

Demonstration Interviews of Motivational Interviewing

1. The Confirmed Smoker: Engaging and Evoking

In this interview, Dr. Theresa Moyers demonstrates an opportunistic intervention for tobacco cessation. The client, Richard, had initially planned to act in a patient role. As he was waiting for his turn in front of the camera, he took several smoke breaks. Dr. Moyers decided to ask him if he would instead be willing to talk about his own smoking. He readily agreed, with the result that this interview is a “real-play.” If you track sustain talk and change talk in the first five minutes of this interview, you can see that it clearly illustrates ambivalence: the simultaneous and intermixed presence of change talk and sustain talk. This interview demonstrates how to elicit change talk in the midst of ambivalence. Interestingly, the client uses mostly second-person (“you”) rather than first-person (“I”) pronouns when offering change talk. It is unclear whether this represents a more general speech pattern for him or may be a subtle distancing from his own motivations for change. Nevertheless, first-person change talk does emerge, and while he is not ready to set a quit date, he predicts change surprisingly soon.

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2. Living with Diabetes: Engaging and Focusing

In healthcare, motivational interviewing can be used to come alongside people and help them decide why and how they might change. The context of this interview is a routine follow-up visit in primary health care for type 2 diabetes. Results indicate an elevated A1C value, leaving room for improvement in glycemic control. With appropriate medication in place, the key to better control is patient behavior change. Good engagement seems to be in place already, given an ongoing doctor-patient relationship. Dr. Stephen Rollnick demonstrates the focusing process, choosing which behavior change to discuss from a menu of options. Evoking and planning follow, with the client’s choice to focus on exercise.

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3. The Confused Artist: Formulation in Focusing and Planning

This interview illustrates components of all four motivational interviewing processes — engaging, focusing, evoking and planning — with a woman experiencing debilitating depression. Due to her depression, the client talks far less than is typical in motivational interviewing. The pace of the interview feels slow, reflecting the client’s low energy level. Yet within 22 minutes, a reasonable therapeutic rapport and formulation develop, she expresses substantial motivation for change and a tentative plan emerges. This conversation with Dr. William Miller also illustrates the major symptoms of depression, a client-centered approach in diagnostic interviewing, and drawing on the person’s own experience to develop an initial treatment plan from a menu of options.

A caution: If you’re new to MI, this interview is probably not the place to start because of its complexity. It is a good example of how the four processes are often more interwoven than linear. The client enters with strong change talk about her distress, but some clarification is needed before the shared focus becomes clear as a working hypothesis: to treat her for major depression. It is easier to learn about change talk from interviews that have a clear behavioral focus — like smoking or drinking — at the outset by virtue of the referral. This interview shows more of how an MI style looks within the context of psychotherapy.

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4. The Confused Artist: Evoking Client Strengths

In this interview Dr. Miller illustrates a motivational interviewing style for evoking clients’ strengths as a way of enhancing confidence and motivation for change. This particular example makes use of a prepared sheet titled “Some Characteristics of Successful Changers” that lists a hundred adjectives describing positive attributes. The particular adjectives listed are not important – the point is to offer the person a wide range of positive traits from which to choose. It is a structured way for quickly eliciting self-description of personal strengths and resources that can support change. The client in this particular interview is quite depressed, so the pace is slower and the content leaner than is often the case.

The usual rhythm in this exercise is to begin with an open question about one of the attributes circled, allowing the client time to describe it, then respond with a combination of empathic listening and complex affirmation (itself often in the form of a reflection). This is followed by asking for more detail or an example of how the person demonstrates this quality. Exploring client strengths is one way of evoking hope.

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5. My Father Also Hit Me: Two Styles for Engaging with a Mandated Client

This interview is with a father referred by Child Protective Services. A teacher at Fred’s son’s school noticed a mark on the child and reported it, as required by law. Fred had an intake interview with a social worker and left the session quite angry. He was referred to a social service agency to attend a parenting class, and this is his first contact with that agency. The obvious first challenge is engaging with a man who is mandated and who had recent experience that rendered him defensive. The focus is to have him participate in a parenting class on nonviolent methods of discipline. His own ambivalence about physical punishment emerges quickly. Dr. Theresa B. Moyers evokes his own pro-change motivations and illustrates how to “lend” change talk – a Socratic skill of offering him self-motivational statements that he has not quite voiced yet, but that follow from what he has said.

Then for contrast, beginning in minute 11, Steve Rollnick demonstrates how the same client might respond to quite a different approach in a subsequent interview, a more confronting and directing style intended to orient him to the parenting class. [This was *not* meant to be a demonstration of good motivational interviewing, though Steve does have some difficulty turning it off.]

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6. I Just Want My Daughter Back: Conflicting Agendas in Focusing and Planning

The context of this interview is a Child Protective Services office. Alice’s daughter has been removed from her home because of concerns about neglect and drug use. She had previously met with another caseworker and despite her strong desire to get her daughter back, she told the

supervisor that she would not talk to that caseworker again because she had been treated so disrespectfully. Apparently the engaging process did not go well with the first caseworker.

This is the first interview with a second caseworker, whose initial goal is to engage and establish a better working alliance through the use of OARS counseling skills. Thereafter, this interview illustrates some complexity with both focusing and planning processes. There is a broad focus from the outset in that Alice wants her daughter back, but it is unclear what specific steps she would take for that to happen. The prior caseworker has taken a directing role with this, ordering her to do a list of things in order to prove herself. Alice came in once for a drug screen, which was negative (drug-free), but had missed two other scheduled urine tests, and the prior caseworker had threatened her with losing her daughter. Alice had also been ordered to attend Narcotics Anonymous meetings, but had not done so. In this session, the new interviewer works toward collaboratively developing a “to do” list and evokes change talk regarding various steps in the right direction.

This interview further illustrates testing the water for readiness to discuss planning, which also turns out to be a complex process. Discussing the seemingly simple goal of quitting substance use points to several interrelated problems – depression, financial difficulties, social anxiety and the drug-using boyfriend. The caseworker does an admirable job of simultaneously engaging, developing a focus, evoking change talk (Can you spot it?) and moving from vague, general goals to more specific steps, all while fulfilling her responsibility to promote the child’s safety and well-being. The interviewer is Dr. Carolina Yahne.

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7. The Suspicious Smoker Part 1: Overuse of a Directing Style

This is the first of three interviews featuring “the suspicious smoker.” In these short simulated interviews Dr. Stephen Rollnick demonstrates three different approaches to conversations about behavior change; in this case, within health care consultations about stopping smoking. They illustrate interviewing styles that lie along a continuum from directing at one end, to simply following and listening at the opposite end, and in the center a guiding style of motivational interviewing.

This first interview was a slightly extreme demonstration of what is unfortunately a common approach to helping in so many fields: the overuse of a *directing* style. It was emotionally draining for both parties. The style has its place, but to use it as a default is to invite trouble such as poor outcomes or complaints from those we serve.

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8. The Suspicious Smoker Part 2: Overuse of a Following Style

This is the second of three interviews featuring “the suspicious smoker.” In these short simulated interviews Dr. Stephen Rollnick demonstrates three different approaches to conversations about behavior change; in this case, within health care consultations about stopping smoking. They illustrate interviewing styles that lie along a continuum from directing at one end, to simply following and listening at the opposite end, and in the center a guiding style of motivational interviewing.

This second interview was designed to illustrate that it is possible to use many of the ingredients of MI such as open questions, reflections, and a curious attitude, in the service of a *following* style. You make sure that the person feels understood and perhaps explore how they are feeling, even changing the subject from time to time (e.g., “What kind of work do you do?”). However, the subject of change is not raised, and what is missing is the directional quality that lies at the heart of MI.

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9. The Suspicious Smoker Part 3: The Guiding Style of Motivational Interviewing.

This is the third of three interviews featuring “the suspicious smoker.” In these short simulated interviews Dr. Stephen Rollnick demonstrates three different approaches to conversations about behavior change; in this case, within health care consultations about stopping smoking. They

illustrate interviewing styles that lie along a continuum from directing at one end, to simply following and listening at the opposite end, and in the center a guiding style of motivational interviewing.

In the third interview Dr. Rollnick illustrates the directional evoking task of motivational interviewing that was missing in the second interview. It is a guiding style that lies in between pure directing and pure following, incorporating some elements of both. Sustain talk is evident at the outset, intermixed with some change talk. The interviewer intentionally uses directional open questions and reflections, along with providing some information, to evoke change talk, ending with a summary of his change talk.

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10. An Experiment in Switching Styles

Immediately before recording this demonstration interview, Drs. Miller and Moyers decided to try something unconventional: switching counseling styles every five minutes within the same session. Dr. Moyers stood behind the client and signaled Dr. Miller with cue cards to alternate motivational interviewing with periods of information gathering, nondirective OARS, and giving information and advice. The client was unaware of this switching of styles, even after the interview had ended. As this conversation demonstrates, client change talk (and its opposite, sustain talk) responds to the interviewer's counseling style. The sequence of styles on her cue cards was:

Minutes 1-5 Motivational interviewing

Minutes 6-10 Fact gathering

Minutes 11-15 Motivational interviewing

Minutes 16-20 Reflective listening, without a strategic direction

Minutes 21-25 Motivational interviewing

Minutes 26-30 Giving information and advice

Minutes 31-35 Motivational interviewing"

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11. Original Demonstration of Motivational Interviewing

From Dr. William Miller: “This is the very first demonstration of motivational interviewing that I filmed in 1989, even before I had met Steve Rollnick. This particular client was well-educated and articulate (though education level does not predict response to MI). He was coerced into this consultation by his wife, who had threatened to divorce him if he didn’t speak to someone about his drinking. It is a particularly good example of doing MI when the person appears to be in the “precontemplation stage” He was willing to talk in order to reconcile with his wife, but he seemed to have no personal concern about his drinking, beyond admitting to some indiscretions back when he was in college. My task, therefore, was to develop some discrepancy – to invite some doubt, if you will. A good outcome of such an interview is to create some ambivalence – moving, within a transtheoretical perspective, from precontemplation to contemplation. That requires first engaging with the client, which I pursued (successfully, I think) through the use of client-centered OARS – lots of reflective listening. The focus was already established: he had come to talk about his alcohol use. Trying to evoke some change talk (which at the time we called “self-motivational statements”), I asked him about his wife’s concerns and explored some experiences (tolerance, blackouts) that are common and often normalized among heavy drinkers.

“Despite my best efforts, however, I evoked no change talk. The only plan that I thought he would be likely to accept was to have further evaluation. For people who are so early in readiness for change, and who offer little or no change talk, a thorough assessment can provide something to discuss and explore, as illustrated in the subsequent original demonstration of Motivational Enhancement Therapy. The interview is a product of its time. In the 1970s and 1980s, Americans tended to think of “alcoholism” in black or white terms – either you are an alcoholic (and cannot drink at all) or you aren’t (and have nothing to worry about). It was common, therefore, for drinkers to be defensive about “having a drinking problem,” and that is reflected in this interview. Professional and public opinion in the U.S. have shifted in subsequent decades, recognizing heavy drinking as a health risk in itself, and alcohol problems as falling along a continuum of severity. Although my own counseling style has evolved over time, this early example still seems a good representation of the spirit and methods of MI.”

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12. Original Demonstration of Motivational Enhancement Therapy

Again from Dr. Miller: “This session occurred a week later, after had Peter completed (as he agreed in Interview 11) a ‘drinker’s check-up’ consisting of about 3 hours of structured assessment procedures. The particular tests that were used are not crucial here; they were chosen because they focus on and are sensitive to early effects of heavy drinking. In this session I offered him the results of the check-up evaluation. I provided this feedback in a motivational interviewing style that is most apparent in how I responded to his “resistance” to the information. It would be possible to respond in an argumentative or confrontational style (How can you sit there and tell me that it’s not a problem?). Instead a MI style is empathic (This surprises you. It’s not what you expected.) I offered some related information - on alcohol tolerance, for example - while also respectfully reflecting his immediate reactions. This was the first recorded demonstration of the drinker’s check-up, which later became ‘motivational enhancement therapy’ (MET) in the Project MATCH multisite clinical trial. Interviews 11 and 12 were used, in fact, to train the therapists in Project MATCH who delivered this intervention. MET is, in essence, motivational interviewing with the addition of personal individual feedback of assessment results.”

This interview demonstrates how assessment feedback can be used in a supportive, client-centered manner, not as a direct confrontation, but as an invitation to reflect on one’s current situation and on what, if anything, to do about it. Assessment findings are not used as evidence against the client, but as a basis for discussion and consideration. This style of providing assessment feedback became the basis for the ask-offer-ask sequence in motivational interviewing. This interview also illustrates how the evoking process need not be a question, but can often occur in the form of a reflection. Note that, because of the educational component of MET, the interviewer does much more talking during the assessment feedback phase than is typical in MI. Since this client’s educational level is high, the explanations are somewhat more complex than might be appropriate for some other clients.

Because the purpose of this interview is to develop discrepancy (ambivalence) that seemed to be absent in the initial interview, it actually precedes the evoking process. Engaging seems to be good, so in a way what is happening here is actually the focusing process – seeking to bring Peter on board with a goal of reducing his drinking. If he concurs with that focus, then the purpose of the session has been achieved, and the evoking and planning processes remain for future sessions.

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13. The Silent Man: Reflective Listening with a Nonverbal Client

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

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

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14. The Rounder: Responding to Discord and Sustain Talk

This interview, also from the 1998 video series, provides a clear example of MI in action with a feisty client who enters the session quite angry and defensive. Dr. Theresa Moyers concentrates on engaging, relying almost entirely on reflection and open questions. Soon she is no longer an adversary and he begins envisioning. Hearing little or no change talk at first, she asked two open questions to explore his sustain talk, and eventually change talk began to emerge.

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