second. Of all the times that we've tried to tell people, including teenagers, you need to do this, you need to do that, and they're fighting back, if we were to take a slightly different approach, we might actually increase the odds of them being able to succeed with the change that they want. Whereas giving our suggestions and imposing our will on people actually can decrease.

Now, there are times when some of our advice is really well accepted, and we'll get into when that works. But we're going to start with the righting reflex.

One of the things that I read in the Motivational Interviewing book is, if you're the one arguing for change between you and your client, if you're the one arguing for change and they're sitting in the chair, then you're in the wrong chair. Your client should be the one arguing for change. These concepts can seem kind of simple, but actually getting out of the righting reflex is difficult, as human beings, as counselors, especially as VR professionals, where we're supposed to come in with just an entire room's worth of knowledge on how to navigate things. Like, it's hard not to push towards that or start giving that information too soon.

But let's take a look. I have an example here, two examples, of a doctor who's addressing a client. Now, if you think about it, doctors and medical professionals are one of the highest users of motivational interviewing, because they have a very limited amount of time to try to work with a client to manifest behaviors that are better for their lives. They have a small window, 15 minutes, oftentimes, max. So how do they encourage lifestyle change in 15-minute pockets?

The first thing that we're going to see here is an example of the typical scenario that you might see with a medical professional who's feeling very pressured to insist on change and how that sounds to the particular client here. So let's take a look.

SPEAKER 2: So I wrote a prescription for an antibiotic for Aidan that should help with the ear infection. But in looking through the chart, I mean, it seems like you've had six or seven of these just in the past year or so. That's really a big problem.

SPEAKER 3: Yeah, it's pretty stressful for both of us. He gets really upset.

SPEAKER 2: Well, one of the primary risk factors for multiple ear infections in kids is actually smoke exposure. Are you smoking?

SPEAKER 3: Yeah. Yeah, I do smoke, but I don't smoke around him. I try really hard not to smoke around him.

SPEAKER 2: Well, the fact that he's having these ear infections is indicating to me that he is being exposed to smoke. And so what can you tell me about that?

SPEAKER 3: I don't know. I mean, I try really hard not to smoke around him. I don't smoke in the car. When he's home, I go outside to smoke. I mean, I know it's bad and I know it's bad for him, so I don't want him to be around it, so I try really hard.

SPEAKER 2: I really need you to quit smoking, both for your health and for Aidan. Did you know, smoking around your child is associated not only with ear infections, it could get to the point where you have to put tubes in his ears pretty shortly, here? Also, things like vitamin C deficiency, cavities, dental cavities, behavior problems, asthma, other upper respiratory infections. It's really putting him at a lot of risk. In addition to that, kids of smokers end up smoking themselves. Do you want him to grow up to be a smoker?

SPEAKER 3: No, but I don't smoke. I've thought about quitting, but it's really hard, so I just don't know how to do it.

SPEAKER 2: Well, now is the time to quit. It's really gotten to the point where you can't keep smoking, not only for him, like I said, but also for you. You're putting yourself at risk for lung cancer, for emphysema, for oral cancers, for heart disease, for all kinds of things.

SPEAKER 3: I know, I know. I've heard. People have told me before. I've heard all that. I just don't know how to do it. How am I supposed to quit? It's so hard.

SPEAKER 2: Well, there's all kinds of things you can use now. It's not as hard as it used to be. You can use nicotine replacement. There's patches, there's lozenges, there's gum, there's the inhaler, there's nasal spray. We can talk about medications. You can try Chantix. You can try Zyban. There are quit smoking groups you can go to. There are hotlines you can call.

SPEAKER 3: I just don't have time for any of that.

SPEAKER 2: There's no reason why you shouldn't be able to quit. This is really important.

SPEAKER 3: I understand that. I know it is. I mean, everybody has problems. It's really, really hard.

SPEAKER 2: Well, what can be more important to you than the health of your child?

SPEAKER 3: I don't know.

SPEAKER 2: I really need you to tell me that you're going to quit smoking. This is really important.

SPEAKER 3: I'll go look at all those things, and I guess I'll try to find something, and I'll talk to my doctor about it.

SPEAKER 2: OK. Well, I think you really need to think about this seriously. Like I said, it's really putting yourself and your child in danger.

SPEAKER 3: OK. Whatever.

SPEAKER 2: OK.

SPEAKER 3: OK.

LINDA HEDENBLAD: All right. What do you think the odds, that woman is going to run out and look for-- I don't know-- nasal spray and the groups and all of that stuff? What do you think the odds are, she walked out saying, darn it. That's right. That doctor is so smart. I hadn't thought about the danger to myself or my child. I need to look at this completely differently.

I think the odds of that, with this particular parent, are incredibly small. Because instead, the parent was inundated with shame and guilt.

Let's take a look. It's called the 12 Roadblocks. Let's see how many of these that doctor had unveiled on this parent. Ordering. Directing. Yep. Warning. Threatening. Yep. Giving advice suggested and providing solutions. Yep. Persuading with logic. Arguing lecturing. Moralizing, Preaching. Judging, blaming, criticizing. Agreeing, approving, praising. Shaming, ridiculing, interpreting, analyzing, reasoning. Questioning, probing, withdrawing, distracting, changing the subject.

Agreeing, approving, praising can be a roadblock if it's done in a way that's a roadblock, to be able to say, oh, yeah, you absolutely can't quit. So the only two things that I could see that this doctor didn't do are number 7 and number 12. Other than that, every single one of these roadblocks is something that was thrown at this parent, making it less likely for change to happen anytime soon.

I think the most likely thing is, the second the doctor got anywhere near sight of the parking lot, she reached into her purse. That client reached into her purse and probably started smoking, and the baby might have started smoking, too. I mean, that was so stressful, in that moment. I just don't know what could have happened.

So let's take a look. Now, this isn't a perfect motivational interviewing example. But that's one of the reasons I like it, because it's not perfect. Here, you're going to see a doctor, the same doctor, trying a different approach with the same client. Now, they have the same amount of time. They have that small window that a doctor has with a patient to be able to try to get to behavior change. But this is a different approach. And let's see what you think here, if there are less roadblocks being thrown up.

SPEAKER 3: Watch what happens this time, when the provider cues in to what the parent is saying, empathizes with her situation, and attempts to work with the parent to find a solution that fits her needs.

SPEAKER 2: So I wrote a prescription for antibiotics for Aidan.

SPEAKER 3: OK.

SPEAKER 2: I did want to talk to you, though. I'm a little bit concerned, looking through his chart, at how many ear infections he's had recently. And I noticed that you had checked the box that someone is smoking in the home. So I was wondering if you can tell me a little more about that.

SPEAKER 3: Well, it's just me and him, and I do smoke. I try really hard not to smoke around him, but I've been smoking for 10 years, except when I was pregnant with him. But everything is so stressful, being a single mom and my having a full-time job. That's why I started smoking again.

SPEAKER 2: You have a lot of things going on, and smoking is a way to relax and de-stress?

SPEAKER 3: Yes. Yeah. Some people have a glass of wine. I have a cigarette.

SPEAKER 2: Sure. And it sounds like you're trying not to smoke around him. Why did you make that decision?

SPEAKER 3: I know it's not good for him. I mean, I've read those things about ear infections and asthma and stuff, but other kids have ear infections and their parents don't smoke.

SPEAKER 2: So on one hand, you're worried about how your smoking might be affecting him. And on the other hand, you're not so sure if it's really the smoking that's causing these problems?

SPEAKER 3: Right. Yeah. I mean, he doesn't have asthma. He hasn't had a lot of other problems that his other friends have. And I've thought about quitting before, in the past, but I just don't see how it's possible right now.

SPEAKER 2: What made you decide to quit smoking when you were pregnant?

- Well, he was inside me, and we were sharing everything. And I knew that he would get some of that, and I just didn't think I could live with myself if something happened to him.

SPEAKER 2: Right now, though, it feels almost too difficult to even manage or even to try.

SPEAKER 3: Yeah, exactly.

SPEAKER 2: How were you successful when you quit before?

SPEAKER 3: I don't know, I think about it now. I don't even know how I did it. I just did it. I just couldn't imagine him not being born or going into labor early and him having problems and stuff like that, all the stuff that they talk about with women who smoke. So that was just enough to say, OK, you know what? I'm not going to risk that.

SPEAKER 2: So the risks were so scary, then, that you were able to stop?

SPEAKER 3: Yeah.

SPEAKER 2: But they feel as scary to you now?

SPEAKER 3: No. I mean, we're two separate people. And like I said, I try really hard not to smoke around him. I'm pretty good about that. I don't let other people smoke around him.

SPEAKER 2: You're doing the best you can do.

SPEAKER 3: Yes.

SPEAKER 2: OK. But it sounds to me, too, like part of you really does want to quit.

SPEAKER 3: Yeah. I know that I need to. Every new year, I say, OK, this year I'm going to quit smoking. But then something happens, and it just doesn't--

SPEAKER 2: It's on your to-do list. It's just not making it to the top.

SPEAKER 3: Yeah.

SPEAKER 2: If you did decide to quit, on a scale of 1 to 10, where one is not at all confident, you don't think you could do it, and 10 is, you feel pretty certain that you could, where do you think you fall right now?

SPEAKER 3: Probably a five, kind of in the unsure area. Like, I know I've done it before, so I know I can do it. But at the same time, it just seems really hard, and it's not the same situation.

SPEAKER 2: Well, what made you say five rather than two or three?

SPEAKER 3: I know all the ways it's bad for me. I don't want him to grow up thinking that it's OK to smoke. I don't want him to use any kind of-- I don't want him to chew or anything like that. So I know I need to, especially before he gets old enough to understand what Mommy's doing, but I just don't know if I can do it.

SPEAKER 2: OK, so it sounds like you have a lot of reasons why you'd like to quit. You have been successful quitting in the past. And right now, you're just feeling a little bit hesitant about your ability to do it.

SPEAKER 3: Yeah.

SPEAKER 2: Where do you think we should go from here?

SPEAKER 3: I don't know, I'd like some help.

LINDA HEDENBLAD: All right. Well, I think you start to get the sense there of the difference. What happened here is, the conversation between the doctor and the patient turned from one of directing and giving non-stop advice and blaming and shaming to one of joining with, showing empathy, exploring the client's values around this, not making the assumption, like the first time the doctor came in and said, well, this can cause asthma. This can cause this.

And this time, the patient was able to say, I know that it causes this, this, and this. So it's giving a little more space for the person to be able to express what they need to express. The doctor, here, showed empathy. She increased the importance, by the way that she phrased things. Did she increase the importance of the change? And even helped with the confidence, even helped increase the confidence of the mother in this particular scenario by saying, you quit before. When you quit before, what was your motivation for doing that and how were you successful?

You could almost see, during this scenario, the mother's desire to change. Remember, ambivalence is normal. Ambivalence, where we feel two ways about most change in our life. Two ways. And if you're looking at tipping the ambivalence towards positive change, helping the individual go for the positive change that they want, that tipping point, you could see it in this scenario, where the tipping point was starting to go where the mother was starting to explore change.

Now, is she going to completely achieve all of her goals in one appointment? Probably not. But if we would have watched all the way to the end of this scenario, we would have seen that the parent wants to have another appointment with the doctor, to be able to start exploring things. Whereas the first scenario, I'm pretty sure the parent wanted to find a different doctor. Very, very different.

Same amount of time for both interactions. But getting rid of that righting reflex and wanting to-- oh, my gosh. I only have five minutes. I got to do everything I can to push this person into changing. Instead of doing that, organizing the conversation in a way that you are pulling the desired change out of the person is very different.

So ambivalence is normal and working with who the person is, what their intrinsic values are is incredibly important. This person obviously loved her child, wants to be a good parent, is trying very hard to manage stress that seems almost overwhelming.

So when I think of motivational interviewing, I think of a conductor of an orchestra. So let's say the conversation is your orchestra. The client in the conversation is your orchestra. And so what you do with your little baton in an orchestra-- the director might want more timpani, or more gong, or whatever. More bass. And so how they direct it is how the orchestra will then react.

Well, the same is true, in a way, with conversations. All of us do this. All of us do this. If I were to ask a random person in the room, what did you do last weekend? Let's just say you respond with, I went to a birthday celebration. It was a picnic with my family to celebrate my brother-in-law's 40th birthday. And the kids were there, and it was really fun.

Now, how I respond next dictates the flow of the conversation. I could say something like, oh, family must be really important to you. And what are they going to start talking about? I just said, more violin. What I'm going to get back from that is information from the person about how they value family. Whether that's an accurate reflection of mine or not, they're going to talk about that.

If I were to say, last week, oh, my goodness, with the chances of storms, you still had that celebration? I'm so glad the tornadoes didn't come. What are they going to respond to? I've just asked for bass. So bass is going to come back. They're going to start talking about, oh, yeah, we had a backup plan, but, man, I am so glad the tornadoes didn't come.

In all conversation, it's a dance between two people. In motivational interviewing, it's a conscious dance. So when I am talking to a client and I see ambivalence and I want to help them work through their ambivalence, I'm going to direct the conversation with intention.

I'm going to use the tools of motivational interviewing to direct the conversation in a way that a person talks about their desire, their ability, their reason, their need, for wanting their commitment, what they plan to do, what steps they plan to take. I'm going to want to orchestrate hearing all of that as they move through ambivalence, and I'm going to do that using specific tools.

But underneath that, underneath the orchestration, underneath the movement of conversation, to have a person-- to really encourage them to talk about the change they'd like to make, the more a person talks about change, the more likely they are to change. So the more I get them to do that, the more likely they are to change.

But without the MI spirit, motivational interviewing can become a manipulative trick. What does that mean? Well, there's car salesmen who take motivational interviewing classes, and they shouldn't because it's unethical, but they do because they know that they can get in and manipulate the intrinsic values. And if the person's feeling ambivalent about spending that much money on a car, they can go in, and they can play with that and maybe get the person to buy the car, when that ambivalence might have been good, that ambivalence. Maybe they shouldn't be buying a car.

Motivational interviewing, when it comes to a counseling profession, whether it's chemical dependency, whether it's a doctor and a patient, whether it's somebody in a prison system, whether it's a vocational rehabilitation, regardless of where that counseling dynamic happens, it happens with the MI spirit. And this is looking at the ambivalence of the person and deciding what they want and then enforcing that and drawing that out of them, so that they get the change that they want.

So the four processes of MI are, we engage with the client, we come to a focus, we evoke change talk-- and we're going to talk about that in a moment-- and then we do the planning. So we engage with the person to develop that relationship. We develop the focus. Maybe the focus is, for now, I would like to have a job in technology, maybe.

Then we do the evoking to sift through if there's any ambivalence there and what the person wants and what they're willing to do. And then we go to a plan. Now, this is fluid. It looks linear here, but it's fluid. If you're evoking and you run into a problem with a client, you're going to go right back to engaging.

If you're in engaging and your client says, I want a job in tech, and I'm ready to go, and here's my resume, and by the way, I even have an interview lined up, but what I really need is some I need some information on how to disclose my disability, you're not going to slow the process down by going through it. You're going to go right from engage to plan, because the person is showing that they don't have ambivalence. And motivational interviewing really is dealing with ambivalence. Now, you can use the tools of motivational interviewing anytime. But when it comes to ambivalence, that's when you want to tease out this further focus.

Now, if I think, in my entire career of being in VR or working with VR, how many clients are closes unsuccessful, I'm going to venture an opinion here, but it's an educated opinion. Those unsuccessful closures are due to two things. One, the process was too slow. So you had a person come in who's motivated. Even if they're ambivalent, they're motivated enough to come to a door. They want to talk to somebody, and our process took too long, and that motivation waned. That's one of the things.

The second is, they were working with someone. They were working toward a plan, and their ambivalence started to come out. And maybe they didn't finish the homework that they were assigned, or maybe they didn't do this. And the counselor said, well, if you're not ready to work, you should just go home, and we'll try this again when you're ready, instead of acknowledging it for what it is, that this is a normal part of the change process.

And now I see, this person is having some trouble. Instead of just writing that off and say, come back when you're ready, it's our job to help them be ready. That's the counseling part. So coming in and being able to say, well, you didn't complete this. Tell me why. And you start listening, and you listen for the words that motivational interviewing is going to-- that we're going to talk about here in a moment. And you know how to respond to them in ways that help build the person's confidence or helps build the importance of what they want, so that they're more likely to make the change.

I really think that if it weren't for those two things in vocational rehabilitation in particular, then I'd see that we would make a dramatic improvement in our work with clients.

All right. So what is this that I'm talking about? What are these skills? There's the MI spirit. And I have, here, a graph on the chart, on the PowerPoint, here, that has four points of the MI spirit. And they are partnership, acceptance, compassion, and evocation. Then we have an area next to the spirit-- the spirit is over everything-- that says micro skills, the behaviors that support the spirit.

And those micro skills are the active listening skills of open questions, affirmations, reflections, and summary statements. We use these tools as a way of orchestrating. Instead of our wand, we have open-ended questions, affirmations, reflections, summaries. That's how we conduct the orchestra.

Then there's the language clues that we listen for, and that's the next area of the chart, the language cues. I'm going to listen for discord. Is a client pushing back in negative ways? Well, that's discord, and I'm going to reach into my toolkit, and I'm going to pull out my ways to respond to discord.

Is this a problem of focus? Are they off topic or wandering, or do I not know what the focus is in a session? How do we get to focus? Because until we're until we're out of focus, we don't know. We don't have the momentum to move forward, because we don't know what we're moving forward on.

Then there's evoke, which is when we start evoking change talk. Because the more a person talks about change, the more likely they are to change. And that change talk piece separates motivational interviewing from really any other type of counseling. And we'll get to that in a moment.

And then there's planning, and that's commitment talk. I don't know. I was guilty of this as a counselor, when I would move to planning too fast. I'd be like, well, you want to do this? Well, here. Here's the way we do it, x, y, z. Go ahead. And I didn't hear commitment talk. I didn't know that the person wasn't ready for that.

I might have heard, well, I want to do this or I might do this. I heard soft commitment talk, but I didn't hear something like, I'm ready to, or I'm willing, or I've actually taken some steps. That's a different kind of commitment talk that tells me, well, this person is ready for planning. So let's step back and take a little closer look at this here.

So let's start with one of these skills, which is empathy through reflection. This can be the beginning of our engagement period when we're first getting to know the client and we're building trust. Here, the client says, between family and doctor appointments, I have no time for work. Well, the person is here because they want to explore work. But now, this statement comes up.

This is demonstrating ambivalence. On the one hand, they want to go to work. On the other hand, they're having trouble seeing how their life is going to allow them to do that. You're hearing ambivalence. So the counselor says, your life is overwhelming. The client might respond with Yeah, it's kids, medical stuff. When can I work?

Now, already, the client's starting to feel heard. If you are trying to develop an engagement, if you're trying to develop that initial relationship and counseling where the person trusts you, you do it by listening. You do it by listening. All right.

And then the counselor says back, your family counts on you. My client says, yeah, I guess they do. They also cause me stress. And so the counselor says family can be stressful, even when they're an important part of your life.

So the counselor is hearing, and he's refocusing. In this way, he's showing a value that the client has, an intrinsic value. He may use that in the future, but the client has already said, family is a part of my whole deal. He wouldn't have, probably, brought that up if that wasn't some kind of a value.

So here, the counselor is reflecting back and reflecting back in a way that is pulling on, teasing on some of those values a little bit, while still showing that he's working or that he's listening.

Now, the thing that used to get me with motivational interviewing, when I was first starting to use it, because I'm an advice giver-- and just ask anyone who knows me really well. I'm an advice giver, and I just want to tell you what to do because I know better. [LAUGHS] It's a personality flaw. Now, I know it, but it is the way I am.

But the thing that really made it hard for me to learn motivational interviewing is, I thought, there's only one way to do it. Like, in this situation, is the counselor's only way to react to the family and the appointments? I mean, is there a different way to demonstrate listening? And of course, there is. There's 100 ways. I'm just showing you one. And this might not even be the best way, but this is one way. So don't get hung up on, is this the right way? I'll tell you when you know if it's the right way. You know the way the person responds.

So between family and doctor appointments, I have no time to work. If the counselor were to say, then this might not be the best time for you to be in vocational rehabilitation, which is something we would probably hear from a lot of people, I'll bet you the client would say, but I really need to work.

Now, what you're hearing there is, you're hearing the ambivalence. If the client says, I don't know if I can really work and the counselor comes back and says, OK, you can't work and the client says, but I need to work, you know you're dealing with ambivalence right there. Absolutely. You're dealing with ambivalence, and they're starting to act it out.

Now, one way that we can work with our clients is by developing discrepancy. And that's really showing a difference between where they are today and where they want to be in the future and then working with the client to see that future, not only to see it, not only see the change, but taste the change, smell the change. We want them to really want the change. And if we can start developing that discrepancy between the thing that they really want and where they are today and we make that appealing and we allow them to taste and smell and feel it, the more likely it is that ambivalence is going to start to wane, and they're going to start moving towards change.

So [COUGHS] here's an example. I apologize for the coughing. I'm recovering from one of the myriad of lung things that's out there.

All right. So developing discrepancy. Here's an example. You told me that having financial stability and a sense of purpose are really important to you. How does your current unemployment fit into that? And the person says, honestly, it doesn't. I feel unproductive and I hate relying on others for money, but working right now just seems like too much.

Well, not working is making it harder for you to feel financially secured and fulfilled. That's what the person just said. And the client says, I know I need a job, but I'm overwhelmed by the idea of getting back into the workforce. So you're hearing the ambivalence over and over again. Now, where a lot of counselors, including my former self, would have got stuck here is, I would have wanted to start fixing.

I'm overwhelmed by the idea of getting back into the workforce. Well, we could do some practice exercises. Or I know a bunch of people that felt overwhelmed, and now their lives are all different or whatever I might have interjected to try to push the person. If you do that, and it's not a problem if you do, as long as you listen for the response, if the response you get back is not moving towards change, then you need to switch your tactic, because what we want to do is start evoking the idea of change.

So on the one hand, if it feels uncomfortable right now. On the other, it's keeping you from what you really want to do. And the client says, maybe I need to take small steps-- I don't know-- update my resume or something, looking for part-time work. The client is starting to move past some of that ambivalence.

Now, I'll give you an example, a really quick example of a time when this actually worked for me in real life. So I have a relative that is on my husband's side that has been in and out of chemical dependency stuff for many, many years and was at a point where they really needed to detox and go into a facility to be able to try to get that drug and alcohol help that they needed to be able to get off of this and stop that horrible cycle.

But they were in the hospital and needing that medical detox in order to move forward to this other possibility. But the problem was, they had used up all of their opportunities, and the only way that they could move toward the detox and then move toward the inpatient treatment was if they specifically asked for it.

And we had less than five minutes, from the time my husband and I walked into the room until we left, for that person to ask for treatment, and they were not wanting treatment. So my husband's approach, as we were walking toward the room, was I need to tell this person how hard they're making all of our lives and how they've been doing this over and over again. If they don't take this opportunity, they're really messing up.

And I said, whoa. Let me try something. Let me try something. I've been learning some stuff. I want to try it. And I sat down, and I just asked the person, what is it that you want for your future? What is it that you want? And they started talking about, I'd like to have my child back. I'd like to see a future where things are different. You could almost see the twinkle start to come in the eyes, because they could start to taste and feel their future life, and they wanted it.

And then I said, OK, so from where you are today and where you want to be, where do you think your next step is? And this is a very abbreviated moment here. And they said, well, probably, what I should do is get into treatment. And that's when I said, well, I have some information for you. You have an opportunity right now, if you tell the doctor, but the opportunity is really short. How do you feel about that? I feel like I want to take it. OK. Doctor came in. That was done. I walked out, feeling pretty good about motivational interviewing.

My husband looked at me and goes, "Was that a Jedi mind trick?" I kid you not. That's what he said. And it wasn't a Jedi mind trick. I just got out of my way. I got him out of our way, and I went to, what is it that you really want out of your life? And that was the developing discrepancy, and it worked very well.

So we've got a couple more things, quickly, to go through, dancing with discord. Now, this is another time when you are off track. If you have a client that says, if you start by saying to a client, look, I have my rules 60 days to determine you eligible and the client says, I waited and waited for this process. It takes forever. You don't care.

The client says, you're just in this for a paycheck. And your answer is, well, I have my time. I have my 60 days. I have my 90 days. That's a problem. You're developing discord. You're actually starting to fight with the client. Instead, if somebody says, this is taking way too long, then you respond with, what's underneath that? If a client comes in and says, this is taking way too long and they're mad, what's underneath it, people? What's underneath it is something like, they're not feeling respected.

So you come back with something like, you feel that I'm not respectful of your time or your situation. And I'll guarantee you, 100% of the time, you will start to de-escalate that situation. 100% of the time. You might need to do it once or twice to get the de-escalation total. But if you start by listening not to what the person is saying and getting defensive, but listening to what they're trying to say, you got it.

Now, for the sake of time, we're going to move forward a little bit, quickly.

So supporting self-efficacy is another technique. And really, this is what, especially, vocational rehabilitation is all about. It's client-centered. It's supposed to be the client that makes the decisions. So being able to say something like, you've had some setbacks. You've also put in a real effort. What helped you stay sober, even for a little while. And the client starts telling you what they did to stay sober. You're helping that person build their self-efficacy. You're helping them see their control in the situation. You're helping build their confidence, and that's an incredibly important gift to be able to give a person.

Because there isn't a person who walks in our door who isn't trying, walks in, rolls in, comes in with a cane. It doesn't matter how they get in the room. When they're in that room with you, there is a reason that they're there because they want something different, no matter what comes out of their mouth, or they wouldn't be there.

All right. And here, they have the conversation. Well, I stayed out of bars. And the counselor says, that's great insight. You already know some strategies that have worked for you. How can you build on that success?

The last thing I really want to introduce here, the second to the last thing, is change talk. Now, once you know change talk, you don't go back, and that's the truth. I hear change talk all the time. This is the thing that keeps me from being the nasty advice giver all the time, anymore. you're just like, you need to do this. Have you tried this?

And if I hear back, well, that won't work for me because-- I stop. I am now in the wrong seat. I'm talking about change, and the other person's telling me why they can't do it. It's time to switch, and I start listening for change talk.

Now, what is change talk? Change talk is the key to MI. The amount of change talk can be influenced by us. We're orchestrating it. I want change talk. I'm going to pull it out, just like I want more violin. The more change talk, the more likely the person is to change. We've mentioned that already. And the increased attention and encouragement of change talk is core to motivational interviewing.

So I'm going to introduce you to those DARN CATS. The DARN CATS are an acronym for Desire, Ability, Reason, Need, Commitment, Activation, and Taking Steps. The DARN is all soft change talk. The CAT is momentum change talk. So if you hear commitment, action-taking steps, you know the person is on the way.

If you hear someone say, I'd like to make this change. I think about making it. That's the DARN part. That's the Desire, Ability, Reason and Need. But if I hear any of these, if I hear anything that qualifies, in these categories, as change talk, I want more of it. I want more of it.

So if a person says, I think about dieting, I say, you think about dieting? Tell me more about that. Well, I think it would be good for me because-- and I'm going to reflect that. I want to listen to change. I want them to tell me. After a while, I'm going to say, how do you think you might do that?

And I'm going to listen. And if they come back and they say, but I can't do it because-- then I know I've gone too far. And I go back and do some more simple reflections. And again, with the orchestration, I'm going to start pulling those DARN CATS out again, in a way that's keeping pace with where the client's at.

Now, this is something I can't completely teach you in an hour, but this is something that, with practice and especially with good listening-- because the teacher is Miller and Rollnick, but the main teacher is your client. And how they react is where the teaching actually really happens.

So there's the Desire, Ability, Reason and Need. And questions that we can ask to evoke Desire, Ability, Reason and Need is, we can ask questions for Desire, like, tell me what you don't like about being unemployed. What are you going to get back? You're going to get reasons they don't like being unemployed. Ability. How confident are you that you can make the change? What are you going to get back? How confident they are that they can make the change? We are orchestrating this.

Same thing with Reasons. What could be some of the advantages of taking your medication? That's always a toughie. How serious does this feel to you, as a need? You're going to get back exactly what you asked for in these open-ended questions.

Now, EARS is what we use to reflect, so we ask for elaboration. We might use some affirmations. We are going to use our reflections. And eventually, we're going to summarize the concepts. We might summarize several times in an hour, because we want to make sure that we are reflecting back what the person is saying, but also that we're getting it the way that they mean it.

Now, when you need to advise somebody, there's a right and a wrong way. The wrong way is to tell them what they should do. The right way is to elicit, provide, elicit. What I say is, I have some information that's worked for other folks in similar situations. Would you be interested in hearing more? And they say, yes, I would. And then, when you're done explaining this, now that I've explained this, what do you think? I want to know what you think. Elicit, provide, elicit.

The last thing? We're going to talk about changing confidence. We started this training, this little hour here, together, with a ruler, where I said on a 1 to 10, how experienced are you with motivational interviewing? This ruler is something you can use tomorrow, even if you were a 3 when you came in, if we're going to evoke importance.

On a scale of 1 to 10, how important is it for you to make this first step? And then they say, I'm a 5. And you say, you're a 5. That's interesting. How come you're not a 4 or a 3? And they will tell you why. And what you get back is what's important to them. You see how that works?

We can do the same with confidence. On a scale of 1 to 10, how confident are you? You can take this first step. Well, I'm a 7. What would it take you to go from a 7 to a 7 and 1/2 or an 8? And what you get back is their ideas on how to start changing, not yours. Their ideas. And I've been shocked at the ideas people come up with and how creative they are, because they're not mine.

So, lastly, when you start using the tools of motivational interviewing, you might be thinking of 20 things at one time. The client's talking. Yakkity, yak, yak. Oh, what do I reflect? What do I summarize? What do I do? What do I do? You feel like a duck. The thing about a duck is, they look like they're moving slowly on the surface, but their little feet, their little webby feet, are moving really fast under the water. Your client will never see your little, wiggly feet under the water. They're only going to see you moving smooth on the surface, so don't worry about it. You can do it. And Thank you.