

# Motivational Interviewing for the Prevention of HIV and other STIs

## IMPLEMENTATION GUIDE



**National Center for Training, Support and Technical Assistance (NCTSTA)**

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## **About the Motivational Interviewing (MI) Implementation Guide:**

The MI Implementation Guide for the prevention of HIV and other STIs was designed to teach individuals working in HIV and STI prevention programs to employ a motivational interviewing counseling style to enhance the motivation of service recipients to change high risk behavior for contracting and/or transmitting HIV and other STIs. This implementation guide is particularly useful for practitioners of all disciplines working with individuals that are ambivalent or resistant to change and for practitioners working with populations of color at high risk for HIV, STIs, and substance abuse.

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*“Motivation is a person’s current state of readiness for change.”*

— Miller and Rollnick, 1991

### **A Hopeful View of Humanity and Personal Change**

Ever wonder why sometimes people continue to behave in ways that bring them misfortune, heartache, or even worse, life threatening consequences? While we do not have a complete answer to this age-old question, we do know that motivation plays a key role in understanding why people do and do not change. More importantly, we know that motivation is modifiable. So, to say that someone is “not very motivated” invariably can be followed by “yet.”

This is good news for professionals interested in helping people to make positive changes in their lives- such as reducing their involvement in activities that put themselves or others at high-risk for contracting HIV or other sexually transmitted infections (STIs)- because there are ways to enhance or “grow” their motivation to do so.

Personally, I like the metaphor of growing motivation because it reminds me of several important aspects of helping people to make changes in their lives. For example, motivation is like a seed — it may start out very small, but has the potential to grow into something magnificent. Like a seed, motivation is nurtured or hampered by environmental factors. Just as a seed requires sunlight, water, and rich soil to grow to its full potential, people likewise require particular elements to be in place in order to grow (change) and thrive.

These assumptions about motivation stem from what’s called phenomenological or humanistic theory, eloquently described in the writings of psychologist, Dr. Carl Rogers. In this view, problems like engaging in high-risk activities are distortions of the person’s natural movement toward the realization of their built-in potential or actualizing tendency. Self-actualization, or personal change and growth, is purposeful, intentional, positive, and directed to one’s own best interests (Center for Substance Abuse Treatment: CSAT, 1999).

People (all organisms in fact) learn what’s in their best interest by naturally valuing what’s good for them. One of the most important things that people naturally value is positive regard, a term that refers to love, affection, attention, nurturance, etc. from others. One example of what happens in the absence of positive regard comes from research demonstrating that orphaned infants that were well fed but deprived of positive regard (love, hugs, etc.) were found to fail to grow and thrive and even died prematurely.

People also naturally value positive self-regard (e.g., self-esteem, self-efficacy, feeling good about yourself), which is accomplished through the experience of the positive regard or esteem of others. Without positive self-regard, people tend to feel helpless and insignificant and fail to realize their natural potential.

In counseling situations, humanistic theory applies to the motivational counselor’s task of strengthening the persons’ actualizing tendency. This is accomplished, in part, by providing the right atmosphere or interpersonal conditions for change to take place – the creation of a non-judgmental and accepting climate characterized by the demonstration of empathy, genuineness, positive regard, and warmth. This in turn, makes it possible for the person to adopt a prizing and caring attitude toward him/herself (Rogers, 1961). In other words, the motivational counselor creates an environment in which the person feels valued as a human being no matter what they say or do (positive regard by another person) and the person is helped to perceive their own value (positive self-regard).

In practice, maintaining a non-judgmental attitude and demonstrating genuine empathy requires a great deal of skill and can be quite challenging. Sometimes people just don't inspire a lot of warm, fuzzy feelings and, instead, seem to invite negative reactions. What's more, the motivational counselor must balance accepting the person as he/she is with guiding the person toward change – that is, helping the person to view change as both consistent with their own best interests and attainable. Only then can the counselor help the person to develop a plan for change and begin taking action to achieve their goal.

This implementation guide provides instruction on how to adopt motivational interviewing, a directive counseling style that draws from humanistic theory, the writings of the originators of the approach (e.g., Drs. William Miller and Steven Rollnick), and a wealth of research support to help people to make positive changes in their lives, such as reducing high-risk behavior, by helping them to explore and resolve their own conflicting emotions, or ambivalence, about making changes.

While there are specific and teachable behaviors that are characteristic of motivational interviewing, it is a style of interacting with people rather than a set of techniques. For this reason, motivational interviewing can be combined with other HIV and STI prevention interventions such as client assessment, risk reduction counseling, or the provision of practical information on condom use, as long as these approaches do not include strategies that violate the spirit or basic principles of motivational interviewing. In the next chapter, we will discuss these principles in detail in order to help you to understand how and why particular counseling strategies fit with motivational interviewing.

## The Spirit and Principles: If you Get the Basics the Rest is Cake! (Okay, with practice in the kitchen)

*“Take your life  
in your own hands  
and what happens?  
A terrible thing:  
no one to blame”*

— Erica Jong

The essential spirit and principles of motivational interviewing are central to the approach. In fact, a person is unlikely to benefit from a counseling relationship in which the motivational counselor applies the techniques or strategies of motivational interviewing but neglects the spirit and principles behind them. Under these circumstances, the person may (rightly) view the motivational counselor and their approach as manipulative, tricky, and underhanded rather than helpful. For this reason, the key to motivational interviewing is not in applying a set of strategies, but in understanding its guiding philosophy of what triggers change and adopting a counseling style that is informed by that philosophy.

### The Spirit of Motivational Interviewing can be summarized by a few key points:

#### **Colaboration**

The counseling relationship is a partnership that honors the person’s expertise and point of view. That is, the motivational counselor understands that the person is an expert in their own right, from knowing their own personal goals and values to being able to evaluate how congruent or incongruent HIV high-risk behaviors are with those values. While the motivational counselor provides an atmosphere that helps to promote change, she/he avoids pushing people into making changes that they are not yet ready to make. Instead, the motivational counselor gently encourages the person to consider the possibility of change by first getting to know their unique perspective and later inviting the person to examine inconsistencies between their values or ambitions (e.g., being a loving and attentive husband) and their behavior (e.g., risking transmitting HIV to his wife by refusing to wear a condom).

#### **Evocation**

As mentioned above, the individual is considered the ultimate resource for understanding and growing motivation for change. Because every person is unique, a given individuals’ personal and specific reasons for change may be very different from that of another person. For example, Mary may decide to begin practicing safer needle use because she dreams of having a child one day and would like to avoid the risk of transmitting HIV during pregnancy, even though she’s not yet ready to stop using heroine. On the other hand, Luz may decide to practice safer needle use because she wants to be able to care for her sick mother and fears that contracting and managing the HIV disease would get in the way of her ability to do so.

Because each person makes changes for their own deeply personal reasons, the motivational counselor attempts to draw out and understand these motivations. What’s more, the motivational counselor strives to “grow” these motivations or incentives for change by inviting the person to describe them in vivid detail. By focusing on the person’s life goals, hopes, and dreams the motivational counselor seeks to help the person to become inspired to make positive changes that are in line with their personal ambitions.

#### **Autonomy**

If motivational interviewing had a mantra it could be “It’s up to you” or even “Take it or leave it”. The motivational counselor recognizes that the decision to change is one that the person must make for him or herself — it cannot be imposed upon the person by others. Sometimes powerful external or environmental incentives for change exist, like the threat of losing loved ones or of losing personal freedom for those mandated to attend counseling by the judicial system. But even then, the person must decide for him or herself whether or not to go to counseling in the first place, and ultimately whether or not to make changes that will impact their own life and the lives of their loved ones. In all circumstances, the motivational counselor communicates a respectful

awareness of the person’s right and responsibility to make his or her own choices, while at the same time assisting the person to make the most informed decisions possible. In fact, a good way of affirming the person’s autonomy and personal responsibility is to actually let the person know, “It’s up to you”. Underscoring personal autonomy confirms that each person is responsible for the consequences of their decisions, both good and bad.

The ability to recognize one’s own personal responsibility over life decisions is important across life spheres, not just changing high-risk HIV behavior. However, if the counselor takes charge of recommending change strategies or of making decisions for the person, then the person is robbed of accountability for the outcomes of their decisions — including any personal successes, as the responsibility for change inappropriately falls on the counselor. What’s more, when people make the decision to change on their own, rather than being pushed into change by the counselor, they are more likely to take ownership of their decision and achieve lasting change.

## Principles of Motivational Interviewing

### *Empathy*

In being empathic, the motivational counselor temporarily lays aside their own views and values in an attempt to sincerely understand another person’s perspective without bias or prejudice (Rogers, 1961). Demonstrating empathy is critical to motivational interviewing for several reasons. When people are accepted, they are more likely to be open and honest about their thoughts, feelings, and experiences and willing to share in-depth information. It is necessary to profoundly understand each individual’s unique perspective, including their most cherished goals and values, in order to identify and help to “grow” their personal motivation for changing their high-risk behavior. In contrast, when people feel that they are being evaluated negatively, that is, if they feel that the counselor is being critical or is “looking down” on them, then they are much less likely to share personal information and are more likely to become defensive and resistant to making changes in their lives.

The single most important skill that the motivational counselor cultivates to communicate empathy is reflective listening. While we will discuss reflective listening more comprehensively in Chapter 3, for our purposes here, it is important to recognize that the surest way to learn what another person is thinking is to listen effectively while genuinely trying to understand the person’s worldview or “where they are coming from” without judgment.

Another key piece of communicating empathy is to recognize that ambivalence about change is normal. In other words, people faced with the idea of making a change in their life, regardless of what that potential change happens to be, often struggle with conflicting emotions. For example, think about a change that you have made in your own life, like the decision to take on a new job, get married, move, or have children. Chances are that before you made a final decision you were faced with some uncertainty — while you could identify many benefits in favor of the change, you could also identify some potential drawbacks too. These mixed feelings about change, however slight, are to be expected because life altering changes often — always really, involve giving something up.

It works this way with smaller or everyday decisions as well. If you don’t believe us, think of something that you have been considering changing in your own life — not something that you would like to change in someone else — but something you have been considering for yourself but have not yet achieved (e.g., exercising regularly, setting limits with your child, getting to work early, not talking on the cell phone while driving, etc). Now ask yourself what are the advantages (pros) and disadvantages (cons) of making the change- that’s ambivalence. It’s no different for individuals that are faced with the possibility of changing their high-risk behavior. If they are

**Demonstrating empathy is critical to motivational interviewing.**

considering making a change, then they too are grappling with contradictory feelings and the unpleasant thought of giving something up. In recognizing the normality of ambivalence, the motivational counselor can avoid being judgmental about a person's indecision and become more accepting of their personal struggles.

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**To summarize, the motivational counselor:**

- Express understanding/empathy
- Understands that their acceptance increases motivation
- Recognizes that skillful reflective listening is critical
- Accepts ambivalence as a normal part of the change process

**Self-Efficacy (Self-confidence)**

A person's belief in the possibility of change is an important motivator. People that are confident that they will be successful in achieving a change in their lives are much more likely to attempt it. On the other hand, a person that doubts their ability to be successful, even if they make a great effort, is generally less willing to try to change. For many people, a low sense of self-efficacy or confidence in their ability to change is based on failed past attempts and an unwillingness to re-experience the disappointment or shame that can accompany a lack of success. For these reasons, the motivational counselor works to boost the person's confidence that they will be successful if they decide to reduce their high-risk behavior.

While supporting a person's sense of self-efficacy can be accomplished in a number of ways, a key motivational strategy is to engage the person in conversations that give the person the opportunity to describe instances in which they have made successful changes in their life. This could include examples of current or past successes in any life sphere — the point is to underscore that the person is capable of successful change. If a person realizes that he or she has accomplished other changes, then the person is much more likely to see him or herself as capable of making a change in their high-risk behavior.

For individuals that have attempted to change their high-risk behavior in the past, but have relapsed or backtracked into some of their old patterns, an important part of supporting self-efficacy would include focusing on the strides that the person did accomplish, no matter how small.

For example, asking a person about their reasons for having protected sex for a two-week time period would be more motivational than questioning the person about why he or she backtracked into having unprotected sex for the last six months. Beyond increasing the person's sense of self-efficacy, these types of conversations give the person the opportunity to talk aloud and in-depth about their motivation to change their high-risk behavior, which is in and of itself reinforcing of change.

For instance, a person that was asked about why he practiced safe sex for two weeks would respond by stating reasons in favor of condom use:

*"I started to think that wearing a condom might be a good idea. I didn't know this guy I started dating that well. At first, I was afraid he would get offended if I asked him to put one on, but he actually thought that I was doing the right thing by wanting to use rubbers. A lot of the other guys he's dated were kind of jerks about the whole thing. I think he thought I was a more considerate and trustworthy person because I wanted to use condoms."*

In contrast, asking the same person about why he stopped practicing safe sex will lead him to describe the obstacles to changing his high-risk behavior and reinforce the maintenance of the status quo (e.g., not practicing safe sex).

A person's belief in the possibility of change is an important motivator.



*“I stopped using condoms because they were kind of a hassle. I’d forget to pick them up from the store and then I’d have to run out to get more just as my boyfriend and I were getting into it. That would just break the mood. They’re also not that comfortable and sex just doesn’t feel as good with a rubber. We’re pretty exclusive now so I don’t think we need to use them like we did in the beginning.”*

Framing questions so as to elicit or draw out motivational statements such as those provided in the first example does not mean that the motivational counselor disregards the perceived benefits of HIV high-risk behavior and the costs of change. However, for many people, it is beneficial to first strengthen their belief in the possibility and desirability of change in order to prepare them for a more thoughtful cost-benefit analysis in which they can carefully consider “Are the costs, or potential costs of not changing, worth it?” In later sections we will discuss activities, the good things/less good things and decisional balance exercises, which help people to weigh the costs and benefits of change in order to make informed choices about changing their HIV high-risk behavior.

In working with individuals that have fallen back into HIV risk behaviors after having made some initial changes it is also helpful to keep in mind that relapse, like ambivalence, is normal. In other words, people often lapse into old habits or behaviors many times before achieving long lasting change, irrespective of what they were trying to change in the first place. As but one example, the average number of quit attempts for smokers is seven times before finally quitting smoking for good.

We’ve found that counselors can relate to the challenge of achieving long lasting change once they reflect on their own lives. Many counselors have told us that they came to appreciate that relapse is a common part of the change process once they considered their own struggles to make even small changes in their lives (e.g., to maintain their weight or exercise regimen or stick to their New Year’s resolutions). Motivational counselors not only keep in mind that relapse is normal, but they also make a point of communicating that awareness to individuals that may feel discouraged about their past lack of success in achieving lasting change.

Finally, an affirmation or statement that acknowledges a person’s strength(s) can go a long way toward helping someone to feel more capable and self-confident. While we will discuss the value of affirmations again in later sections, we begin that discussion here because of the specific usefulness of affirmations in enhancing a person’s sense of self-efficacy.

Affirmations do not need to be elegant or profound to be helpful, but they must be sincere. An affirmation that is disingenuous will have the opposite of its intended effect of reinforcing the person’s strengths and instead is likely to be off putting. Therefore, it’s important for the motivational counselor to become skillful at noticing each person’s strong points and communicating those observations back to the person.

Sometimes affirmations take the form of simple acknowledgements of courtesy — like thanking someone for arriving to their appointments on time or for calling ahead when they’re running late. At other times an affirmation might involve more personal observations, like noting that the person has demonstrated great resiliency in overcoming past hardships (e.g., a history of trauma, homelessness, loss of a loved one, mental illness, immigration, addiction, etc) or noticing that the person is confronting a new challenge in their life with courage. In addition, the counseling session tends to be full of more ordinary instances from everyday life that provide the counselor with an opportunity in which to offer an affirmation. For example, opportunities to discern that a person is a loving parent, a conscientious employee, or an attentive friend, or is showing initiative in getting an HIV test.

Lastly, noticing each person’s strengths and supporting their self-efficacy is important because the counselors’ belief in the person’s ability to change becomes a self-fulfilling prophecy.

**Affirmations or statements that acknowledge a person’s strengths can go a long way toward helping someone to feel more capable and self-confident.**

A person is much more likely to succeed in changing if the counselor believes in him or her, than if the counselor doubts the person's abilities. At the same time, becoming practiced at noticing people's strengths helps motivational counselors to cultivate a sincere belief in the capacity of the people they're working with to achieve the positive changes and goals they seek.

In fact, many counselors have told us that practicing motivational interviewing has helped them to see the people they work with more positively. For example, one counselor told us that she dreaded her counseling sessions with a woman because she hardly spoke during their meetings and was consistently hopeless and depressed. However, once the counselor began practicing a motivational interviewing counseling style, the woman seemed to become a different person. She suddenly grew animated and hopeful and was able to relay to the counselor her dreams and plans to start her own business as well as her past successes as an entrepreneur. The counselor's newfound glimpse into the woman's capacity for joy, optimism, and goal-directedness served to increase her confidence in the woman's ultimate ability to reach her goals and strengthened the counselor's commitment to helping her to achieve them.

Even if a personal strength is not linked to behavioral change in an obvious way, acknowledging a person's competence in one area can often strengthen their sense of self-efficacy in another life sphere. For example, the quality of conscientiousness in an employee may be relevant to increasing a person's confidence in their ability to consistently wear a condom. Therefore, affirming the attribute of conscientiousness in an individual that takes pride in being responsible at work can also reinforce their commitment to safer sexual practices.

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### **To summarize, the motivational counselor:**

- Notes and reinforces even small changes
- Affirms strengths and competencies
- Reminds the person that relapse is normal
- Supports hope, optimism, and confidence that change is possible
- Communicates that the decision and responsibility to change belongs with the person
- Believes in the person's ability to make positive changes in their life

### ***Develop discrepancy/contradictions***

People become motivated to make changes in their lives when they realize that where they are does not match up with where they want to be (Miller, Zweben, DiClemente, & Rychtarik, 1995). In other words, when people take stock of their future goals and find that their current behaviors are leading them away, rather than toward their ambitions or values such as health, success, spirituality, or family happiness, they become much more motivated to change the behavior that's getting in the way. Motivational counselors invite people to consider whether or not their behavior fits with their goals and values by first becoming familiar with each individual's personal ideals, or what the person cherishes and holds most dear in their life.

For example, if a woman were currently a sex worker that practiced unsafe sex and injection drug use but aspired to start a new life, go back to school and regain custody of her child, then the motivational counselor would gently encourage the woman to consider the extent to which her current lifestyle was getting in the way of her future goal of returning to school and becoming a better parent. In increasing motivation, both an awareness of the advantages of making changes as well as the consequences of not changing help to propel people in the direction of positive change.

Importantly, the motivational counselor refrains from voicing the arguments in favor of change him or herself. In other words, the motivational counselor avoids persuading or trying to convince the person to make changes by pointing out the contradiction between their behavior and their goals. Instead, the counselor elicits or draws out the arguments in favor of change from the person and gently invites the person to reflect on the difference between their desires and values and their current behavior. By asking, for example, “How does your injection drug use and sex work fit in with your goal of going back to school and regaining custody of your daughter?”

If the person were to respond with concern that their current behavior is undermining future goals, then the motivational counselor would continue to focus on what worries the person about not changing and the potential benefits of making a change in order to amplify and strengthen their commitment to reducing their high-risk behavior.

Another way motivational counselors invite people to think about a contradiction between important personal goals and current behavior is by employing a strategy that some people have referred to as the “Columbo approach” (Kanfer & Scheff, 1988). The name derives from an old television series in which the main character was a detective, played by Peter Falk, named Columbo. Columbo questioned his prime suspects by asking them to help him to figure out clues that just weren’t adding up. While we do not recommend treating someone like a crime suspect, Columbo’s unassuming way of drawing out answers from people fits with a motivational strategy.

An example of the Columbo approach is to ask the person to help the counselor to make sense out of the contradiction the person has previously described:

*“Help me understand Sara, on the one hand you’re afraid of trying to get clean and failing, and on the other, you say that you can’t go on this way. This lifestyle is killing you and you have dreams of getting off the streets, going back to school, and getting your daughter back from state custody. It’s all you’ve been dreaming about for three years.”*

This approach is helpful because the counselor adopts a position of uncertainty or confusion. In so doing, the person is in the position of providing their own answers and solutions. In addition, the Columbo approach helps to communicate to the person that he or she is the expert in their own behavior and values and is in the best position to figure things out. In other words, the approach reinforces the person’s autonomy and decision-making ability and ensures that the person is an active participant in the counseling and decision-making process. Of course, tone is important in using this approach, as well as in maintaining a motivational style more generally. A gentle, questioning tone of voice, as opposed to a confrontational or sarcastic tone, is consistent with communicating respect and in maintaining the essential spirit of motivational interviewing.

Sometimes people do not perceive an inconsistency between their own goals and values and their behavior. Instead, their behavior clashes with the values of individuals that are important to them, aspects of their personal identity (e.g., how they see themselves), or the larger community. In such instances, it can be helpful to assist the person in seeing how their behavior may conflict with their key relationships, personal identity, and the associations that they value.

For example, a man that was sharing his used needles with his brother might not see the harm in it, but if his girlfriend became alarmed about the practice and expressed her concerns, then it would be beneficial to discuss with the man what was worrying his girlfriend about his needle use and how his high-risk behavior was affecting his relationship with her. In other words, while the man might trust that he and his brother were not at risk for contracting or transmitting a disease, he might perceive a contradiction between his behavior and his goal of maintaining a happy relationship with his girlfriend. In subsequent sections we will discuss additional motivational strategies for focusing an individual’s attention on how their behavior differs from a personal goal or ideal.

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**To summarize, the motivational counselor:**

- Avoids making arguments in favor of change
- Invites the person to consider conflicts between their behavior and their personal goals and values
- Asks the person to clarify any discrepancies
- Builds the person's awareness of consequences
- Avoid arguing

Call it human nature, but an interesting phenomenon happens when a person takes up one side of an argument that another person feels unsure (or ambivalent) about. Once Person A tries to prove their point, Person B suddenly takes up the opposite side of the argument. For example, let's say two friends, Jake and Julia, go to see a movie that both find to be "okay." Even though Julia didn't enjoy the movie all that much, when Jake begins describing all the weak points of the film Julia suddenly remembers the movie's strong points, e.g., "Yes, but there were some good actors in it and the fight scenes were pretty exciting. I really liked the part when..."

While this example is hypothetical, we suggest that you try, in your personal life, to prove a point to someone that is unsure about something and observe what happens. In all likelihood the person will begin making the opposite point.

In counseling relationships, trying to convince someone to make changes promotes a similar dynamic but can be much more detrimental than in the example described above, as it is likely to lead to argument and statements supporting a decision to remain the same (e.g., statements against change). For example, a counselor that voices the arguments in favor of practicing safe sex is likely to be met with increased resistance or defensiveness. One reason that this occurs is that when people have contradictory feelings (ambivalence), voicing one side of those feelings compels the person to voice the other.

In addition, most people do not like being told what to do — even paradoxically, when people ask for advice, they seldom actually want it or are persuaded to follow it consistently. Instead, people tend to feel better (and do better) when they are considered the primary resource in finding their own answers and solutions. Beyond increasing the person's sense of self-efficacy and sense of ownership over their own decisions, this approach acknowledges the reality of the person's singular expertise in their own unique life experiences.

For these reasons the motivational counselor avoids arguing, proving, or providing evidence that the person's sexual or drug use behavior is high-risk. Instead, the motivational counselor invites the person to consider the perspective that their behavior may be problematic for them or their loved ones, without making the argument for them.

Let's say the person makes statements about being needlessly forced to attend counseling or attempts to prove that their behavior does not represent a risk for contracting or transmitting HIV/AIDS or other diseases (e.g., arguing, denying). While the counselor might be tempted to correct the person by providing him or her with factual information or advice right away, doing so is likely to create more, rather than less opposition.

When people are directly confronted they tend to defend themselves emotionally by responding with greater defiance — to do so is a normal reaction to threats to an individual's sense of who they are and their feelings of personal freedom. This is not to say that providing the person with

factual information about the risks of their sexual or drug use behavior is inconsistent with a motivational approach. On the contrary, discussing a person's individual level of risk can be an effective way of heightening their awareness of the potential costs of not changing. However, feedback should be given only after the following conditions have been met: 1) Trust has been established and permission granted to discuss the person's behavior; 2) The person has been asked what she or he already knows about HIV/AIDS and STI transmission and any concerns about their behavior; and 3) permission has been granted to the counselor to offer personalized feedback or factual information. If during a session a motivational counselor observes resistance, defensiveness, anger, or opposition increasing then the counselor must evaluate what he or she may have said to invite such a reaction. In other words, if the person were to suddenly become angry, then the counselor would interpret the reaction as signifying the counselor's departure from a motivational approach and as a signal to respond differently (e.g, with greater adherence to a motivational counseling style or with greater attention to the person's stage of readiness to change which will be discussed in the next chapter).

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**To summarize, the motivational counselor:**

- Invites the person to consider a different perspective
- Looks to the person to find their own answers and solutions
- Avoids arguing, proving a point, or imposing their point of view
- Responds with greater adherence to a motivational style when resistance or defensiveness increase
- Establishes trust, asks permission, and elicits the person's own perceptions before offering information

*“By turning,  
turning we  
come round  
right.”*

— Shaker spiritual

Researchers examining how people come to make changes in their lives have found that change tends to occur in steps or stages. Basically, a person moves from being unaware of the possibility or desirability of change, or from an unwillingness to consider changing, to thinking about it. Next, the person decides to change or becomes determined to change and begins making preparations for the change to take place. Finally, the person actively engages in change-making activities and then works to maintain the changes over time (DiClemente, 1991).

These stages of change are presented graphically below in Figure 1. Note that the stages of change are depicted cyclically or as a wheel. This is because people often rotate through the stages several times, circling back and forth between stages and often lingering in the early stages of change before moving to the stages that are characterized by the determination to change and change making activities. In fact, the change process is so dynamic that during the course of a brief counseling session of only a few minutes a person can vacillate between two or more different stages, or degrees of readiness to change.

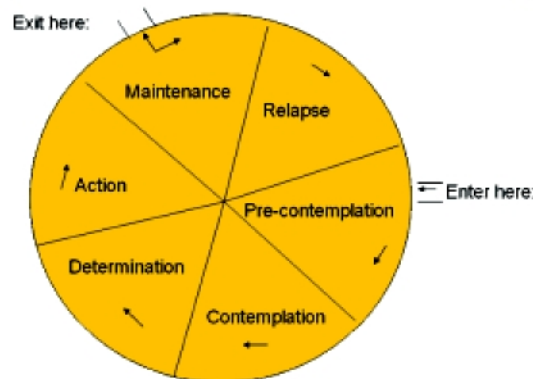
You may have also noticed that relapse or recurrence is part of the wheel. While relapse is not inevitable, as we mentioned earlier, relapse is part of the change process for many, if not most, people before achieving a long lasting change. While you may see other graphic representations of the stages of change with relapse and even pre-contemplation outside of the wheel, we chose to include a wheel with six parts in acknowledgment that relapse is a normal event — as is the precursor to considering change — pre-contemplation.

Some authors have argued that change is better described as occurring on a continuum of readiness, rather than in discrete steps or stages (Bandura, 1997). For our purposes, of more central importance is tailoring the counseling approach to match where someone is at any given moment in the change process.

In addition, not “getting ahead” of a person is a mistake that motivational counselors can avoid by being aware of a persons’ stage of change. For example, imagine a woman that was having unprotected sex with multiple partners and was content with her behavior and not yet considering change (e.g., pre-contemplation stage). If a counselor were to recommend to the woman coming to the clinic weekly to get free condoms and getting an HIV test every six months, what is her reaction likely to be?

In all likelihood, the woman would not respond well to the counselor’s recommendations because she is not ready to change, e.g., she does not yet want or feel confident in her ability to make a change and the counselor moved ahead of her. Moreover, the counselor did not elicit the woman’s own thoughts to come up with a plan that would work for her. Even if the woman were to agree to the counselor’s plan, it is unlikely that she would actually follow through. A person is

### A Stage Model of the Process of Change



© Adapted from James O. Prochaska and Carlo C. DiClemente (1982), "Transcendentaltherapy: Toward a more active model of change," *Psychotherapy: Theory, Research, and Practice*, 19, 279-293. Reprinted from W.R. Miller & K.A. An (1985), *Practical Psychology for Pastors* (Englewood Cliffs, NJ: Prentice Hall), page 130.

more likely to achieve lasting change when she or he genuinely desires the change and is confident in her/his ability to achieve it. For this reason, motivational interviewing focuses on the will before the way. That is, motivational counselors invest their efforts in helping the person commit to changing their behavior before even attempting to broach the topic of how to accomplish behavior change, e.g., before coming up with a plan, strategies, referrals, or recommendations.

### Pre-contemplation or the “No Way” stage

A person in the pre-contemplation stage is not currently considering changing or is unwilling or feels unable to make a change in their risk behavior in the near future (e.g., within the next six months). For example, a person in this stage might rarely, if ever, engage in protected sex or might regularly share used needles with others. People in pre-contemplation do not see their behavior as problematic or as potentially interfering with their goals and values, sometimes because they have yet to experience negative consequences resulting from their behavior (e.g., contracting HIV/AIDS or another STI).

One of the primary aims in working with individuals in this stage is to increase their perception of the personal risks, potential problems, and drawbacks associated with their behavior. Alternatively, motivational counselors can attempt to raise the person’s level of social consciousness or desire to help stop the HIV/AIDS epidemic. That is, a person might benefit from viewing risk reduction as a conscientious and pro-social way of preventing the transmission of HIV and other infectious diseases to others. However, if a person was aware of the benefits and risks of change but was feeling discouraged about their ability to change, the motivational counselor’s primary task would be to help the person become more confident, optimistic, and willing to consider the possibility of change.

People in pre-contemplation that are unaware of their individual level of risk for contracting or transmitting an STI can also benefit from a personal risk assessment. That is, from an evaluation of their high risk behavior (e.g., unprotected sex with multiple partners, diagnosed with an STI, history of injection drug use, a positive test for hepatitis C or B, etc.) and factual information about the rates of transmission of diseases and the protective effects of preventative measures such as the consistent use of condoms (e.g., reduces the risk of HIV transmission by 87-95% (Flynn Publications, 2001). As described on page 17 in the section on avoiding argumentation, it is important to establish a trusting relationship, elicit the person’s perspective, and ask for permission before sharing educational information.

Raising a person’s level of concern or social consciousness can also be accomplished by discussing the reasons the person came to see you (e.g., is getting an HIV test or treatment for another STI) or has attended treatment or counseling in the past. In addition, it can be helpful to engage the person in conversations in which the person voices their thoughts about their level of risk, the potential costs of not changing, and any differences between their perceptions of risk and the concerns of others in the person’s life.

Whereas respecting individual autonomy is a tenet of motivational interviewing, more generally, it is particularly important that people in the pre-contemplation stage do not feel pushed or coerced into changing their mind by the counselor. Under these circumstances, the person’s refusal to go along with recommendations is likely to increase, that is the person is likely to “dig in their heels”. If the person does not respond to a motivational approach by considering change, the motivational counselor accepts the person’s decision in the present while at the same time leaving the door open for the possibility of behavior change in the future. For example, a motivational counselor might say:

*“I understand that after weighing the costs and benefits, you have decided not to take an HIV test today. It’s entirely up to you, but if you change your mind and would like to get tested at a later time or want to talk about how things are going for you, I’d be happy to meet with you again.”*

### Contemplation or the “Maybe” stage

A person in contemplation is in the process of considering change, but has not yet committed to the goal of changing. While the person is aware of some of the potential problems or risks associated with their behavior and the possible benefits of change, she or he has mixed feelings about

changing. It is often the case that people spend an extended period of time in this stage (e.g., up to several years) as they weigh the advantages and disadvantages of change and the effort it will entail to be successful. Because this stage is characterized by ambivalence or contradictory feelings, it is important to help the person to resolve their feelings.

Key strategies that can be helpful in working with individuals in this stage include examining their personal values in relation to change, drawing out hopeful statements about their desire, ability, readiness, need, and commitment to change (DARN-C), emphasizing their free choice and responsibility to change, and eliciting the benefits of change and the consequences of not changing (TIP, p. 31).

### **Preparation or Determination or the “I’m gonna try it” stage**

A person in this stage has made the decision to make changes in their behavior and is getting ready to take some action. Some people in this stage may have made some changes in the past year, but not at the level of success they had hoped for. For example, a person in this stage might be committed to lowering their risk for HIV and other STIs, but is still considering what to do (e.g., using male or female barrier methods, having sex with only one partner, etc.). Alternatively, a person using injection drugs may have stopped sharing needles some of the time during the past year, but may still be having difficulty consistently using clean needles.

Because people in this stage are thinking about what to do next or the actions or how to of change, the motivational counselor assists the person in coming up with a plan. In so doing, it is helpful to begin this conversation by asking the person to clarify their goals and share their ideas of what might work or what strategies have worked in the past, either for the person or others she/he knows. This approach communicates an appreciation of the person’s perspective and expertise, promotes their ownership of the plan, and increases their self-confidence (or self-efficacy) and optimism, as the person is encouraged to voice their own positive strategies for change.

Once the person has first presented their own ideas for changing their behavior, the motivational counselor can ask permission to share their thoughts about additional strategies that the person might find helpful. For example, a motivational counselor might ask:

*“With your permission Alex, I can also share with you some strategies that other people I have worked with have found helpful in talking to their partner about safer sex. If we do talk about these ideas and you find that they don’t fit for you personally, that’s okay too. It’s important to come up with a plan that suits you and your life.”*

In devising a plan, consideration of potential barriers and ways to overcome them can also assist the person in preparing for potential challenges. For example, a motivational counselor might ask the person to identify emotional states or situations in which practicing safer sex or avoiding drug use might be particularly difficult and then assist in brainstorming appropriate coping strategies to address these. For example, helping the person plan to schedule a time and place to discuss safer sex with a partner in advance of a sexual encounter or assisting the person in role playing a conversation negotiating condom use.

In addition, including rewards, incentives, or other positive experiences that support change in the plan can help to offset difficulties- e.g., helping a person with an abstinence goal for drug use come-up with pleasurable alternatives to using substances or other ways to cope with stress. Moreover, enlisting the social support of important others in the person’s life can provide the person with much needed encouragement in sticking to their plan.

### **Action or the “I’m doing it” stage**

A person in the action stage is currently taking steps toward change. This can involve modifying their behavior, experiences, or environment in pursuit of their goal. While the person has over-



come the initial hurdle of making the decision to change, the more longstanding challenge is in expending the time, energy, or effort involved in behaving in ways that promote health. If the person has reduced or quit using drugs, in addition to potentially difficult lifestyle changes, the action stage can involve the physiological effects of withdrawal.

Because of the challenges inherent in pursuing lasting change, motivational counselors pursue strategies that help to support the person's change efforts. These strategies include encouraging even small steps or milestones (the next incremental step toward the larger goal), recognizing the challenges of change, and acknowledging the person's strengths and gains. In addition, the motivational strategies used in the preparation stage of identifying challenging emotional states or circumstances and ways to cope, supporting the person's sense of optimism and self-confidence, and enlisting the aid of social supports can also support the person's changes.

### Maintenance or the “I’m keeping it up” stage

A person is thought to enter the maintenance stage once he or she has met their goal for a period of about six months. In this stage, the person is working to maintain their gains and avoid backtracking into old behaviors (e.g., relapse or recurrence). Some authors have also described the existence of a stage outside of the wheel that involves the person's complete confidence in their ability to maintain their healthful behavior indefinitely — this stage is called termination, presumably because the person's changes are considered permanent.

For many individuals, lasting behavioral change feels less secure and the maintenance of gains requires sustained effort and attention. For this reason, motivational counselors provide support by: 1) helping the person identify and practice new and previously helpful strategies to promote health; 2) encouraging their lifestyle changes; 3) strengthening their self-efficacy; and 4) eliciting their long-term goals and the relationship of those goals to maintaining healthy behaviors (e.g., the goal of maintaining their HIV negative serostatus and avoiding other STIs by using condoms consistently or the goal of maintaining longevity by adhering to an HIV medication regimen, practicing safer sex, or staying clean from drugs, etc.).

### Relapse or the “Oops, I did it again” stage

Relapse or recurrence is more common than achieving behavior change on the first attempt. In fact, people often cycle through the stages of change many times, falling back into old behaviors time and again, before achieving stable behavior change. While a person in the relapse stage is currently experiencing a setback, this does not necessarily mean that the person has given up on their goal entirely. Some individuals are able to return right away to the action or maintenance stage of change:

*“I have been clean for a long time and then ran into my old crowd and picked up again. That scared me, but I now know that I can't be around those people. I won't let myself get caught up in that lifestyle again.”*

However, many people return to much earlier stages of change and may even revert all the way back to feeling unwilling or unable to change, e.g., pre-contemplation. For these individuals, the motivational counselor attempts to help the person renew the process of change and curtail their period of relapse or recurrence. For individuals that are feeling discouraged about their ability to change, it may be useful to provide encouragement by letting the person know that relapse is something that most people experience, does not signify a failure, and can represent a learning opportunity. For example, it may be useful to explore with the person how realistic their goals are for them (e.g., quitting heroine but still using marijuana and drinking), examining which strategies are more or less effective, and which environments or situations are more or less supportive of behavior change.

## How ready, willing, and able are you?

*“Action springs  
not from thought,  
but from readiness  
for responsibility.”*

— Dietrich Bonhoeffer

Now that we have reviewed the stages of change model and some counseling strategies that are appropriate to each stage, you may be wondering how to discern where someone is at any given time in the change process. We’ve found that one of the most straightforward methods is to ask the person directly. However, because most people are not familiar with the stages of change model, they would probably be baffled by the question, “Tell me, are you in pre-contemplation or a contemplation stage today? Because, I have to be honest, you’re really confusing me right now.”

For this reason, you may need to ask the person about their stage of change in a way that is more likely to yield the information you need. In the following sections we will discuss some potentially useful strategies for assessing readiness, willingness, and ability to change and for facilitating a person’s consideration of the costs and benefits of change.

### Assessing Readiness to Change

The following assessment is used to determine a person’s perception of their current readiness to change (their present stage of change). In order to learn how to perform this brief assessment and understand the subsequent discussion, please complete an exercise that will take only about a couple of minutes to finish.

Directions: Please think of a behavior that you have been considering changing but have not yet accomplished. Now rate how ready you are to make a change in your behavior on a scale from 1, not at all ready, to 10, totally ready. Once you have your number in mind you’ll be ready to respond to the following question:

***Why didn’t you give it a higher number?*** (e.g., if you rated your readiness a 5, why not an 8?) Please list three reasons in the spaces provided below:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Now we will pose the question a little differently:

***Why didn’t you give it a lower number?*** (e.g., if you rated your readiness a 5, why not a 2?) Please list at least three reasons in the spaces provided below:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

***Now please review you lists. In what ways are the two lists different?***

Please list your response in the spaces provided:

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You will probably find that the dissimilarities between the lists are readily apparent. We’ve found that when presented with this exercise many counselors respond by saying that the replies to the first list (in response to why didn’t you give it a higher number?) are somewhat negative, represent excuses, or include barriers or obstacles. In contrast, replies to the second list are more positive or hopeful and include statements that support change, e.g., motivational statements.

### Learning point #1

This exercise illustrates three important learning points. First, the exercise demonstrates how to quickly assess a person’s readiness to change their behavior, which can be a measure of where the person is in terms of their stage of change. This “readiness ruler” can be used at anytime in the counseling session — e.g., at the beginning of a meeting to examine initial motivation, after a period of time to assess movement on the scale, or at the beginning or end of every counseling session as an assessment tool, to keep momentum going, or to consolidate gains. For example, if a person were to describe reasons in favor of behavior change in a previous meeting, the motivational counselor might re-introduce the readiness ruler at the beginning of the next session as a reminder and prompt for the person to describe additional incentives for change.

Before presenting the readiness ruler, it can be useful to first summarize the person’s reasons in favor of change or their “motivational statements” or “change talk” from an earlier session. For instance, in the example below, the motivational counselor uses a summary before introducing the readiness ruler to capture and reinforce the person’s incentives for change.

*“Mr. Sanchez, the last time we met you were a 5 on the readiness to change scale because you said that you don’t want to deal with the hassle of having a chronic disease like HIV, you want to be a healthy father with lots of energy to keep up with your three-year old, you want to live a life that matches your faith, and you want to meet a quality person to share your life with. Did I leave anything out?”*

(After the person responds) Okay, so some of your other reasons to make changes are that you may want to have more children one day and you don’t want to risk transmitting HIV to a new partner, plus it might hurt your chances to develop a serious relationship with a woman in the first place to have HIV.

Where are you today in terms of your readiness to use a condom the next time you have sex?

### Learning Point #2

In addition to exemplifying how to use the readiness ruler, the two lists also provide a vivid illustration of ambivalence. Whereas the two lists were generated by the same person (you), their contents represent polar opposite positions- reasons to stay the same and reasons to change, respectively. As we discussed earlier, contradictory feelings define ambivalence and are a normal part of the change process, particularly of the contemplation stage. However, a person that has not initiated change or has not yet achieved change at a level that is consistent with their goals is by definition already maintaining the status quo. For this reason, the motivational counselor attempts to elicit motivational statements from the person rather than declarations of obstacles to behavior change.

### Learning Point #3

This brings us to the third lesson of the exercise — what you say, do, and ask affects motivation. The readiness ruler and its follow-up questions of “why not higher” and “why not lower” demonstrate how the motivational counselor can pull for (or elicit) hopes and competencies or obstacles to change. The first follow-up question, “why didn’t you give it a higher number, or what we refer to as the “why not higher” question, leads the person to list their reasons for not being more ready to change. Answering this question is likely to reinforce or strengthen the “stay the same” position because the person is spending time thinking about, elaborating on, and hearing their own talk about incentives for staying the same. In fact, it all boils down to behavioral rehearsal and the basics of learning theory. Just think about your own attempts to memorize a phone number when there’s no pen/pencil or paper handy. Key learning strategies include thinking about the phone number, elaborating on it (like thinking about it in relation to something else), or repeating it aloud several times. Because thought and repetition are reinforcing, motivational counselors generally avoid posing questions that prompt the person

to describe barriers to change, or asking what we call “why not change” questions. Other common examples of “why not change” questions are “Why didn’t you go for that HIV test last week?,” “Why were you a no show for your appointment yesterday?” or “Why don’t you use condoms consistently?”

However, each of these questions can be transformed into a motivational question: “While you chose not to take an HIV test last week, you had initially planned to. Why?” or “If you decide to take an HIV test, what do you think the benefits might be?”; “You didn’t make it in to see me last week, but you came in today, what factored into your decision to come?”; or, “You do sometimes use condoms with your partner- Why?”

Motivational questions like the ones above and “why not lower?” encourage the person to respond with an answer that supports change. For example, asking “why not lower?” requests that the person account for why they are not less motivated. In other words, the question invites the person to consider the reasons he or she possesses even a little motivation to change their behavior. In line with learning theory, hearing oneself give voice to reasons in favor of change (e.g., change talk) strengthens motivation and promotes the decision to change.

### **Importance and Confidence**

A motivational counselor might also find it helpful to assess a person’s impressions of how important it is to make a change (“Is this a priority for me right now?”) and their level of confidence in their ability to accomplish change if the person was to decide to attempt it (“Will I succeed if I try?”). Just as in the readiness ruler, this strategy involves asking the person about their level of importance and confidence on a ten-point scale from not at all (1) to completely (10). That is, asking “How important is it to you to change your behavior (insert specific behavior) on a scale from one to ten, with one being not at all important and ten being totally important?” and asking “How confident are you that you will succeed if you decide to change your behavior (insert specific behavior) on a scale from one to ten, with one being not at all confident and ten being completely confident?”

Assessing importance and confidence in addition to readiness can help the motivational counselor understand where the person needs additional support. For example, a person that rated change as highly important but lacked confidence in their ability to succeed (e.g., low self-efficacy) would benefit from strategies aimed at enhancing their sense of hope or belief in themselves. Some of these strategies might include inquiring about past successes, discussing the person’s strengths or resources to support change, enlisting the support of family and friends, and making change seem more manageable by talking about the next small step toward change rather than pushing a lifetime commitment (e.g., asking the person to imagine using a clean needle tonight instead of picturing never using a dirty needle again).

Another person might possess a great deal of confidence in their ability to change their behavior but feel that changing is not high on their list of priorities, e.g., low importance-high confidence. For example, a person in this circumstance might say, “I think my boyfriend would wear a condom if I asked him, but I just don’t think it’s a big deal because he doesn’t run around on me anymore.” In these instances, a motivational counselor would focus her efforts on moving behavior change up in the person’s list of priorities. This can be accomplished through discussions that draw the person’s attention to the risks, potential problems, and drawbacks associated with their behavior (e.g., the risk of contracting an STI no matter how remote the possibility) as well as the potential benefits of change (e.g., peace of mind and lower risk of transmitting an STI).

### **Good Things and Less Good Things**

An exception to avoiding asking questions that invite people to describe obstacles to change is when motivational counselors inquire about the benefits or advantages of the person’s current behavior in order to increase the person’s openness to talking about the drawbacks of their

behavior. In addition, exploring the “good things” (pros, advantages, positives, or benefits) associated with a behavior can help the person and the motivational counselor understand more about the motives sustaining it.

Often people find that their reasons to stay the same do not seem as compelling once they compare them to the “less good things” about their behavior. Therefore, once the “good things” have been exhausted and the motivational counselor summarizes what she or he has heard, she or he then inquires about the “less good things” about the person’s current behavior. One of the originators of motivational interviewing, Steven Rollnick, intentionally uses the phrasing “less good things” to avoid labeling a person’s behavior as a problem when the person is not using that language. However, using the phrasing “drawbacks,” “cons,” or “disadvantages” of a given behavior works just as well.

In exploring the “less good things” motivational counselors engage people in a thorough exploration of the drawbacks of their behavior while asking for specific examples throughout. Extracting personal details and specifics is important to a motivational approach because it helps to close the gap between a vague idea or impression and the actual or potential impact of a behavior on a person’s life. In other words, the “less good things” become more vivid, real, or concrete. For instance, a motivational counselor might ask:

*“You say that bringing home STIs has caused problems in your relationship. Tell me about a time that happened.”*

At the end of the conversation in which the good things and less good things have been explored and summarized, the motivational counselor summarizes both sides again and then invites the person to draw their own conclusions about the discussion. For example, the motivational counselor might say:

*“So let me summarize what we’ve talked about so far. The good things about having unprotected sex are that it feels better, is more spontaneous and intimate, and eliminates the hassle of shopping for condoms. At the same time, the less good things are that you’ve already contracted a “nasty” STI, and this has made your boyfriend decide to leave you—something that has been really heartbreaking for you. You also mentioned that you’re worried about getting HIV because you have a close friend with HIV and have seen how hard it is— the stigma and countless “cocktails” of medications he takes as if his life depends on it— and it actually does because it’s keeping him from getting AIDS. You say that you don’t want to have to cope with something like that— all the side effects of the medication and what it would do to your family if you were HIV positive.*

*It’s a lot to think about. “What do you make of all of this?”*

## Decisional Balance

Like the good things/less good things exercise, the decisional balance exercise explores the pros and cons of a behavior, except with a focus on future behavior. That is, the decisional balance invites the person to examine the anticipated advantages and disadvantages of changing and not changing their behavior. Each of these exercises can be completed conversationally or on paper by asking the person to list the perceived pros and cons of change versus staying the same and then reviewing the lists together with the person. The goal of these exercises is to help the person reflect upon the opportunity to create a lifestyle that is consistent with the person they want to be, either presently or in the future. In keeping with a motivational approach, the motivational counselor initiates the exercise to create an opportunity to draw out and reinforce the person’s change talk and sense of self efficacy.

*“The greatest compliment that was ever paid me was when one asked me what I thought, and attended to my answer.”*

— Henry David Thoreau

Listening is the heart of motivational interviewing. While some may underestimate the value and complexity of listening, motivational counselors understand the benefits of listening and the effort required to do it skillfully. As we have discussed in earlier chapters, when people are listened to and understood, they feel accepted and become more open to considering behavior change. For this reason, listening is an asset in both becoming a more empathic counselor and enhancing a person’s level of motivation. In contrast, some common counselor strategies act as barriers to listening, and by extension, impede a counselor’s ability to form a trusting relationship and arrive at an understanding of the goals, values, and perspective of each individual.

### Some habits that can get in the way

Below is a list of counselor strategies or roadblocks that can get in the way of effective listening. The strategies are referred to as roadblocks in this exercise because they function as a hindrance to meaningful dialogue. In order to understand how these counseling approaches can impact the counseling relationship, it is helpful to experience them firsthand. In other words, please pair up with another person that is attempting to learn motivational interviewing (or is at least willing to complete the exercise with you). Decide which of you will adopt the role of the speaker first and who will begin as the listener. The speaker begins by telling the listener about a mild problem from their life, something that the speaker has wanted to change but still feels ambivalent about. The listener responds during the conversation with one of the roadblocks identified in the table below. In using a roadblock, it is not necessary to use the phrasing that is presented in quotes, as these phrases are only meant to serve as examples of the roadblock presented in bold letters in each box, but please feel free to begin your block with one on these phrases if you find them helpful.

The conversation will continue until the listener has practiced every roadblock in the table. The column beside each strategy can be used to check off that it has been implemented. Once the listener has practiced every strategy, it is time to switch roles, e.g., the speaker becomes the listener and vice versa.

Once you have completed the exercise, please take a few minutes to respond to the following questions and discuss your answers with your partner.

1. What was it like to be the speaker, e.g., to receive a block?
2. What was it like to be the listener, e.g., to use a block?
3. Which blocks were most difficult and easy to receive?
4. Which blocks felt more familiar or natural to you?
5. Which blocks do you find that you sometimes use in counseling and personal situations?

### Twelve Listening Roadblocks

---

#### 1. Moralizing, preaching, or telling people what they “should do”

“You should...”

“You ought to...”

“It’s your responsibility/obligation to...”

---

#### 2. Disagreeing, judging, criticizing or blaming

“It’s your own fault...”

You’re being selfish...”

“You’re wrong...”

---

#### 3. Giving advice, making suggestions, or providing solutions

“What I would do is...”

“Why don’t you...?”

- 
- 4. Warning or threatening**  
 “You’re really asking for trouble doing that.”  
 “You better not do that, because if you do...”  
 “If you don’t change, you’re going to face serious consequences.”
- 
- 5. Persuading with logic, arguing, or lecturing**  
 “The facts are that...”  
 “Yes, but...”
- 
- 6. Reassuring, sympathizing, or consoling**  
 “There, there, it’s not that bad.”  
 “I’m sure things will work out in the end.”  
 “Someday you’ll look back at this & laugh.”
- 
- 7. Questioning or probing**  
 “What makes you feel that way?”  
 “How are you going to do that?”
- 
- 8. Interpreting or analyzing**  
 “You really don’t mean that.”  
 “Do you know what your real problem is?”
- 
- 9. Withdrawing, distracting, humoring, or changing the subject**  
 “Let’s talk about that another time.”  
 “That reminds me of the time when I...”
- 
- 10. Ordering, directing, commanding**  
 “Don’t say that.”  
 “You’ve got to face-up to reality.”  
 “Go right back there and apologize!”
- 
- 11. Shaming, ridiculing, or labeling**  
 “You should be really ashamed of yourself.”  
 “What were you thinking?”
- 
- 12. Agreeing, approving, praising**  
 “I think you’re absolutely right.”  
 “That’s what I would do.”

Thomas Gordon’s Twelve Listening Roadblocks, Adapted from: W.R Miller & K.A. Jackson. *Practical Psychology for Pastors* (Prentice-Hall, 1995).

For many participants, this exercise can be eye-opening, as the counselor comes to experience how a roadblock by the listener can shut down a conversation, restrict the speaker’s desire to elaborate or explore their feelings further, and/or increase the speaker’s level of defensiveness (e.g., lead to argument, inattention, or hostility).

We have also found that in completing this exercise counselors are able to identify several roadblocks that represent their personal favorites. In other words, these are the well-worn roadblocks that the counselor tends to use more often than other blocks in responding to people in personal and counseling situations. For many counselors, the favored roadblocks are those that to some extent were a part of the counselor’s professional training.

For example, many counselors have been taught to ask a lot of questions, present expert opinions/recommendations, offer consolation and reassurance to others in distress, interpret or analyze unusual behavior, and praise the accomplishments and competencies of the people they work with. In the next few paragraphs we will discuss why each of these strategies can be problematic at times. This is not to say that these approaches are off limits from a motivational perspective. In fact, every block in the table may constitute an appropriate strategy at a given time, with a given person. Moreover, if the counseling relationship is built on a solid foundation of trust and respect, then even an approach that under other circumstances would represent a roadblock may actually prove helpful. That being said, none of the blocks are consistent with listening.

The objective of effective listening is to promote understanding, trust, empathy, in-depth exploration, honesty, closeness, and enhanced openness to movement and change. Whereas questions can sometimes help to accomplish these goals, counselors can fall into a pattern of asking a question and receiving an answer, then asking another question and receiving an answer, and on infinitum like a merry-go-round. This can be problematic because the person answering the counselor's questions often begins to wait for the next question instead of being guided by the counselor in a self-reflective in-depth exploration of their own thoughts and experiences. Moreover, a person waiting for the next question is less likely to feel understood and invested in the counseling process because the conversation is structured so as to remain at a superficial level.

Moreover, in previous chapters we have reviewed the inherent problems with offering unsolicited advice, but it bears repeating that expert advice should only be presented with the person's permission, following a thorough exploration of the person's own perspective (listening), and subsequent to a conversation in which the person has had an opportunity to discuss their own thoughts and ideas. In other words, because giving advice is inconsistent with listening, it should be offered only after the counselor has first taken the time to listen. Likewise, offering consolation and reassurance, interpreting or analyzing behavior, and praising the person can each be problematic at times.

For example, reassurance (e.g., "Everything will be okay, you'll see") and interpretation ("It's as if you like taking risks because you can get back at your parents") can stifle the person's exploration of their own thoughts, feelings, and behaviors and thereby do little to bolster the person's sense of competence and self-confidence. Even agreement, approval, and praise should be offered in a way that supports the person's sense of self-efficacy. For example, to offer agreement after a person discloses something that the counselor approves of suggests that the counselor can also offer criticism in response to disclosures that she or he disagrees with, e.g., the flipside of "You're doing the right thing, I'm so proud of you!" is "That's a terrible thing you're doing, you really let me down." If the person expects that the counselor may be disappointed in her or him, the person will be less likely to be upfront and honest about communicating information in the future that the counselor may evaluate negatively. Moreover, the person may attempt behavior changes to please the counselor, which is a less stable and enduring incentive for change than transformations motivated by the person's own personal desire for a better life.

In contrast, the counselor can be more effective in offering a supportive statement along the lines of agreement, approval, and praise by removing herself (e.g., the counselor) from the equation. For example, a counselor might say, "It sounds like you feel like you're doing the right thing, you seem really proud of that!" In other words, it may be more helpful for the counselor to notice the positive effects of a change on a person's appearance, sense of wellbeing, relationships, and self-confidence.



## Reflective listening

Reflective listening is a restatement of the meaning or emotion of the speaker so that she or he feels understood and can begin to more objectively evaluate his/her own thoughts and feelings, especially those related to ambivalence about change. Reflective listening also guards against miscommunication by comparing what the listener heard with what the speaker meant. It also gives the speaker an opportunity to clarify any misunderstanding on the listener's part and add to the story.

Importantly, reflective listening involves the use of statements as opposed to questions. Sometimes counselors that are first learning motivational interviewing inadvertently transform a statement into a question by using a higher tone of voice at the end of their reflection. For example, please read the following statement aloud: "You're feeling overwhelmed." Now read the same sentence aloud as a question: "You're feeling overwhelmed?" If you noticed the timbre of your voice rise in pitch, then you understand how statements can be transformed into questions by changes in intonation. Reflections presented as questions, particularly if asked consecutively, convey a lack of understanding and attention to what the person has said — the opposite of their intended effect.

In restating the speaker's words or feelings, it can be helpful (though not absolutely necessary) to start a reflection with an opener. The use of an opener can give the novice (as well as the expert) some time to formulate their reflection. Moreover, openers cue the speaker that you are about to tell them what you heard them communicate. That is, your hypothesis of what they're thinking or feeling. It's a way of checking in with the person about what you think they meant rather than assuming you already know (Miller & Rollnick, 1991).

"It sounds like you..."  
 "You're feeling..."  
 "It seems that you..."  
 "So you..."

## Reflective statements can take four forms or levels.

1. The first involves repeating the person's exact words back to them, which can communicate understanding and prompt the person to continue talking (simple reflection).
 

**Person:** "I'm not sure if my boyfriend is cheating on me. He's been acting strange lately. I've been thinking about asking him to wear a condom until I find out what's going on."

**Counselor:** "Because you're not sure if your boyfriend is cheating on you, you're thinking about asking him to start wearing a condom when you have sex."
2. The second level of reflective listening is rephrasing what the person said using slightly different words to help clarify the person's meaning (complex reflection).
 

**Person:** "Yeah, because that's the only way to make sure he's not giving me anything nasty, right? I mean, I don't want to be in here next month complaining to you about crabs or something even worse than that."

**Counselor:** "You want to make sure you don't get any STIs, especially something that could be really serious, and you worry that if you're not careful now you'll regret it pretty soon."
3. The third form of reflective listening is paraphrasing, or using different words to emphasize discrepancies, complete a thought, or convey the underlying meaning of what the person said. This form of reflective listening can be highly effective as it can be an entree into deeper exploration (amplified reflection).

**Person:** I don't want to be stupid and get myself in a mess I can't get out of, but I'm afraid that if I ask my boyfriend to wear a condom he'll think that I don't trust him.

**Counselor:** Even though you know that condoms are the best choice for you right now, you worry about jeopardizing your relationship (slightly amplifying what the person said).

4. The last level of reflection and the most powerful are those that communicate an understanding of the person's underlying emotions/feelings, particularly when the speaker has not stated them explicitly. Reflections of emotions can serve to bring an unrecognized or hidden feeling to the surface so that it can be discussed. Often, it is not until the listener has offered a reflection, and in so doing named the speaker's emotion, that a speaker becomes aware of their feelings. In general, reflections of feelings are used later, as understanding increases while simpler reflections (levels 1 and 2) are used at first to clarify meaning. Be careful, however, not to jump too far ahead of the person into the realm of interpretation, which can represent a roadblock (reflection of emotion).

**Person:** Yeah, I don't really trust him right now, but I could be being paranoid about the whole thing. What if he's still being a good guy and I put him through the wringer for nothing?

**Counselor:** Sounds like you're a little worried about this. You want to find a way to enjoy sex and protect yourself from STIs without putting your relationship on the line (completing a thought).

As the dialogue above begins to illustrate, motivational counselors' primary focus is on reflective listening rather than asking questions or offering suggestions. The emphasis on reflective listening is due in part to the necessity of revealing each person's timely, personal, and specific reasons for behavior change. In other words, the motivational counselor helps the person explore the answers to the questions below. However, in helping the person to consider these answers for themselves, it is often not necessary to ask a question, but merely to offer a reflection of the person's thoughts, feelings, and behaviors.

1. Why might this be a priority for you right now?
2. Why would behavior change be important to you and your life?
3. What specifically makes this important?

In the examples above, the answers to these questions might be that change is a priority because the client is concerned about her health and well being, condom use is important because it would help her feel less anxious and worried, and condom use would help keep her safe whether or not her partner was faithful to her.

The vignette below illustrates the use of more complex reflections (paraphrasing) that acknowledge the competencies and incentives for change of a single mother balancing work and family responsibilities.

**Speaker:** "After work I have to go pick up my two-year-old from daycare, drop him off at the sitter's house for the evening, go home and get changed for my second job, work another six hours, pick up my child from the sitter's and tuck him into bed at home, and then clean up the apartment because my sister's coming to stay with us for a few days."

**Listener:** "Wow, it sounds like you have a lot on your plate right now." (reflective statement and metaphor)

**Speaker:** "Not just right now, always (speaker clarifies). It's like I'm always running around trying to keep everything going smoothly for Mike."

**Listener:** "Sounds pretty overwhelming, and yet somehow you seem to do it all, day-after-day, for the sake of your son." (observes the underlying emotion and affirms the speaker's perseverance and sacrifice)

**Speaker:** “Yeah, it gets to me sometimes. I’m tired, really, really tired. I wish I had somebody to lean on. But it’s just me and Mike, and he needs me to take care of him, and I want to do more than keep a roof over his head and a warm meal on the table. I work two jobs because I want him to have the things I never had.”

**Listener:** “So even though it’s hard on you, you’re willing to do what it takes to give your son the best childhood possible.”

In subsequent chapters we will explore a more strategic form of reflective listening in which the counselor notes the strengths and motivations inherent in every statement that a person makes. We will also explore the art of asking motivational or “evocative” questions. However, we caution against falling into a pattern of asking too many questions. In fact, the ratio of reflections to questions in counseling situations should be about 3-to-1, e.g., three reflections for every one question. Because reflective listening can be a difficult skill to master and unlearning the habit of asking a lot of questions requires practice, we invite you to attempt the task below.

### Listening Activity

Please practice reflective listening by having a five minute conversation with someone in which you use only reflective listening. Practice with someone that you work with in a counseling capacity and with a friend or family member.

Briefly describe what completing the task was like for you (e.g., How easy/difficult was it? How was it received? Were there any problems?). If you are learning motivational interviewing together with other people at your workplace, please discuss your responses to the questions below as a group.

*When I practiced using **only reflective listening** with a friend or family member*

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*When I practiced using **only reflective listening** with a person in a counseling situation*

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We have found that this exercise can be challenging for many people learning motivational interviewing for the first time. Some have told us that the exercise felt artificial or that they had difficulty maintaining the flow of conversation without interjecting a question or suggestion. If this was your experience, we hope that you will feel reassured in learning that we agree that the exercise is challenging and somewhat contrived.

While with practice your reflections will become more attuned to the person’s feelings and will feel more natural and less effortful, in reality the motivational counselor uses all the tools at her or his disposal to facilitate communication and understanding, including asking questions, etc. However, as we mentioned previously, motivational counselors focus on listening first and foremost, asking questions only after an understanding of the persons’ goals and values has been reached. Therefore, it is important to become proficient at listening.

This is not to say that motivational interviewing has to be a lengthy process. To the contrary, motivational approaches have been shown to be effective during very brief encounters of only five to ten minutes. Consequently, even if you choose not to use a motivational approach consistently, a little motivational interviewing goes a long way. So, if you use a little motivational interviewing a lot of the time, you’re still likely to help promote a person’s motivation for change.

## Some Opening Motivational Strategies You Might Like to Try...

*“We will surely  
get to our  
destination  
if we join hands.”*

— Aung San Suu Kyi

In addition to reflective listening, the basic approach to interactions in motivational interviewing is described by the acronym OARS. This acronym was selected by the originators of motivational interviewing in part because it conjures up an image that fits well with the spirit and principles of this counseling style. Oars are the method of propulsion of rowboats. What happens in a rowboat when each person takes an oar and begins paddling at her or his own, different speed? The rowboat ends up perpetually turning in circles — going nowhere. In contrast, a collaborative, coordinated effort leads to forward momentum and progress. Likewise, a motivational interviewing counseling style is consistent with a deliberate, collaborative effort.

### OARS: Open-ended questions

Open-ended questions are those that require the person to elaborate rather than respond with one word or a short phrase. The opposite of an open-ended question is a closed-ended question, e.g., did you use opiates yesterday? (yes/no), did you take an HIV test? (yes/no), do you use condoms when you have sex? (yes/no). Open-ended questions are preferable to close ended questions because they help draw out the person’s point of view and feelings and enable the counselor to understand the situation as the person sees it. In addition, open-ended questions encourage the person to reflect on their thoughts and feelings and continue talking. Importantly, because open-ended questions are meant to draw out information in a neutral way, they help the motivational counselor avoid making and communicating unfair judgments about the person or their behavior. Table 1 lists examples of how to transform close-ended questions into open-ended ones.

**Table 1. Examples of Closed-ended and Open-ended Questions**

Closed-ended question	Open-ended question
Are you concerned about whether you’re putting yourself at risk for HIV or other diseases through drug use?	Tell me, what brings you here today?
How frequently do you use condoms and with whom?	Tell me about your use of condoms. or Under what conditions do you use condoms?
Do you have any questions about what you can do to prevent HIV and other STIs?	What are some of your questions about HIV and STI prevention?
Do you agree that it would be a good idea to start using condoms?	What do you think about the possibility of using condoms?
How long ago did you have your last HIV test?	Tell me about the last time you had an HIV test.
Are there any barriers to you protecting yourself from HIV and STIs?	What are your thoughts about taking self-protective measures against HIV and other STIs?

Open-ended questions can also be used to help draw out self-motivational statements from the person. Self-motivational statements suggest that the person recognizes that their life would be better if they made some changes in their behavior and/or express self-confidence in their ability to be successful if they choose to attempt change, e.g., “I can do it if I put my mind to it”, “I can’t go on this way, drugs are ruining my life”, “What do I have to do to protect myself from STIs and HIV?”, etc. Table 2 below offers several examples of “evocative” questions, e.g., questions that are intended to elicit self-motivational statements or “change talk.” In addition, below is a list of evocative/motivational and non-motivational questions. Can you distinguish them?

- Why don’t you change?”
- Why aren’t you more motivated?
- Why change, even a little?
- Why don’t you just give up on this goal, at least for now?
- How are you going to change?

**Table 2. Sample Motivational Questions**

<p><b>Exploring Goals and Values:</b></p> <p>Engage the person in a discussion of their goals, values, and hopes. Ask the person to elaborate throughout the discussion. For example, if the person’s job is a key dimension of who they are, ask them to describe what makes it so, in what ways? After you understand the person’s perspective, explore &amp; develop themes of discrepancy between important goals or values and the person’s behavior, e.g., How does using condoms fit in here?</p> <ul style="list-style-type: none"> <li>■ What is most important to you in your life?</li> <li>■ What gives your life meaning and purpose?</li> <li>■ What would you not want to live without?</li> </ul>
<p><b>Looking forward:</b></p> <p>Help the person consider their future in relation to their high-risk behavior and hopes. Explore &amp; develop themes of discrepancy between important goals or values and behavior.</p> <ul style="list-style-type: none"> <li>■ If you decide to make a change, what might be different (or better) in the future?</li> <li>■ How would you like things to turn out for you 5 and 10 years from now?”</li> <li>■ Suppose you don’t make changes, what will your life be like 5 years from today?”</li> </ul>
<p><b>Looking back:</b></p> <p>Talking about one’s life before engaging in high risk behavior can help the person imagine their life differently and the possibility of change.</p> <ul style="list-style-type: none"> <li>■ Tell me about a time when things were going well for you.</li> <li>■ What were things like before you started using drugs (having unprotected sex, etc.)?</li> <li>■ What were you like back then?</li> </ul>
<p><b>Elaborating:</b></p> <p>Whenever the person describes a reason for change or recognizes a problem with their high risk behavior ask for further elaboration and clarification, e.g., ask the person to walk you through a typical day in his/her life.</p> <ul style="list-style-type: none"> <li>■ In what ways? (How much? When?)</li> <li>■ What are some specific examples?</li> <li>■ Tell me about the last time this occurred.</li> <li>■ Ask “what else?” within the topic</li> </ul>
<p><b>Extremes:</b></p> <p>Ask the person to describe extreme consequences, the best consequences if the person changes and the worst consequences if they don’t.</p> <ul style="list-style-type: none"> <li>■ What concerns you (or other people) most in the long run?</li> <li>■ What do you imagine are the worst things that might happen to you?</li> <li>■ What are the best results you can imagine if you make a change?”</li> </ul>

Source: Miller & Rollnick, 1991

**OARS: Affirmations**

As previously described, affirmations help to validate the person's feelings and convey an appreciation of their strengths and competencies. In addition, affirmations promote the person's self-confidence and encourage them to assemble their inner resources and social supports to make changes in their life. Examples of affirming statements (Miller & Rollnick, 1991) include:

- You took a big step in coming here today.
- It seems that you have given this a lot of careful consideration.
- That's an excellent idea.
- You've shown a lot of courage in deciding to come here.
- You've been through a lot. If I were in your position, I don't think I could have managed the stress as well as you have.

**OARS: Reflections**

Reflective listening, or re-stating the meaning of what the person said or conveyed through body language has been reviewed in detail in the previous chapter. For this reason we will refrain from reviewing this concept in-depth here. However, it is important to note that reflective listening requires continuous attention to the person's verbal and nonverbal responses and their meanings and the ability to formulate statements that are appropriate to the person's exploration of their own thoughts and feelings (CSAT, 1999). In addition, reflections can be used strategically to emphasize motivational statements or to deemphasize counter-motivational statements, such as statements of barriers to change.

**Summaries**

Summaries are a specialized form of reflective listening. Like reflections, a motivational counselor might offer a summary to reinforce aspects of what a person has said or to alter the meaning slightly in the interest of calling the person's attention to a contradictory statement or a discrepancy between their goals and behavior. In addition, below is a list of some additional benefits of summaries.

***Benefits of summaries:***

- Reinforces material that has been discussed
- Demonstrates that you've been listening carefully
- Prepares the person to elaborate further
- Allows the person to hear his or her motivational statements again
- Acts as a transition to shift focus
- Sums up ambivalence about the benefits of current behavior
- Offers you an opportunity to assess the person's situation and where it coincides with the person's own concerns
- Facilitates the review of objective evidence about risk or problems associated with the person's behavior
- At the beginning of a session, builds on progress made during previous discussions
- At the end of a session, wraps up the discussion
- In the middle of a session, ties together material or transitions to a new topic

(Miller & Rollnick, 1991)

In presenting a summary, first announce that you will summarize, e.g., “Let me stop and summarize what we’ve just talked about” or “I’d like to pull together what you’ve said so far.” Next, summarize selected elements of the conversation and then invite the person to correct anything missed, “Did I leave anything out?” to give the person the opportunity to clarify any misstatements and to point out any omissions.

*“There is nothing so annoying as to have two people talking when you're busy interrupting”*

— Mark Twain

How do you know when a person is moving closer to resolving ambivalence about change and seriously considering actually attempting it? If motivational interviewing is successful, the person rather than the counselor is arguing for change and making statements so as to persuade themselves that they want to and can improve (CSAT, 2002). Incidentally, if you as a motivational counselor hear yourself voicing the arguments in favor of change yourself, you are no longer using a motivational approach. In this chapter we will discuss how to listen for motivational statements and how to respond to statements that are apparently “resistant” or counter-motivational.

### Listening for Self-Motivational Statements

The best indication of movement toward change, short of actually doing it, is that the person begins talking-the-talk. Table 3 below lists four types of self-motivational statements or “change talk” to listen for (Miller and Rollnick, 1991).

**Table 3. Four Types of Self-Motivational Statements**

<p><b>Recognition of problem</b></p> <ul style="list-style-type: none"> <li>■ “I didn’t think it was a big deal before, but maybe I should think about using protection.”</li> <li>■ “The way I’ve been acting doesn’t fit with who I really am.”</li> </ul>
<p><b>Direct or implied intention to change</b></p> <ul style="list-style-type: none"> <li>■ “I’ve been thinking about talking to my partner about using condoms.”</li> <li>■ “I can’t keep up this lifestyle forever. I’ve got to be a grown-up about this.”</li> </ul>
<p><b>Emotional concern</b></p> <ul style="list-style-type: none"> <li>■ “I’m worried about passing HIV to someone else.”</li> <li>■ “I’m ashamed about who I’ve become.”</li> </ul>
<p><b>Optimism about change</b></p> <ul style="list-style-type: none"> <li>■ “I think that I could make it a habit to always use condoms, if I put my mind to it.”</li> <li>■ “It will be hard to give up dope, but I think I can do it if I really try.”</li> </ul>

In addition, when people talk about their intention to change they tend to do so by conveying their desire, ability, reasons, need, or commitment to change (DARN-C) (Miller & Rollnick, 2004).

**Desire:** “I want to...”

**Ability:** “I can...”

**Reasons:** “I should because...”

**Need:** “I have to...”

**Commitment:** “I will...”

It is important that motivational counselors reinforce or encourage additional self-motivational statements to “grow” motivation further. This can be accomplished through reflective listening (e.g., “So you’re feeling like changing your sex practices may be in your own best interest”), nodding and demonstrating agreement, and offering an affirmation (e.g., “It seems to me that what you say is true, once you put your mind to something you follow through”) (CSAT, 1999).



In addition, the motivational questions listed in Table 2 (Chapter 6) encourage the person to continue exploring and elaborating on the prospect of change. After you have heard a series of motivational statements, ask the person, “What do you think you might do?” or “What do you think the next steps for you might be?” in order to assess if the person is ready to move to the action stage of change.

### How to grow motivation even in apparent “resistance”

Sometimes it seems that the person is not saying anything self-motivational to elaborate on. In fact, the person views the situation differently than how you may see it, and is unwilling to acknowledge a problem with their high-risk behavior. This difference of opinion is often behaviorally expressed by the person by ignoring or “not following” the counselor’s remarks or by arguing, interrupting, or disagreeing with the counselor or with what the person believes is the counselor’s point of view. Under these circumstances, it is helpful to follow a resistance statement with nonresistance. Below is a table of seven strategies for responding to “resistance” or counter-motivation (Adapted from CSAT, 1999).

**Table 4. Seven Strategies for responding to “resistance” or counter-motivation**

Types of responses	Resistant Statement	Counselor Response
<b>1. Reflection:</b> Reflecting the person’s statement in neutral form can increase openness to considering change.	“I’m not going to start using condoms right now.”	“You don’t think that condoms would work for you right now.”
<b>2. Amplified Reflection:</b> Reflecting the person’s statement in exaggerated form without sarcasm encourages the person to back down from an extreme position.	“I don’t know why my partner is worried about this. It’s not like I sleep around.”	“You think your partner’s concern is completely unreasonable.”
<b>3. Double-sided Reflection:</b> Reflecting what the person said as well as contradictory information stated earlier (or in another session).	“I know that you want me to start using condoms, but I’m not going to do that.”	“While you recognize that your behavior is putting you and your wife at risk, you’re not willing to consider using condoms all the time.”
<b>4. Shifting Focus:</b> Defusing resistance by shifting the focus away from barriers and obstacles.	“I can’t stop using dope; it’s how I relax at the end of the day.”	“You’re way ahead of me. I’d like to continue talking about your concerns about getting into college. Later, we can discuss how dope fits into your future plans.”
<b>5. Agreement with a twist:</b> Agreeing with the person with a slight change that furthers the discussion.	“Why are you and my boyfriend so stuck on me getting tested? He’s the who cheated on me in the first place.”	“You’ve got a good point. It’s not as simple as one person getting tested. Reducing the risk of contracting and transmitting HIV and other STIs is both partners’ responsibility.”
<b>6. Reframing:</b> Offering a positive interpretation of a negative statement to suggest a new meaning.	“My mother is always on my case about getting clean— she calls me a drug addict to my face!”	“She expresses her concern in a way that makes you mad and perhaps she could work on that. At the same time, it sounds like she really cares about you.”
<b>7. Siding with the Negative:</b> Reflecting the negative side of what the person said to encourage the person to take up the other side of the argument, “yes, but”. It is helpful to include a motivational question in using this strategy. Be careful not to use this too early or with depressed persons.	“People think that because I’m HIV positive I should be practicing safe sex, but why should I care if the people I have sex with don’t?”	“We’ve talked a lot about your thoughts and feelings about changing your behaviors and you’re still not sure if you want to practice safer sex. It sounds like changing would be very difficult for you. Why haven’t you given up on this goal altogether?”

### Finding motivation EVERYWHERE

In addition to the strategies for responding to resistance or counter-motivation outlined above in Table 4, a more sophisticated method of addressing resistance is to become practiced at seeing beyond a person's defensive statements to notice the competencies, strengths, and motivation residing just under the surface. In noticing these resources, the motivational counselor re-directs the conversation so that it moves away from barriers to change and becomes oriented toward the person's assets and capabilities to create positive changes in his or her life. To accomplish this, one must first uncover the positive motivations, strengths, or competencies in every statement a person makes, especially resistance statements, and then offer a reflection that sets the stage for the elaboration of the strength or competency. Table 5 below illustrates the process of finding motivation and then reflecting it back using alternative reflections for the resistance statements offered as examples in Table 4. When at a loss for finding a person's motivation, it can be helpful to say or "reflect" that the person found it important to speak their mind and/or talk to you in spite of their reservations about behavior change. Moreover, if a person arrives at a decision to stay the same (e.g., not to pursue behavior change), the person may have at least entertained the notion of behavior change at one time, in which case you can respond: "Sounds like you've given this a lot of thought".

**Table 5. Finding motivation in resistance and reflecting it back**

Resistant Statement	Motivation, Strength or Competency	Example Counselor Response
"I'm not going to start using condoms right now."	<ul style="list-style-type: none"> <li>■ "Right now" implies the possibility of using condoms in the future.</li> <li>■ The person is being truthful in expressing their feelings to you.</li> <li>■ The person came in to see you anyway.</li> </ul>	<ul style="list-style-type: none"> <li>■ "So while you're not ready to start using condoms right away, you may be open to considering it in the future."</li> <li>■ "It seems that it's important for you to level with me."</li> <li>■ "So while you're not ready to use condoms right now, you came to talk to me anyway."</li> </ul>
"I don't know why my partner is worried about this. It's not like I sleep around."	<ul style="list-style-type: none"> <li>■ Someone in the person's life cares about him or her.</li> <li>■ The person is faithful.</li> <li>■ The person is aware of his or her partner's concern</li> </ul>	<ul style="list-style-type: none"> <li>■ "Sounds like your partner really cares about you to be so concerned."</li> <li>■ "Seems like being faithful is important to you."</li> <li>■ "Sounds like your partner has shared his (or her) concerns with you."</li> </ul>
"I know that you want me to start using condoms, but I'm not going to do that."	<ul style="list-style-type: none"> <li>■ Anticipating your advice indicates knowledge about safer sex practices.</li> </ul>	<ul style="list-style-type: none"> <li>■ "Seems that you know about what it takes to reduce your risk of HIV and other STIs."</li> </ul>
"I can't stop using dope; it's how I relax at the end of the day."	<ul style="list-style-type: none"> <li>■ The person has thought about quitting.</li> <li>■ The person may be open to quitting if other relaxation strategies are available.</li> </ul>	<ul style="list-style-type: none"> <li>■ "Sounds like you've thought about quitting before."</li> <li>■ "So if you could find a good way to relax at the end of the day, you might consider cutting back."</li> </ul>
"Why are you and my boyfriend so stuck on me getting tested? He's the one who cheated on me in the first place."	<ul style="list-style-type: none"> <li>■ The person's boyfriend is concerned.</li> <li>■ The person is aware of the boyfriend's infidelity and the risk for transmission of HIV or another STI.</li> </ul>	<ul style="list-style-type: none"> <li>■ "Sounds like your boyfriend is worried about how his infidelity might have put you at risk."</li> <li>■ "Sounds like you're hurt &amp; angry because by cheating, he's put you at risk for HIV and others STIs."</li> </ul>

Resistant Statement	Motivation, Strength or Competency	Example Counselor Response
<p>“My mother is always on my case about getting clean — she calls me a drug addict to my face!”</p>	<ul style="list-style-type: none"> <li>■ The person has someone in their life that’s concerned and vocal about the problems associated with his or her drug use.</li> </ul>	<ul style="list-style-type: none"> <li>■ “Sounds like your mom is really worried about how your drug use is affecting you.”</li> </ul>
<p>“People think that because I’m HIV positive I should be practicing safe sex, but why should I care if the people I have sex with don’t?”</p>	<ul style="list-style-type: none"> <li>■ The person is concerned about what others may think of him or her.</li> <li>■ The person is aware that their behavior is high-risk.</li> </ul>	<ul style="list-style-type: none"> <li>■ “Sounds like you believe that others will think you’re doing the wrong thing.”</li> <li>■ “Seems like you know that because you’re HIV positive and are not using condoms, you could be passing HIV to others.”</li> </ul>

*“Practice is the best  
of all instructors”*

—Publilius Syrus

Now that you have learned about the philosophy and basic strategies of Motivational Interviewing (MI), it's up to you to practice these skills in order to develop proficiency in applying the concepts to your work. At the same time, assisted practice with the feedback of a consultant, supervisor, or other supportive members of your team can be invaluable in honing your MI skills. The difference between unsupervised practice and supervised practice is akin to the difference in athletics between being coached or not. Whereas with practice your game is bound to improve, coaching helps you to avoid developing or perpetuating bad habits and to get better faster with the aid of individualized expert pointers.

In the best of all possible worlds, we recommend on-site expert supervision with the periodic review of audio tapes as the gold standard of MI coaching. If this model is not feasible within your organization, it can be helpful to invite an outside expert consultant to provide periodic group MI supervision (e.g., every two to four weeks) either by telephone or in-person until the organization has developed satisfactory in-house expertise, particularly the ability to sustain the practice of MI counseling through regular on-site supervision and standard MI workshops for new employees. In between expert consultant meetings, it can also be useful to hold on-site group meetings attended by both supervisors and staff to provide peer-based co-supervision in motivational interviewing.

### **To whom does MI apply?**

In addition to practice, it's up to you to decide when MI might be helpful. This requires an ability to ascertain that the person you are working with is grappling with contradictory feelings concerning changing his or her high-risk behaviors or is behaving in ways that are incongruent with important personal aims or ambitions. If these conditions are met, then it is likely that a motivational approach would be beneficial. Importantly, motivational interviewing can be integrated with other interventions, including whatever your current HIV or other STI prevention program happens to be, and irrespective of the modality of services (e.g., whether delivered in an individual or group format). However, integration is not possible if the philosophy and approaches of current practices are at odds with a motivational approach (e.g., approaches that rely on expert authority and power, are judgmental in tone, or use adversarial confrontational techniques).

While MI was originally developed as a means of engaging people in services that experienced problematic alcohol use (Miller, 1983; Miller et al., 1988), it has since evolved into an intervention in itself with demonstrated effectiveness across a range of behaviors and with individuals of diverse cultural and economic backgrounds, including individuals of Hispanic ethnicity and African Americans (CSAT, 1999). Moreover, the cultural competence of MI can be enhanced by integrating MI into existing culturally competent policies, procedures, and practices. For example, a program primarily serving monolingual Spanish-speaking participants that incorporates important traditional cultural concepts in the program design and general service approach (e.g., attention to the cultural values of personalismo, familismo, etc) might also include these same principles and practices when introducing MI into their existing intervention.

### **Where can I get more information?**

If you are interested in acquiring additional information about MI, we recommend reading *Motivational Interviewing*, the first or second edition, by Steven R. Miller, Ph.D. and William Rollnick, Ph.D.. In addition, [motivationalinterview.org](http://motivationalinterview.org) is a comprehensive online resource that provides introductory and background information and links about MI. The site also maintains a bibliography of empirical articles about MI and a listing of upcoming training opportunities to receive training in MI from members of the Motivational Interviewing Network of Trainers (MINT), an international network of individuals who have participated in Drs. Miller's and Rollnick's Training of Trainers workshops.

Several fidelity instruments have also been developed to assess provider competence in implementing MI. These instruments not only assist practitioners and organizations in examining how well MI is actually being applied in practice, but also can be used as teaching, supervision, and feedback tools. A short list of validated instruments include the Yale Adherence and Competence Scale (YACS); the Motivational Interviewing Skill Code (MISC); the Motivational Interviewing Process Code (MIPC); the Motivational Interviewing Treatment Integrity Scale (MITI); and the Motivational Interviewing Supervision and Training Scale (MISTS). If you would like additional information about these instruments, please see Madson & Campbell's (2006) systematic review of motivational enhancement fidelity instruments.

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The following script demonstrates the use of MI for HIV and other STI prevention. Following the counselor's responses are letters in parentheses which correspond to the use of specific OARS techniques — open-ended questions (O), affirmations (A), reflective listening statements (R), and summaries (S).

**Background:** Jose is a 21 year-old man of Salvadoran ethnicity who lives at home with his parents. He is amicable, bright, and successfully maintained a B-average throughout his educational career. Six months ago, Jose dropped out of his sophomore year of college. He is currently unemployed. At Jose's intake session last week, he reported that he had been sniffing heroine for the last 9 months and recently switched to injection drug use. He also reported that he is "not interested in giving up heroin" and is unwilling to engage in any form of treatment including agonist (methadone, buprenorphine) and antagonist (naltrexone) medication therapy. Jose consented to speak with an HIV counselor at the request of his parents in exchange for room and board in his parents' home. Below is a script of Jose's first meeting with an HIV prevention counselor. The script illustrates a motivational interviewing, harm reduction approach to HIV and other STI prevention. While the goal of this introductory session is to begin to increase Jose's motivation to avoid sharing needles, the focus of future sessions may be to further develop the discrepancy between Jose's drug use and his future goals (toward the end of enhancing Jose's desire to stop using drugs altogether). The script begins after an initial rapport has been established with the counselor.

### High-risk drug use script

**Counselor:** Jose, you mentioned that you shoot heroin on occasion. (O)

**Jose:** Yeah, I started shooting a few weeks ago because I couldn't get high through my nose anymore.

**Counselor:** So your drug use has gotten more serious. (R)

**Jose:** Yeah, I never wanted to have to inject myself to get high, but I'm not ready to quit doing dope.

**Counselor:** You don't like where you're headed and at some future point you might be ready to call it quits. (R)

**Jose:** Absolutely, I don't want to turn into a junkie or something. I'm just having some fun with my friends right now.

**Counselor:** Sounds like acting like a junkie scares you. (R)

**Jose:** Yeah, the other night I did something pretty stupid and just grabbed a needle and shot-up without thinking.

**Counselor:** Without thinking? (O)

**Jose:** About catching AIDS or something. Some people had already used it.

**Counselor:** So you've been worried that you could have HIV or another STI ever since (R) and that's part of the reason you took the initiative to come to talk to me. (A)

**Jose:** Yeah, I don't know what I'd do if I found out I had AIDS... But those are the only guys I share with and I'm pretty certain none of them has anything. Then again, one of them could be too embarrassed to tell me.

**Counselor:** They might keep it to themselves and that's a big risk for you. (R)

**Jose:** They're junkies, so it's definitely possible.

**Counselor:** Seems like junkies aren't the most trustworthy people in your book. **(R)**

**Jose:** A junkie will steal your wallet and help you look for it.

**Counselor:** A junkie can't be trusted and you don't want to be one of them. **(R)** You want to do things with your life. **(A)**

**Jose:** Yeah, I've been thinking that maybe I should get my own needle but it's almost like then I'd really be an addict. You know?

**Counselor:** Sounds like owning your own needle means that you've gone too far into the addiction which comes with all sorts of problems and that's scary. At the same time you don't want to risk an STI, especially something as serious as HIV, by sharing needles with other people. **(R)**

**Jose:** Yeah, it's a lot to think about. Now that you've got me talking about it, I think I want to get an HIV test today. Maybe afterward we can talk some more about this?

**Counselor:** Sure, it's up to you how we proceed. Thank you for talking so openly with me. It took a lot of courage to come here. **(A)** Before we move on to discussing the HIV test, I'd like to stop and summarize what we've talked about so far. You told me that your drug use has progressed to the point that you switched to injecting heroin to get high. That worries you because you fear becoming a junkie. On top of that, you're concerned because you've been putting yourself at risk of contracting an STI by sharing needles with others. You want to be safe. As a first step, you're going to get an HIV test and then you want to talk more about your drug use and the possibility of reducing your risks for infections. Did I leave anything out? **(S)**



## Practice Vignettes for Reflective Listening and other Helpful Responses.

1. An 18 year-old woman says, “The guys I date complain whenever I ask them to wear condoms so I don’t even ask anymore.”

*An example of a motivational response would be:*

“Sounds like the guys you date don’t respond well to your needs and this has made it difficult for you to let them know what’s important to you.

*What’s another example of a helpful response?*

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2. A 32 year-old man says, “I don’t share needles with anyone I don’t know.”

*An example of a motivational statement would be:*

“It sounds like you’re aware of the risks of sharing needles and have begun taking some precautions.”

*What’s another example of a helpful response?*

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3. A 19 year-old student says, “I wear condoms most of the time. Sometimes when I get really drunk I either forget or just don’t want to put it on.”

*An example of a motivational response would be:*

“So you usually make sure to protect yourself. It’s when you drink too much that you make riskier decisions regarding your sexual behavior.”

*What’s another example of a helpful response?*

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4. A 22 year-old woman says, “I don’t want to discuss my sex life with you anymore.”

*An example of a motivational statement would be:*

“It’s up to you. We don’t have to talk about anything you don’t want to. If it’s okay, I’d just like to know why you felt it was important to come here today?”

*What’s another example of a helpful response?*

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PROCEED Inc., is a multi-service, multi-ethnic, human and social service organization head-quartered in Elizabeth, NJ, founded in 1970 to address the socioeconomic needs of Latinos in the city of Elizabeth, NJ. Since then, PROCEED has expanded its mission to serve a wide range of constituents without regard to nationality, race, ethnicity, marital status, gender, sexual orientation/identity, age, political affiliation, or disability, including HIV/AIDS.

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