

MOTIVATIONAL INTERVIEWING

The Confirmed Smoker: *Engaging and Evoking*

Interviewer (I): Theresa B. Moyers, Ph.D.

Client (C): Richard

Context: Health care

Focus: Tobacco cessation

Time: 16 minutes

Helping People Change

Interview 1

This is a fellow who was hired as an actor to develop a simulated patient role. While he was preparing for the role, however, he took a smoke break in the hallway, and it occurred to Dr. Moyers to ask him whether he would be willing to talk about his own smoking, not as an actor but as himself. He agreed, and this is the fast-paced interview that immediately followed. This is, to me (WRM), one of the most artful examples of Motivational Interviewing in action. Clearly he did not come in with any thought of talking about his smoking, so in that sense it is an opportunistic intervention. Dr. Moyers makes it look so easy, but what happens here within 16 minutes is really quite skillful. Client change talk is shown in italic.

1	I	Richard, you've agreed to come in today and talk to me a little about your smoking. Can you tell me a little bit about that?	Open question (even though structurally it's a closed question).
2	C	Well I was thinking about this before we were talking about it, that if I were able to sit down right now and have a cigarette, I would, because I like to smoke.	Sustain talk.
3	I	So being in front of the camera makes you feel like you want to have a cigarette.	Reflection.
4	C	Actually, my whole life is based around a cigarette. When I get in my car I smoke a cigarette. Of course, in radio or in other fields you can't usually smoke on your job, so you have to take those breaks, but in the older days I used to be able to smoke anywhere, so it makes it a little bit tougher. But yeah, if I could have a cigarette right now, I would.	
5	I	It's that much a part of your life, that you feel like you would have one even right now.	Reflection of sustain talk.
6	C	Absolutely. And I think you find yourself going out at 10 o'clock, 11 o'clock at night to go to the store to grab a pack of cigarettes when you smoke because it's what you need, physically need it, but you also like it because you enjoy it.	He responds with a hint of buried change talk. Note that he begins using "you" to refer to himself from here on.
7	I	Right. There's a part of you that really enjoys smoking.	What a brilliant little reflection! It

			does echo his enjoyment, and “a part of you” invites the other side of ambivalence without directly asking for it.
8	C	Right. <i>And then there’s a part that says, “You really don’t want to, or you shouldn’t.”</i> And it has nothing to do with people saying you can’t. It’s the fact that after a period of time you start – the flavor or the taste, <i>the problems become an issue.</i>	Change talk.
9	I	Mm hmm. On the one hand you really like it, and it’s good for you – helps you, and on the other hand you’re noticing some things you don’t like about it, like you have to go out at night and get it, you have to look for a break, and then there’s also something about the flavor and the taste, you said.	Double-sided reflection. Look at all the seeds of change talk that she’s heard already, 90 seconds into the interview!
10	C	<i>Yeah. You just get to a point where it’s not enjoyable anymore. You’re just doing it strictly out of habit, probably because of the nicotine that you want, but it’s really not because you want it. It’s because it gets to a point where you have to have it.</i> And I’ve never tried to quit. I mean, I’ve been smoking for a long time and I never once said, “You know what, I’m going to quit smoking.”	
11	I	And why is that, do you think?	Open question.
12	C	I think it becomes so much a part of your life, it becomes what you do, it’s everything that you are...if you go fishing, you go hunting, you go to sporting events, everything you do – that cigarette becomes part of who you are, even to a point where you can’t imagine yourself looking in a mirror without holding a cigarette. It is part of you, part of who your character is, even.	A beautiful subjective description of the experience of nicotine dependence.
13	I	So cigarettes are now a part of your character.	Reflection.
14	C	Absolutely. It becomes part of your character. I’ve had people tell me they can’t even imagine me without a cigarette, can’t imagine what I’d look like without a cigarette.	
15	I	And you can’t even imagine yourself without a cigarette.	Reflection.
16	C	No, so you just...it becomes who you are. <i>But at the same time you know some things are happening. One is you know that the taste isn’t there anymore. The cost is getting really, really high, so now you’re finding yourself going to these lesser brands, or making this run to the rez so you can bypass...I mean you have to do so much to smoke a</i>	Within three minutes, his change talk is outweighing his

		<i>cigarette and to maintain that desire that it gets really ridiculous, quite frankly.</i>	sustain talk.
17	I	Smoking used to be carefree for you, but now it's actually causing you a lot of trouble.	
18	C	<i>It's a challenge now. It's not just go get a pack of cigarettes. It's now, "How much do they cost? Which ones are the cheaper ones? Did you pick up a carton at the reservation 'cause it's so much cheaper with no taxes? Did you burn that hole in your clothes? Oh my God, that shirt – I burned a hole." I mean, you start running into more and more issues. Then you start wondering, "What's the return of this? What is the value?"</i>	
19	I	Yeah, I was just going to ask you about that, because you mentioned earlier sort of you're smoking more and enjoying it less, and not only that, but then here come all of these sort of burdens or costs.	Her language alludes in reverse to an old cigarette commercial about smoking less and enjoying it more.
20	C	I would be a terrible smoke commercial. A terrible commercial.	He catches the allusion.
21	I	It's almost like if you were trying to convince yourself to smoke, you'd have a hard time doing it.	
22	C	<i>It would be like the old saying, "Smoke less and enjoy more," but it's just the opposite: smoke more and enjoy less, so it would be a terrible advertising campaign. You just get to the point where you finally decide for yourself, you know, somewhere along the line you know in the back of your mind, somewhere in the back of your mind you're saying, "You know there's gonna come a time when I'm gonna put these down."</i>	Preparatory change talk crests into a hint of mobilizing change talk.
23	I	You're thinking about it.	
24	C	<i>Absolutely, because of the involvement, the...how much it's involvement is to smoke. It's too much, besides the fact that it's even considered socially unfair, or whether you want to consider it fair or unfair...unacceptable in so many arenas. People go out of their way to make an example by saying, "Oh my God, he's smoking. How...could you move that away over here?" People become very rude with it. Yet at the same time it's sort of a two-edged sword. You have the one side that says, "Don't smoke," and then the other side that says, "Keep smoking, because we're going to use it for health care." It's sort of a bizarre, so in your mind you're going, "What is this?" The smoker looks at this as a whole different way than the nonsmoker.</i>	A new preparatory change talk theme. This is an allusion to a macabre argument that people should continue smoking because it saves the government money in the long run for health care

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			and Social Security costs, since smokers die younger.
25	I	Well, it sounds like every time you try to think about one side of it, you have to end up thinking about the other side of it.	Direct reflection of ambivalence itself.
26	C	Yes. It's just a constant, it's a conversation in your mind.	Exactly.
27	I	Mm hmm.	
28	C	<i>It's not as free as the early days when you went down and got a pack for 25 cents. For God's sakes, you could go into a building and they would have a cigarette machine. You put a quarter in and it didn't matter how old you were, and pull the lever and pull out your cigarettes, and you smoked and no one thought much of it. I can remember smoking in the theater, smoking on an airplane, smoking in your job, smoking all the time, whenever you wanted to. It was just considered a norm.</i>	
29	I	Right. You didn't used to think about it very much, and now you're thinking about it all the time.	
30	C	<i>Now it becomes an issue because it's not enjoyable in many, many areas of the smoking experience. It's not just the smoke, the flavor, it's the social norm, it's what it costs you to buy them, what's all involved. And then, of course, the issue of health, which is the older you get, you begin to realize that it's starting to affect you. And every time you go to the doctor, he says, "Oh, by the way, have you thought about quitting smoking? You know, you ought to be considering that." So you're constantly having this little, and friends and relatives and people that don't smoke say, "You know, I quit 10 years ago. You might want to consider it. It changed my life. Food tastes better." All that good stuff. You're hearing all these positives when you're dealing with all these negatives.</i>	Another new change talk theme.
31	I	Let me see if I can see what you've just said. One is, you're worried about your health.	She begins a collecting summary.
32	C	<i>Oh sure.</i>	
33	I	Every time you go to the doctor, the doctor says something.	
34	C	<i>Sure.</i>	
35	I	Second of all, you're thinking about the social stigma, that people are always just sort of looking down on you 'cause you're a smoker, and saying something like "Have you thought about smoking? You should stop smoking."	
36	C	<i>Yeah, you have a lot of things coming negative, more than positive. When you first started – when I first started years and years ago, smoking was considered a positive thing, not a negative. You know, "I'd rather fight than switch" with Tareyton, "Enter into the cool country" with Salem, I mean, everything was built around the advertising</i>	First use of "I" about his smoking.

		campaign to make you feel as though it was OK. And then, of course, your friends did it, and it was part of that passage from being a child to an adult when a guy would have his cigarette, and if you're really good you rolled your own. Then you were just really macho.	
37	I	Mm hmm.	
38	C	And then you had the Marlboro guy, and all the guys wanted to look like that really pure type person. So, yeah, from that standpoint you saw the positives. <i>Today you see the negatives, and you hear the negatives.</i>	
39	I	<i>You're seeing the negatives.</i>	
40	C	<i>Absolutely.</i>	
41	I	And you've thought about quitting.	
42	C	<i>Yes. It's entered my mind many times in the last year or so.</i>	
43	I	And what do you think has kept you from trying? Because it sounds like you're thinking hard about quitting and experiencing a lot of negatives.	An open question, the answer to which is sustain talk.
44	C	I think there's two things. One is that it's become such a normal thing for you. Imagine yourself not having one, getting in the car, because everything you do is circled around that. So you get in the car and you smoke a cigarette. Then you light up as soon as you get in the car, as soon as you walk out of a building, as soon as you get out of your office, as soon as you finish with a client, and as soon as you finish eating dinner...	And sure enough.
45	I	So is it kind of like this, like you can't even imagine what it would be like not to have a cigarette?	
46	C	Cannot even imagine being without a cigarette.	
47	I	You can't even imagine it.	
48	C	No. Truthful.	
49	I	Mmm. When you think about your life without cigarettes, it's just a big blank.	
50	C	Yeah, it's just bizarre. What am I going to do?	
51	I	OK, so that's one thing.	
52	C	Yeah, that's one thing.	
53	I	It's like jumping off the edge of a cliff, and you can't even see where you're going.	
54	C	Very true. And the second part of it, of course, I think without a question, is that fear of what you're going to go through when you quit, that withdrawal of that nicotine.	Envisioning.
55	I	You're worried about that.	
56	C	Sure. You're worried about that, and you've heard, "Oh my God, the first 10 days are just disgusting. You'll go crazy. You'll be nuts." And you hear... You know, I don't want to go through this.	
57	I	You don't want to be crazy.	

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58	C	No, I don't want to be crazy for 10 days. I'll just smoke. So that's what you're dealing with. You have to... There's a physical part of that, and then there's a mental part, <i>so both of those have got to mesh at the same time before you finally say, "OK, I don't care if I have to go through 10 days. I've got to quit."</i> And I think that when finally those two...for me anyway, when those two roads collide, or when those two roads intersect with each other, I think that's when you're finally able to make that choice.	Envisioning.
59	I	And how is that going to happen for you?	
60	C	I think constantly reinforcing in your mind that you want to quit. I think, you know, constantly saying to yourself, "Gee, this is getting to be a pain." Or maybe it could be just that one time when you are sneaking out of the house on a cold winter night at 11:30 with ice on the road, and you're driving to go get a pack of cigarettes, you finally go, "Wait a minute. <i>This is insane! This is really insane.</i> "	Envisioning.
61	I	Well, I get the feeling that it's coming for you.	Lending change talk.
62	C	<i>It is.</i>	
63	I	It's on the way.	
64	C	<i>Right, it is on the way, because it's time. You just know somehow.</i>	Mobilizing change talk.
65	I	It's time right now.	
66	C	<i>It's time.</i>	
67	I	And <i>you</i> know.	
68	C	And you know it's time, and the body is saying it's time, and the mind is saying it. That's why I say I think the two roads have to intersect, and when they do, you'll do it.	
69	I	And when you look ahead, right – if you look ahead, say, a year, do you see those two roads coming together?	Key question.
70	C	<i>I think I see it sooner than a year. I think I see it sooner.</i>	
71	I	Even sooner.	
72	C	<i>Yes. I think there comes a time when you just have to just finally say... I just gave you the reasons why it's so bad to smoke.</i>	
73	I	Yeah.	
74	C	<i>If you're constantly reinforcing that in your mind, and you're remembering it every time, then eventually you'll say, "You know what? I think I've convinced myself."</i>	
75	I	And is that how it will happen for you – that you will wake up one day and you'll say, "That's it. I'm ready. I'm done"?	
76	C	<i>I think that's the way it will happen. And like I said, it should have happened when it's January and there's snow on the ground and you're driving at 11 o'clock to get a pack of cigarettes. That should have been the time, but it's the insanity of it because of that addiction, and it is an addiction, and it is the insanity that you don't want to go through</i>	

		<i>that withdrawal and at the same time you can't imagine yourself without it. But somewhere along the line you have to make that decision.</i>	
77	I	I wonder what things you've thought of to make yourself successful once that decision comes to you, "OK, now I'm going to do it."	Trying out the planning process. Is he ready?
78	C	Well, I think leading up to it, I think you have to get psychologically...I don't want to have to go to the doctor to get some kind of patch or some kind of medicine to go through that, 'cause that makes no sense to me. <i>I think you're just going to have to go through that withdrawal and go through it the best you can. And I think reading some articles, going online, reading what people do, try to get an idea of what they do exactly to try to get them through it, and then maybe emulate some of the ideas and take in some of the ideas.</i>	
79	I	You'd like to get some ideas from other people who have been successful.	
80	C	Yeah. I've had some of my friends who have quit, but they're sort of vague. <i>I'd like to look at, you know, a lot more people talking about it, how they quit and what they experienced, and be honest about it.</i> Because it seems like people say, "You take this pill." Whenever you see these ads, "Would you like to quit smoking?" You know, "Call 1-800 and get this patch sent to you or whatever," but no one ever tells you the ramifications of it, I mean. And people brush it off. It's like a bad experience.	
81	I	So one of the things that would be more, most useful for you is if you had more information about what it's really going to be like when you stop.	
82	C	I think people need to know exactly what...right.	
83	I	'Cause you can't see that now.	
84	C	<i>No, I can't see it until I go through it. Then I probably don't want to talk about it after I'm done.</i> I mean, none of my friends do. It's like it's a horror story. "It was tough, but I made it."	Envisioning. Interesting switch back to first person "I."
85	I	Maybe you're gonna find somebody that's been through it fairly recently, but was successful, so that they can tell you, blow-by-blow, this is what it's gonna be like.	
86	C	Yes, because I think if I understood what I was gonna go through...I mean it would be like going to a surgery and you're talking to the doctor, and he doesn't tell you what you're going into. "We're just going to take you in and we're gonna do this to you." You really want to know, how long am I gonna be there, what am I gonna go through, what are the procedures, how long will it take me, you know, etcetera. I think the same thing applies for smoking. OK. What happens the first day I decide not to smoke? What happens at 10:00 at night? What happens when after I finish eating a meal I'm gonna want that cigarette? What happens when I get in my car, which I always... What do you do? Do you not have them with you? Do you have a backup in case you're just gonna go	This is a good example of how a person can be unwilling to commit until there is a clear plan that seems achievable (self-efficacy).

		crazy? What do you do?	He has an idea about how to move forward – to find out how others did it.
87	I	You said something there: “In case you go crazy.”	
88	C	In case you go crazy.	
89	I	I wonder if you have a feeling like you might go crazy.	
90	C	I think you do. I think you will feel like you’re gonna go crazy. I think there is, when you smoke a long time, I think nicotine is a strong addiction.	
91	I	And you’re kind of worried that you might just go out of your mind.	
92	C	I think you go out of your mind. That’s the impression I get. I think you just go crazy, driving down the freeway with no cigarette would be nuts when you’ve done it for so long.	Elaborating sustain talk begins to evoke anxiety.
93	I	It just feels crazy.	
94	C	Yeah, it would feel crazy.	
95	I	It feels crazy to give it up, and on the other hand it feels crazy to keep doing it.	Double-sided reflection.
96	C	I could get antsy just now talking about it, just thinking about the fact of not having a cigarette. And just talking about it enough, you start craving it already. I would light up right now if I could.	The anxiety evokes craving.
97	I	Really, then, you’re thinking about a change that’s coming up soon, and you need to have more information about that before you can do it.	With a summary, she tries to return to change talk.
98	C	Yeah, I think you do need more information. I don’t think it’s something that you...I think you need to know what you’re going to experience, what can happen to you, and what it’s like. But I think you also need to know the positive sides of it. Somebody says, “This is what happened after I quit. This is how I felt afterwards. This is how good it felt,” or “This happened to me,” or “Can you imagine how much money you’ll save?” <i>I mean, I need to hear some of the positive reinforcement of why quitting is going to have a benefit.</i>	
99	I	Uh huh. So one thing you need is more information about the physical withdrawal and some ideas about how you’re maybe not going to go crazy.	Trying out a change plan.
100	C	Yeah, I don’t want to go crazy.	
101	I	And then also it sounds like you need some, to hear some positives.	
102	C	<i>I want to hear some positives.</i>	
103	I	Something encouraging.	
104	C	<i>I want to hear some good news about why you should quit smoking.</i>	

105	I	Right. And one of the ways that you're gonna know that you're ready is when you start looking for more information specifically, and when you start asking people about the positives and looking for that, then you'll know that you're getting closer.	
106	C	And I don't think anybody can force you to quit. Somebody can scream about you quitting. They can tell you that you need to quit. I think that until you are yourself ready...	Autonomy is important to him.
107	I	Well, I think you're right. And, of course, nobody can make that decision for you.	Supporting autonomy.
108	C	But I think there has to be a process in your mind as to why you want to quit, when you're gonna quit, what's gonna happen when you quit, all those question marks have to be answered.	
109	I	OK, so Richard, let me ask you this: on a scale of 1 to 10, where one is "not very important" and 10 is "very important," how important is it to you to stop smoking now?	Trying another approach to evoking change talk.
110	C	Probably around a five.	
111	I	OK. And what makes you choose a five and not, say, a two?	
112	C	Because I'm at that point. I was at a two maybe five years ago. I think as time goes on, those numbers change, and I think the number five is in the middle. It's 50 percent one way or the other. You're giving yourself some – without a cliché – you're giving yourself some breathing room. That's what you're doing with that 50, with that five.	
113	I	Five is the right number because it feels like you're getting ready.	
114	C	<i>You're getting ready. Getting ready</i> , and so it's important to, like I said, the things that you have to know, what you need to know, that takes a little time, but I would say I'm at a five.	
115	I	And using that same scale, where one is "not very confident" and ten is "very confident," how confident are you that you would be able to stop smoking if you decided to?	
116	C	Probably a five.	
117	I	Five! And what makes you choose a five and not a two?	
118	C	<i>Because I'm already, I'm halfway there in my own mind, of wanting to quit. I think you finally get to that point of saying, "I'm really seriously looking at this."</i> I mean, this conversation wouldn't take place some years ago.	
119	I	It really feels different inside yourself about how serious you are.	
120	C	Yes, right.	
121	I	And you feel like when you get serious, then you'll be able to do it.	
122	C	<i>When I get serious, and I start making that decision to do something, I'm going to move in that direction. It may be in inches, it may not be quickly, but it is going to eventually happen.</i>	

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123	I	It's slow, but you're getting there.	
124	C	It's a subconscious thing that <i>you know you're going to quit</i> . It's just you don't know exactly when, how, and where.	
125	I	You know you're going to quit.	
126	C	<i>Absolutely. I know it.</i>	

Reflection questions: In this interview, quite a bit of change talk emerges early, within the first few minutes. Did Dr. Moyers just happen to get an easy client, someone who was already well along in readiness? Would you have insisted that he use first-person singular (“I”) in talking about himself? Why or why not?

Dr. Miller debriefed Richard about his interview with Dr. Moyers immediately afterward:

1	I	So Richard, you just talked for, I don't know, 20 minutes or so about your smoking, and I wondered what that experience was like for you.
2	C	It was interesting, because you don't...I was able to put it into a perspective I hadn't thought of before, put it down into words, and sort it through my mind, break it into categories which I hadn't done before.
3	I	Even though you've thought about this so much.
4	C	Right, but verbalizing it is different from just thinking about it.
5	I	Saying it out loud – there's something different about that.
6	C	Yes, there is. I guess the word could be “therapeutic” in a way.
7	I	Yeah.
8	C	But it has a way of bringing out your thoughts and putting them in words, which definitely has more of a meaning.
9	I	We're talking about “talk therapy,” but it's actually <i>your</i> talk that matters here. You're saying it and hearing it. That's different than just kind of quietly thinking about it.
10	C	Yes. I think when you verbalize something, it becomes real.
11	I	Yeah.
12	C	And you can hear it for yourself. And it's also coming out from way down deep inside, and in your mind, so it has more meaning than just thinking about it, because you can twist your thinking and adjust your thinking. Verbalizing, those words are there.
13	I	Yeah. It felt like this was connecting at some level that maybe your thinking about it before was not.
14	C	I would think so. I think that it does connect in a different way.
15	I	Isn't that interesting, how talking about it yourself really makes a difference?
16	C	I think that's what this interview has done. It brings thoughts that I hadn't even thought about, especially in regard to “Where do you think in terms of 1 through 10” and being a five, that type of thing makes more of a...makes you realize that you've come a lot further along than you realized.
17	I	Right. Yeah. Five's kind of the tipping point. That's where the seesaw starts to go the other way, you know.
18	C	It's one way or the other.
19	I	Yeah, that's right. You've been on the other side, and...almost done, almost there. You even said you think

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		less than a year. Probably you would expect that you may quit in less than a year.
20	C	Yes, I think there's a good possibility.
21	I	Yeah. Six months, or what do you...any guess?
22	C	I don't know. I'm giving myself a year, within a year. So they say you should probably set a date, and I probably should, but I haven't got to that point yet.
23	I	Yeah. OK. Not quite ready for that.
24	C	Right, but I think saying within a year is a good marker.
25	I	Yeah.
26	C	I just don't want it to be December 30 th . A year later.
27	I	Yes. Very good. OK. Well thanks. That's all. I just wondered what was going on inside you while you were having that chat.
28	C	Well thank you. I enjoyed it. It was wonderful.

MOTIVATIONAL INTERVIEWING

The Silent Man: *Reflective Listening with a Nonverbal Client*

Interviewer (I): William R. Miller, Ph.D.

Client (C): John

Context: Correctional referral

Focus: Domestic violence

Time: 9 minutes

Helping People Change

Interview 13

The primary purpose of this interview was to demonstrate reflective listening. It turned out to be challenging because John was quite nonverbal at the outset. Nevertheless, Dr. Miller relied almost entirely on empathic listening, reflecting both verbal and nonverbal responses. We retained this interview from the 1998 video series because it is a rare example of how accurate empathy can be provided even with relatively nonverbal clients. Dr. Miller is also counseling across substantial differences in cultural background, making it all the more important to understand the client's internal frame of reference. The interview illustrates the engaging process in this situation.

This interview also offers a particularly good example of the form of reflective listening that we call "continuing the paragraph." Instead of just repeating what the client has already said, the interviewer states what might be the next sentence in the paragraph. The client's and interviewer's words together form an unfolding narrative. Toward the end of the interview, the client is talking more than the interviewer.

1	I	John, you called up and indicated that you'd like to talk to someone here, and so I'd like to know how I might be helpful to you.	
2	C	Uh, had to come because of problems.	
3	I	Some problems you've been having, and someone has made you come here.	Simple reflection.
4	C	Yeah.	
5	I	And you're not too happy about that.	Reflecting nonverbals.
6	C	I just like to take care of my own problems, you know.	
7	I	Talking to somebody else about them is hard. It's not something you're used to doing.	Reflection – Continuing the paragraph.
8	C	No.	
9	I	And yet, someone else has said you need to be here. Tell me a little bit about that.	Open question.
10	C	My wife, she wants to, um, you know, she works and I work and take care of the kids together.	
11	I	Mm hmm.	
12	C	She says she wants to go back and, go back to school and you know study to be a nurse or something, and I don't think she needs to.	

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13	I	It seems silly to you.	Continuing the paragraph.
14	C	We're just doing OK.	
15	I	You like things the way they are now, and that feels like a real big change.	Continuing the paragraph.
16	C	Yeah.	
17	I	There are some things about it in particular that you don't like.	This could have been an open question, but as a statement it may feel less interrogating.
18	C	It's just everything's OK.	
19	I	So why change?	Continuing the paragraph.
20	C	Yeah.	
21	I	Why mess it up? Things are going along OK, and now she wants to get some more school, get some more education, and that's disturbing. It changes things.	Continuing the paragraph.
22	C	She's got the kids, you know. She's got her job.	
23	I	She already has enough to keep her busy.	Continuing the paragraph.
24	C	I think so, but she don't, so we argue.	
25	I	You're happy with the way things are. She's not quite satisfied with how things are, and she wants something else. She wants to get some education, and that's not OK with you.	Summary reflection.
26	C	She says things will be better, and I can see that, I guess, but she's got plenty to do, you know. Everything is OK. She just keeps on and on about it. I just...	He takes her perspective. Ambivalence.
27	I	It's really important to her.	Reframing.
28	C	I guess. Sometimes I just wish she would shut up, you know.	
29	I	And you're worried maybe that things will be worse if she goes back to school – that somehow it won't be as good as it is now.	Complex reflection – Continuing the paragraph.
30	C	Yeah. I mean she might go back to school and you know, flunk out, or she might go back to school and decide she don't want nothing no more – she don't want no family.	
31	I	So one thing that might happen that would hurt a lot, if she went back to school she	Complex

		might decide she didn't want to be with you any longer. That's a worry.	reflection. Here is the first eye contact during this interview.
32	C	[Nods yes.]	
33	I	And she's really important to you.	Continuing the paragraph.
34	C	Yeah.	
35	I	So in a way it's not her getting education that troubles you. It's how that may affect your relationship.	Reframing.
36	C	Yep, so she's smart enough, no?	
37	I	Doesn't need any more.	Simple reflection.
38	C	Sometimes she's too smart.	
39	I	Already. Yeah. What other kinds of troubles are there? It sounds like that's one piece of it. What else is happening?	Simple reflection. Open question.
40	C	She just goes on and on about it, you know. I try to eat and she talks about it. I try to sleep and she talks about it. I come home from work and she talks about it. I'm just – oh man.	
41	I	It's like nagging. It's just constantly there.	Reflection – taking his perspective.
42	C	It seems to be.	
43	I	And you get real angry about that.	Complex reflection – Continuing the paragraph.
44	C	Yeah. [Silence.] She just don't know when to stop.	
45	I	Even though you're feeling angry about it, she just keeps pushing. She keeps...	Reflection – taking his perspective.
46	C	Yeah. I tell her enough.	
47	I	But still she keeps talking about it. [Silence.] And what is it that has happened that has caused someone to say, "You need to be here"? Was it your wife that said you need to come here?	Reflection. Open question. Closed question.
48	C	I told her, you know, to stop. I told her, you know. She wouldn't. I was tired, you know? I was tired. I come home from work and I was tired.	
49	I	You kind of got pushed to the limit.	Complex

Interview 13 – The Silent Man: *Reflective Listening with a Nonverbal Client*

			reflection.
50	C	Yeah. Yeah, so I kind of slapped her, you know.	
51	I	Mm hmm. And that's what led to your being here, when you hit her.	Continuing the paragraph.
52	C	Yeah, yeah. I guess somebody heard. I guess somebody saw. I don't know. They called the cops.	
53	I	And the police came around.	Continuing the paragraph.
54	C	Yeah. They told me... They asked me if I'd been drinking, and I told them no I hadn't. They asked me if I was doing other junk and I said, "No, man!" And then finally I talked to one of them and he said I need to get some...you know, I need to see somebody.	
55	I	Mm hmm.	
56	C	He told me I couldn't do that again [or I'd] go to jail. So here I am.	
57	I	What do you make of that, of your hitting her? Does that seem to you like it was the natural thing to do, you just got pushed to the limit? Do you feel badly about that? What's...?	Open question.
58	C	No, I do feel bad about it, 'cause the kids saw it, you know.	Change talk.

Reflection questions: How do you think this session would have been different if the interviewer had mostly asked questions instead of relying on reflective listening?

Why do you think the client made eye contact at the one place (I-31) where he did?

TRAUMA-INFORMED MOTIVATIONAL INTERVIEWING (TIMI)

Science of Change

The more someone talks about making change for themselves, the more likely they are to change.
Early in the change process, listen for any desire, ability, reason, or need to make change (DARN).

Trauma-Informed Motivational Interviewing Structure

- 1. Assess stress level. (Ensure they have executive functioning capacity.)**
 - a. “On a scale of 1 to 10. 1 being incredibly relaxed. 10 being stressed out and ready to explode. I’m curious how you are doing right now.”
 - b. If stressed, provide support before moving to the next step.
- 2. Establish a shared agenda. (Identify any changes that need discussing.)**
 - a. “I’m curious about what you would like to accomplish with our time together today.”
 - b. You can also add items by asking permission. “We talked about some medication options last month. I would love to continue that discussion if it is okay to put that on the agenda as well.”
- 3. Importance ruler:**
 - a. Ask: “On a scale from 1 to 10, with 1 being not at all important and 10 being extremely important: How important is it for you to make this change?”
 - b. And/or ask: “On a scale from 1 to 10, with 1 being not at all confident and 10 being extremely confident: How confident are you that could make this change?”
 - c. Follow up, starting with: “Tell me why you’re at (person’s answer) and not a (slightly lower number).”
 - d. Then: “I wonder what it would take for you to go from a (person’s answer) to, say, a (slightly higher number).”
- 4. Process with OARS:**
 - a. Open-ended Questions & Statements (cannot be answered with yes/no):
 - i. Begin questions with “What...”, “How...”, or “Why...”
 - ii. Try to ask only 1 question for every 2 statements, affirmations, reflections, and summaries.
 - iii. Turn questions to statements:
 1. Tell me more about...
 2. I’m interested in...
 3. I’ve been curious about...
 - b. Affirmations: Search for and acknowledge any positive action towards a goal (even positive thinking).
 - c. Reflections:
 - i. Simple Reflection: State back the person’s words.
 - ii. Complex Reflections: State the meaning you hear them communicating.
 - d. Summary: End conversations with a summary of what you believe are the main points.

How to Provide Advice While Empowering Personal Choice:

Ask – Offer – Ask

- 1. Ask** – Ask permission and explore what the person knows about the topic/issue.
 - a. “I would like to share some substance use treatment options with you, if that’s okay.”
 - b. “I wonder if you know anything about substance use treatment options in our community.”
- 2. Offer** – Offer advice. If possible, provide a menu of options (3 or 4 possible options, maximum).
- 3. Ask** - “I want to make sure I explained this well. Could you please repeat back what you heard?”