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Motivational Interviewing in the Treatment of Psychological Problems, Third Edition.
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CHAPTER 1

Understanding and Applying Motivational Interviewing for Psychological Problems

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Try this at home: Put your hand up against a partner's as they also put their hand up against yours, palms touching, *Karate Kid* wax-on style. Then start gently pushing against your partner's hand. Most of the time, they will push back. Why? Because humans tend to resist any perceived coercion (and teenagers often perceive such coercion where little exists!). At the time of this writing, motivational interviewing (MI)—a style of counseling and communication that is least likely to have your partner believe you are pushing their hand—has entered its fifth decade. MI's influence is demonstrated by the wide range of targets to which it has been applied and the vast amount of research exploring its effectiveness. MI has been applied to addictions, health care, corrections, mental health, education, sports, environmental stability, social work, and just about all counseling situations where some form of behavioral change would be considered beneficial. The wide range of "targets" to which MI has been applied has resulted in considerable research attention. In early 2024, a simple search of EbscoHost selecting eight medical and social service databases resulted in over 30,000 articles that referenced MI. Clearly, it has caught the attention of those who are interested in how to approach counseling others in health care arenas.

MI's staying power and wide range of applications suggests that it effectively addresses key problems in counseling and consulting situations. But what exactly is MI? The answer to this question is both simple and nuanced. The simple answer is that MI proposes a research-supported

theoretical perspective (Miller & Rollnick, 2023) on (1) how to approach counseling (i.e., the spirit of MI), (2) recommended skills to employ, and (3) behaviors to avoid during counseling. Another basic definition of MI is that it is a method of communicating with people who are considering taking some form of action in their life to identify their own goals, motivations, and plans for how to move forward. At its core, MI is a person-centered and humanistic approach that honors client autonomy and capacity consistent with a strengths-based approach. Certainly, MI is more than these simple "definitions," though. This chapter and the chapters within this book will offer you more insight into what MI is and how you might engage its principles and skills to help you succeed in helping others succeed across a wide range of psychological problems.

Counseling others who are considering changing, developing new positive habits, and letting go of unhealthy behaviors and thinking patterns is rarely easy for three reasons. First, clients (or patients or students or other people seeking counseling or consulting) frequently present with complex issues such as protracted addiction, chronic health problems, trauma histories, debilitating anxiety, cruel depression, unrelenting pain, suicidal thinking, and other problems in living. Attempting to counsel others with such problems in living is no small task—so, if you have ever felt overwhelmed in counseling others, you are not alone, because it can be daunting. Second, to initiate and sustain change involves many moving parts, both within the client and within their context. Table 1.1 provides *some* of the ingredients that we believe are important, organized into "boosters" and "barriers" to change.

A third challenge in counseling others is about you—the person providing the counseling (e.g., counselor, social worker, physician, psychologist, nurse, teacher, physical therapist). Looking at the ingredients in Table

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TABLE 1.1. Boosters and Barriers to Client Change

	Boosters to change	
• Credible plan	• Vision	• Knowledge
• Skill	• Motivation	• Confidence
• Instrumental support	• Social support	• Time
• Energy	• Access	• Opportunities
• Commitment	• Hope	
	Barriers to change	
• Lack of resources	• Low motivation	• Low confidence or fear
• Unclear or misguided plan	• Low skill level	• Low knowledge
• Low support	• Lack of time	• Lack of opportunities
• Despair	• Ambivalence	• Resistance

1.1, how well equipped do you feel in knowing how to simultaneously promote the boosters to change while forestalling or responding to the barriers? We contend that knowledge and skill in mobilizing the boosters to change and forestalling the barriers can be learned and mastered, thereby lifting hope that you can overcome feelings of intimidation. Even as a fully licensed mental health counselor with multiple advanced degrees, one of us (B. L.) labored with massive amounts of imposter syndrome early in his career when attempting to help others relate to and work through their problems. Whereas he could master the theories and skills of approaches such as cognitive-behavioral therapy (CBT) or parent training, something was missing. He credits MI with supplying many of the missing parts that have benefited his practice, research, and, ultimately, his clients.

We recommend that you read the most recent textbook by MI's cofounders, William Miller and Stephen Rollnick (2023), to gain a deeper understanding of MI (after reading this volume, of course). We believe our book will help you along the journey of understanding how MI can support you in developing knowledge and skills linked to successfully counseling others. An analogy we like in positioning MI in the landscape of counseling is one of bricks and mortar: MI is the mortar between intervention bricks, such as case management, medical recommendations, and various psychotherapies (e.g., CBT, dialectical behavior therapy, internal family systems therapy). This first chapter provides a bird's eye view of MI—the mortar (and the last chapter will consider a different analogy: chocolate chips). Subsequent chapters are from content experts in the field who demonstrate how MI can be applied to various problems in living in concert with specialized interventions—the bricks. That said, research has shown that MI has a "stand alone" positive impact (Lundahl et al., 2010). Therefore, MI is both mortar and a brick.

As mentioned, considerable research on MI has been conducted and, at a high level, the results clearly illustrate that using MI reliably increases counseling success in terms of client engagement and outcomes with a 10–15% boost over comparison treatments (Lundahl et al., 2010). This book highlights the applied side of MI, rather than delving into theory and research.

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Key Problems Addressed by MI

One of us (B. L. B.) was drawn to MI because, as a graduate student working at a student counseling center and a youth job-training facility, low readiness for change appeared to be a recurring issue. In fact, MI helps solve several interrelated problems that we providers often encounter while counseling in any setting. Here are several of them.

Navigation and Focus

MI addresses the problem of abundance and scarcity. When counseling others, there are so many possible directions or topics that could be addressed (abundance) against a background of limited time and resources (scarcity). Counseling time is, therefore, precious, and decisions about what direction to pursue are vastly important. MI proposes four tasks that are critically important within each consultation: First, strengthening the relationship with the client to promote engagement; second, developing agreed-upon goals or a clear focus; third, evoking the client's motivation toward the goals in order to energize action; and lastly, working with clients to develop credible plans on how they can achieve their goals. Thus, MI focuses on the who, what, why, and how of change. MI's four tasks support the second strongest predictor of success in psychotherapy: the working alliance (Duncan et al., 2010). (Note: The strongest predictor is the client and their level of distress, access to resources, etc.) The working alliance is made up of three aspects: a warm/caring relationship, agreed-upon goals, and agreed-upon methods. MI adds evoking and strengthening a client's motivation to the working alliance.

Skill Development

Like any complex activity, success in counseling others requires skill. MI borrows ideas and skills from well-established counseling approaches (e.g., humanism/person-centered, self-determination theory) and introduces many learnable skills to help accomplish the four tasks. Foundational counseling skills such as expressing accurate empathy, emphasizing choice, reflecting, gathering information, using partnering language, and incorporating permission questions are among the skills that MI advances to form the mortar between intervention bricks. MI also introduces language analysis skills, which clarify the form and function of clients' speech. MI-driven research demonstrates that some types of client speech are linked to increased motivation to take action, labeled "change talk." Other types of client speech undermine motivation to take action, and are termed "sustain talk" or "discord talk." For example, the client statement "Part of me wants to slow down on how much I drink because it is causing me problems, and another part of me really likes how drinking makes me feel," can be organized into two components: change talk " . . . wants to slow down on how much I drink because it is causing me problems" and sustain talk " . . . another part of me really likes how drinking makes me feel."

Promoting Client Engagement

Client engagement in the process of change is, intuitively, centrally important to their success in treatment. It stands to reason that the more engaged

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a client is in making positive life changes, the greater the likelihood that they will take action toward a goal. Engagement varies across clients but also within each client, as it is a delicate, multidetermined phenomenon that changes across time, context, and target behavior. Whereas practitioners cannot directly control a client's level of engagement, we do exert an influence (Miller & Rollnick, 2023). MI advances ideas both on how to promote engagement and how to prevent "resistance." Engagement, for example, is promoted through the spirit of MI, showing up in a way that is welcoming, hopeful, respectful, supportive of autonomy, compassionate, and client centered. To help reduce resistance, MI avoids being persuasive, attempting to fix the client, engaging in interrogation-style interviews, positioning oneself as an expert, and other actions that might communicate disrespect to the client.

Theory of Change

MI's approach to developing credible plans for how a person might make progress toward their goals is different from most established psychotherapies. Many models advance theories on the development of problems in living (e.g., psychological disorders) and then propose solutions based on such understanding. Cognitive therapy, for example, posits that faulty thinking and rigid beliefs lead to unhelpful emotions and actions. If such thinking patterns can be identified and modified, then the person should feel and act better (Beck, 2020). Case management theorizes conversely that problems in living result from a lack of access to important resources, and so linking people to such resources can support health (Rapp-McCall et al., 2022). Acceptance and commitment therapy proposes that avoidance of actions linked to meeting goals often results from mindlessness, which can be helped through becoming more aware of and intentional in choices and actions (Hayes & Lillis, 2012). Psychiatry, in part, identifies brain neurochemistry as a key reason for psychopathology. These are just a handful of treatment approaches that articulate factors believed to cause and maintain psychological problems along with proposing related interventions.

By contrast, MI does not put forth theories on why problems in living develop. Rather, MI proposes that motivation is critically important in any change effort. If a person is not motivated to take action (i.e., changing thinking patterns, accessing resources, or taking psychotropic medications), they likely will not take action, and thus their problems in living are likely to continue. MI might thus be considered a "generalist" approach where other psychotherapies are "specialists." That said, in addition to welcoming other specific approaches into developing change plans, MI carves out time to ask clients about their thoughts on how to change. In this sense, MI has some relation to solution-focused therapy (Korman et al., 2013) in which clients advance their own ideas about actions that can be helpful.

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Promoting Client Motivation

It should now come as no surprise that MI is about bolstering clients' motivation to perform certain actions without them feeling like you are pushing against them (remember the opening hands exercise). A rather simple thought experiment demonstrates the importance of motivation. Imagine this formula: Performance = Knowledge × Motivation. Performance could include activities such as attending therapy, reaching out to a support person, relying less on alcohol or drugs, exercising more, doing schoolwork, following up with recommendations, or taking an action that would move someone toward their key values. A person with loads of knowledge about the activity but no motivation will not likely perform the action. A car owner with hundreds of thousands of miles of driving experience will not drive to the store if they have no reason (motivation) to go there. Conversely, a person who does not own a car but needs something from the store will likely figure out how to get there. The classic adages "If there is a will, there is a way" and "You can lead a horse to water, but you cannot make them drink" highlight the importance of motivation in performance.

Of course, motivation is not quite so simple—it is a complex, nonbinary construct. Take a situation where a person is motivated by two healthy yet opposing behaviors, such as wanting to take a full-time job and, at the same time, wanting to stay home and raise their young children. Or imagine a person who wants to reduce their alcohol intake yet desires alcohol to help them relax. Within one person's brain, we can find conflicting thoughts and feelings about a single activity. Ambivalence, a form of conflicted motivations discussed by Kurt Lewin (1935), is a common human experience that should not be vilified despite its role in forestalling a person from taking healthy forward steps. Motivational ambivalence toward a specific action can be further understood by overlaying *time* onto a person's motivation. A static or binary view of motivation is that a person either is or is not motivated. However, common experience reveals that motivations are dynamic: A person may feel no motivation to exercise early in the morning yet may be highly motivated to exercise at the end of a day. Or a person may report lackluster motivation to exercise until a friend reaches out and invites them to an enjoyable hike or activity.

MI offers many ideas on how to respond to such ambivalence (Miller & Rollnick, 2023) and proposes four foundational ideas about why and how to promote a client's motivation to take healthy actions. To begin, MI asserts that providers should recognize the importance of motivation as previously discussed. Next, MI takes the position that client motivation needs not to be installed but rather to be evoked. Considerable research supports this assertion (e.g., Miller & Rollnick, 2023). MI encourages professionals to elicit clients' own ideas about their motivation rather than trying to persuade them to take action. When clients reveal their own motivation, they

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are more likely to internalize reasons for change. Conversely, when providers attempt to persuade a client to do something, they might inadvertently engender "resistance" (i.e., pushing back against your hands).

Third, MI has identified seven types of client language that, when offered by the client, tend to promote intrinsic motivation known as *change talk*. The acronym DARN CAT captures the different types of change talk: *desire* (wanting for something to be different), *ability* (belief that you can change), *reasons* (implications of taking or not taking action), *need* (reasons plus a time imperative), *commitment* (a declaration to take action), *activation* (willingness or openness to change), and *taking steps* (noting actions that have already occurred). Finally, MI suggests that providers shape their questions, reflections, and affirmations in such a way that clients offer more change talk than sustain talk. Although MI is in no way allergic to exploring ambivalence (i.e., sustain talk and change talk), research reveals that favoring change talk increases the likelihood that a client will begin a change process (Amrhein et al., 2003). Furthermore, MI directs providers to engage in conversations about *why* a client might want to change prior to engaging in conversations about *how* the client might realize their goals. Later in this chapter, we offer ideas on how to evoke change talk to support clients in making choices that move them toward their values.

Preventing and Responding to "Resistance"

In professions committed to helping people change behaviors, the term "resistance" is often used for clients pushing back against the helper. We were never intellectually troubled by this term until encountering MI, when we learned that it can be problematic. One of us (B. L.) had a personal experience that solidified the unhelpful power of the term "resistance" while turning in a psychological report to a supervisor. The supervisor challenged B. L. on the presentation of the findings and stated, "You are being resistant," when B. L. defended his position. At that point, B. L. was in a bind: If he disagreed, the supervisor could have said, "See, you are being resistant," but if he stayed quiet, it suggested agreement with the claim (B. L. stayed quiet). And this example may be mild compared to the struggles with which our clients present, such as trauma, addiction, or other psychological disorders. As the old joke goes, "Insight is when you agree with me; resistance is when you don't."

A common exercise in MI trainings is to develop a role play where the "client" identifies something they would like to change. Next, the client is asked to leave the room or not hear the instructions given to the "provider." The provider is told to first be supportive and gentle in listening to and reflecting what the client is interested in changing. Then, the provider is instructed to shift after a few minutes to a more abrasive, persuasive, and judgmental stance—like a "counselor from hell" approach. In debriefing

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this experience, most clients note that they begin to feel defensive, including uplifts in their sympathetic nervous system such as increased heart rate and a desire to fight, flee, or freeze, after the counselor shifts to a persuasive approach. Even though the "client" expressly knows that it is a role play in a training situation and there is no real threat, their system acts as if they are being threatened.

Using the term "resistant" to explain a client's lack of progress or engagement might feel helpful to providers, but it comes with a cost. Clients might interpret such a term as disrespectful of their efforts or as interpersonally adversarial. Providers might stop investing in curiosity on how to assist a client move forward because, after all, they will just "resist" anyway. The fourth edition of Miller and Rollnick's (2023) seminal text on MI challenges the notion of "resistance," breaking it down into "sustain talk" and "discord talk" instead. Sustain talk is any client language that argues against change. Perhaps the client does not value the suggested change due to low desire or lack of buy-in. Or perhaps the client does not feel confident in their ability to change because of past struggles with succeeding in sustained action plans. Or it may be that the client does want to change the identified behavior but does not currently prioritize such change because of other life demands or contextual factors. Sustain talk, then, reflects a client's internal relationship to the prospect of change—it is intrapersonal in nature. Sustain talk is empirically linked to actual change, such that higher amounts predict less change (Apodaca et al., 2014). And, depending on the subject matter, stasis can be highly concerning for the client (e.g., long-term consequences of addiction, mental illness, experiencing interpersonal violence) or to others (e.g., harmful interpersonal actions). MI has a perspective on how to relate to sustain talk, which is covered in more depth later in this chapter. In short, the idea is to not vilify sustain talk and, at the same time, to not actively encourage it (Miller & Rollnick, 2023).

Discord talk, by contrast, is interpersonal in nature. Here, the client might "resist" change seemingly because they disagree with you or the agency you represent. At the surface level, discord talk might involve clients blaming you, calling you names, or challenging your ideas with little attention to the merit of your ideas. Discord talk suggests that the client does not feel a sense of attunement and therefore might close down or disengage from curiously working with you on their issues. Also, discord between the client and the provider may act as a distraction from the work that the client needs to do. Rather than focusing on themselves, they may focus on what is disagreeable about you, your agency, or the working alliance.

MI advances several ideas on how to prevent and respond to "resistance." To begin, the MI Spirit suggests that internal hesitation (sustain talk) toward change is common and to be expected. Ambivalence is certainly a normal human emotion and should not be dismissed. Indeed, forms

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of "resistance" are likely just deep needs that the client has and should be explored (Rosenberg, 2015).

Skills and Attitudes: Promoting Engagement and Motivation While Reducing "Resistance"

We now turn to several of MI's featured skills. Many, if not all, of the following skills are often combined to create a communication system that has the twin benefit of increasing the likelihood of promoting client engagement for considering change while reducing the likelihood of sustain talk or discord. MI, like all counseling approaches, cannot guarantee outcomes. Rather, the use of MI may increase or decrease the likelihood of certain client behaviors (Magill et al., 2019). These skills and attitudes can and should be used throughout all of MI's four tasks: engaging, focusing, lifting motivation, and developing credible plans. You can think of these four tasks in these terms: Shall we walk together (engagement)? What should the focus be (goal)? Why would change be important to you (motivation)? and How might you make these changes (plan/strategy)?

OARS

A well-known acronym hailing from MI is OARS, which stands for *open* questions, *affirmations, reflections,* and *summaries*. One of us (B. L. B.) learned these in Maui in 2003 directly from their originator, MI trainer Dr. Chris Dunn (Motivational Interviewing Network of Trainers, 1996), and continues to view them as the foundational skills of all counseling-related endeavors. In fact, this acronym highlights three skill suites: gathering information, reflecting what clients say, and supporting client strengths.

Gathering Information

MI notes that there are many ways to gather information, including three well-known approaches: closed questions, open questions, and directives. The use of these different information-gathering approaches may influence how much a client talks—though, of course, there is a dynamic relationship whereby some clients will offer longer or shorter responses regardless of the type of strategy employed. In Table 1.2, we provide examples of the three information-gathering strategies across MI's four tasks. Note that we code directives as types of open questions in the forthcoming chapters. Furthermore, there is a type of open question termed a "directional question" in MI—a question that is chosen intentionally to invite and strengthen change talk (Miller & Rollnick, 2023).

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TABLE 1.2. Information-Gathering Strategies across the Four Main Tasks of MI

	Engage	Focus	Motivate	Plan
Closed question	• "Did you do anything fun last weekend?" • "Do you enjoy reading?"	• "Have you thought about what goals you want to work on?" • "Would you like to discuss your relationship to alcohol?"	• "Is it important for you to have a balanced relationship with alcohol?" • "Would getting angry less help your family relationships?"	• "Have you thought about how you might shift your drinking habit?" • "Have you consulted anyone about how to manage your anger?"
Open question	• "What are some things you are looking forward to this weekend?" • "What do you like to do in your free time?"	• "What are a few goals you would like to work on today?" • "What are your priorities for our time together?"	• "How do you imagine that reducing your alcohol consumption would benefit you?" • "What are some worries you have about not managing your anger?"	• "What are some things you have done in the past to be more balanced or healthy with drinking?" • "What do you know about managing your anger?"
Directive	• "Tell me about your favorite activities." • "Give me an update on how last weekend went for you."	• "Tell me what you want to focus on today." • "Highlight your top goals for coming to see me."	• "Provide three or four benefits that might come from having a more balanced relationship with alcohol." • "Tell me how anger has impacted your relationships."	• "Review all that you know about changing habits—especially around alcohol consumption." • "Name what you have done or know about anger management."

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Notice that some of the efforts to gather information—open questions and directives—can be expected to draw out longer responses from the client, which may be desirable for the counselor. For example, if the practitioner is seeking to help the client build or solidify their motivation or commitment to take a certain action (e.g., managing anger outbursts), then it might be better to use open questions/directives over closed questions. In the example below, imagine that the client and interviewer have spent some time in "small talk" to promote their sense of engagement and then clarified a direction—that is, the client wants to have fewer angry

outbursts—and they are now exploring the client's motivation for getting angry less often.

Interviewer: Do you want to get angry less?	*Closed question*
Client: Yes.	
Interviewer: What might be some of the key benefits you want from getting angry less?	*Open question (this type is also known as a directional question since it asks for change talk)*
Client: Well, I would feel a lot better most days. I hate getting angry because I just end up feeling guilty for a long time. Also, being peaceful is important to me because it would show that I'm not like my father. He was always so angry, and I swore I would break the cycle.	*Change talk—reasons* *Change talk—reasons*
Interviewer: Feeling peaceful is better than second guessing your actions. And you are committed to being a better parent. That is important to you.	*Complex reflection (a skill to be discussed later)* *Complex affirmation (more later)*
Client: Exactly.	*Change talk—reasons*
Interviewer: You have thought a lot about being a parent and how anger might undermine your values. Tell me how your anger might undermine your parenting goals?	*Complex reflection* *Directional question*

Reflective Listening

MI prizes reflecting what clients say with an emphasis on accurately expressing empathy for their experiences. Guidelines direct practitioners to use more reflections than questions, although the precise ratio is dynamic. MI highlights that there are differing depths of reflections: Some reflections attempt to capture or infer what is deep or symbolic about what the client said (*complex reflections*) whereas other reflections might not attempt such inferences and stick closer to the surface statement (*simple reflections*). An iceberg might be a useful analogy to differentiate these two levels of reflections. A simple reflection parallels what is above the water, whereas the complex reflection could activate what is deeper or below the surface. Almost anyone can learn how to do simple reflections with practice but, in

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the experience of one of us (B. L. B.), a growing number of helpers struggle with complex reflections—they are harder to learn because they require taking a guess at how the client feels, completing their unstated thoughts, or connecting dots/patterns in their story. If a client in a court-mandated program were to state, "I'm not sure I can do what is being asked of me," a simple reflection might be "You are unsure if you can get everything done," where there is no implied emotion or symbolic meaning added to the client's comment. Notice that the interviewer did not simply paraphrase the client and did not turn the reflection into a question. A complex reflection, conversely, may be "You feel overwhelmed by all that is being asked of you." Here the interviewer is suggesting an emotion that was not manifestly stated. Another complex reflection might be "It is disappointing and even frustrating that the court does not take into account what you are already doing when they add all of these requirements."

Complex reflections involve a degree of inference that may or may not land with the client. It is our experience that complex reflections can draw out strong emotions and, thereby, enhance the client's self-understanding and support the therapeutic alliance. And it is our experience that, when providers are sincere and have taken time to seek to understand the client, complex reflections that miss the mark are not at all detrimental. Rather, the client will often gently correct the reflection and both parties benefit from increased clarity. However, it is also our experience that complex reflections need to be reasonable guesses about what lies beneath the water's surface. For instance, saying "Your being overwhelmed by all of these requirements is a manifestation of the feelings of overwhelm you experienced by being chosen last for kickball in grade school" may be going a step (or several) too far. Learning how to generate and share complex reflections may constitute an essential and foundational skill across all types of counseling endeavors.

When a client expresses ambivalence, the provider might use a *directional reflection,* wherein only the change talk is reflected back, or a *double-sided reflection,* in which both sides of ambivalence are mirrored back to the client. Here are clinical tips around issuing double-sided reflections. First, consider setting up the double-sided reflection with a meta-comment, such as "You are conflicted" or "You feel torn" or "You are at a crossroad" or "You notice feeling two ways about the same issue." Second, consider offering empathy or normalizing statements. Empathy might include statements (complex reflections) such as "This is not easy" or "Such decisions can be very taxing" or "There is a lot at stake here" or "Making a big decision feels overwhelming." Normalizing statements could be "Lots of people experience such decisions as difficult" or "You are not alone in feeling unsure about how to move forward" or "It makes sense that you feel ambivalence about this." Third, consider the sequence in which you reflect both sides of the ambivalence. Imagine working with a person who smokes cigarettes to the point of it being very unhealthy, yet the person is unsure

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if they want to stop or slow down. Which sequence do you think would be most advantageous to the client, A or B? (Hint: the only change is to the order in which both sides of ambivalence are being offered.)

A. "You are facing a big decision here [meta-comment], one that is certainly not easy [empathy]. And you are not alone [normalizing]. Lots of people who smoke feel two ways about it [normalizing]: On the one hand, you want to continue because it can be comforting [one side], and, on the other hand, you see the health benefits of slowing down [second side]."
B. "You are facing a big decision here [meta-comment], one that is certainly not easy [empathy]. And you are not alone [normalizing]. Lots of people who smoke feel two ways about it [normalizing]: On the one hand, you want to slow down because of the health benefits [one side], and, on the other hand, you like smoking because it can be comforting [second side]."

Note that a *directional reflection* here would have been something like "You want to slow down because of the health benefits." Though not imperative, clinical wisdom suggests leaving the more desirable aspect of change, in this case slowing down on smoking, in the second position of the *double-sided reflection* because doing so may invite the client to offer more change talk rather than sustain talk (due to serial positioning.) We suggest trying out how positioning the double-sided reflections influences what your clients discuss next; as Bill Miller likes to say, your clients are your teachers.

Because some professional contexts are so tight on time, reflections of any type might seem like an unnecessary luxury. Yet MI does not work without reflections (Stephen Rollnick, personal communication, April 3, 2007). Reflections are opportunities to communicate to clients that they are seen and heard, which can create an attuned relationship and be healing in itself (Miller & Rollnick, 2023). Additionally, reflections strengthen the alliance, reinforce key ideas, help clarify understanding, and support the client's voice.

Summaries are, in a sense, another type of reflection (or, rather, a collection of reflections). Defining summaries requires attention to the dynamics of a conversation. In practice, summaries involve the practitioner reflecting several things the client said, either at the end of a consultation or during moments of transition. The practitioner has many choices about what to include in a summary, decisions that may shape the direction of the conversation. MI's position is that summaries, and all reflections, should further the client's exploration of how to achieve personal growth. Like double-sided reflections, summaries may start with sustain talk but typically build toward and end with the client's change talk.

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Affirming

MI is, at its core, strengths-based in both attitude and intervention. The MI Spirit holds an optimistic, humanistic viewpoint where it is believed that, if people are given the right context, then they will naturally thrive. MI posits that people have many internal resources, including self-expertise, a growth orientation, and capacities to succeed. Such positive assumptions about the human condition encourage the use of several interventions. For example, there is a commitment to seeking to identify a client's strengths and sharing these strengths with the individual—the affirmation. Affirmations could be about a person's effort, such as "You work really hard on making changes; I imagine you are proud of yourself," or "Solid insights into patterns that are impacting your drinking." Other affirmations can focus on enduring characteristics of the client, such as "You are really committed to improving yourself—you are someone who has a growth orientation," or "You are doing a great job of being open to new ideas, you are curious." A *simple affirmation* draws attention to something the client said or did whereas a *complex affirmation* highlights an enduring, positive quality of the client.

Giving Advice

MI's abiding respect for clients' capacity to make healthy choices produces somewhat of an ironic approach to counseling. MI proposes that clients are most often experts on themselves, and counseling is more about drawing out what clients already know and think versus installing our motivation or knowledge (because attempting to "install" often results in the client feeling like we pushed against their hand, as in the chapter-opening demo). That said, MI recognizes that clients (and all humans) do not know everything and could likely use advice at times. Thus, MI both respects clients' self-understanding and ability to make good decisions and acknowledges that professional counselors may have specialized knowledge that could be of benefit at times. A lay understanding of counselors' advice giving, in whatever professional capacity, suggests that the professional dispenses wise, helpful advice that the client readily welcomes in sponge-like fashion. Yet a more realistic understanding of counseling is that clients often are reluctant to take advice and can be rather skeptical of such information. To add to the problem, many counselors experience abject fear and a sense of imposter syndrome when they face problems such as suicide, domestic violence, addiction, trauma in its too many forms, midlife crises, grief, or profound mental illness. And counselors who do not experience such fear, or at least a modicum of reverence for the complexity of problems that our clients face, will probably experience clients who say "Yeah, but"—or, worse, clients will say "sure" and then walk away and never return when

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such counselors quickly and overconfidently dispense opinions about what the client should do.

MI's approach to advice giving is brilliant and can mostly be summed up in two skills. First, prior to offering advice, seek the client's permission. Here are some examples: "Would you be open to hearing what others in similar situations have done?" or "Can I make a suggestion?" or "I have a few ideas; do you mind if I share them?" Note the ample benefits of such a simple approach to giving advice. Client power is highlighted by you and shared decision making is established. If the client agrees, they will theoretically be more open to the advice and less "resistant." And, among other benefits, such an approach is in alignment with best practices from a trauma-informed perspective (see Chapter 11) because the client's choice and power are made clear. One of us (B. L.) consistently found that asking permission to give advice was rated as the most helpful skill from training child welfare workers (see Chapter 12). Low input, high yield.

The second skill or approach to sharing advice in MI is *Ask–Offer–Ask,* formerly known as *Elicit–Provide–Elicit*. This skill is not optimally demonstrated in a short exchange because it assumes that, in the first *Ask,* the provider is seeking to understand all (or a lot) of what the client thinks, knows, or feels about the subject (which could be in any of the four tasks: engaging, focusing, evoking, or planning). In ideal conditions, the provider would curiously explore the client's perspective until the client says something to the effect of "That's all I know." Then, if the provider believes there is still something valuable to offer, they would ask permission to provide additional information or advice. If the client says "yes," then the provider would share that information. This is the *Offer.* Next, the provider would say something to the effect of "How does that idea fit for you?" or "What are your thoughts about that idea?"; this would be the second *Ask*. One of us (B. L. B.) teaches this Ask–Offer–Ask technique as the sandwich model, wherein the asks are pieces of bread and your advice/offer is the filling. So you start with a bottom slice of bread (the first ask), then customize and curate the filler to the client and their specific gaps in knowledge in whatever domain you are discussing, and then close the sandwich with a second ask (bread slice). Despite the increasing popularity of open-faced sandwiches like avocado toast, a closed sandwich is far more effective in our experience in counseling, because it is vital to gauge the client's reaction to the information you just provided.

In the spirit of MI, may we now share three untested ideas with you about Ask–Offer–Ask (permission question)? Assuming yes, here they are. First, if there were 10 units of time for Ask–Offer–Ask, we suggest eight time units being dedicated to the first ask, which would also involve many of the above-mentioned skills (e.g., seeking information, reflections, affirmations). Then, one time unit would be for seeking permission to provide an idea and, if given, offer your ideas or the information. The last time unit

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would be to investigate the degree to which the client agrees with the information you provided. Second, if the client does not agree with the idea, do not take it personally and simply go back to seeking to understand the client. Third, in the last ask, try to keep the idea you offered free from your self-esteem. That is, say, "How does that idea fit for you?" versus "Do you like my special, precious idea?" Clients likely have enough going on in their lives and do not need to also take care of your self-esteem.

Honoring Autonomy

In concert with respecting clients' capacity to make good decisions, MI deeply respects client autonomy by simply reminding people that they have choice, a strategy similar to recommendations from self-determination theory (Deci & Ryan, 2012). Prior to giving advice via Ask–Offer–Ask or a related strategy, a provider might state (**bolded** words are where autonomy is emphasized), "I have a few ideas that **you may or may not agree with**. May I share them and **see what you think**?" or "**There are lots of ways people go about making changes; after hearing what you think** could I also share a few ideas **and you can tell me if they agree with you or not**?" Choice can also be emphasized when a person is feeling ambivalent or protesting a certain idea or action. Here are some examples: "**You certainly have the right to choose** how to move forward," or "**It truly is your decision**," or "**Only you can decide**," or "**You know yourself best**." Tone of voice and intent certainly influence how the client will experience such statements. If stated in a harsh or threatening way, such phrases may seem both disingenuous and pressuring and will likely undermine attunement and rapport. However, if such statements are combined with genuine empathy, normalizing statements, and sincere offers of support, we predict that clients will experience such comments as helpful. Below is a good example of naming choice while also being compassionate.

> Client: I'm not sure I want to do all that you are asking me to do. Seems overwhelming and unnecessary to go to all of these required classes.
>
> Interviewer: We are asking you to go to a lot of classes [simple reflection]. You are not alone [normalizing] in feeling overwhelmed and spent [complex reflection, empathy]. We hear that a lot around here [normalizing]. **Please know that I respect your right to choose** [autonomy support]. And I want to support you [offering of support].

Below is a not-so-good example of naming choice, in our view, because negativity or persuasiveness is also introduced.

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CLIENT: I'm not sure I want to do all that you are asking me to do. Seems overwhelming and unnecessary to go to all of these required classes.

INTERVIEWER: **It is your call** [emphasizing choice] about whether you want to mess up your life even more [shaming, pressuring]. **No one can control you but you** [emphasizing choice], but I think you are mistaken in how you are responding [judging].

Ambivalence

Ambivalence happens, as we humans are notorious for feeling two ways about a single topic. Here are a few examples: "Should I exercise? It would help me feel better, but I also need to rest," or "Should I bring up a difficult topic? Doing so might help things go better, and it may make things worse," or "Should I reduce my alcohol intake? It helps me relax, and I'm becoming dependent on it," or "Should I go back to school? Doing so might increase my opportunities, but it sure is expensive and I need money now." Ambivalence is vital for the counselor to detect because, as the cumulative evidence indicates, tailoring the therapy relationship and treatment intervention to the client's stage of change can enhance outcome (Prochaska & Norcross, 2001). The classic stages include precontemplation (client is committed to the status quo, change is not on their mind), contemplation (the client is wondering about change—here comes the ambivalence), preparation (client is seeking information about how to change), action (client is taking change steps), and maintenance (client has sustained change across time). It has been our experience that, in some clinical settings, ambivalence is considered a negative. During a staffing or discussion of cases, for example, a client's ambivalence might be characterized as immature and lacking insight. MI, however, conceptualizes ambivalence as both normal and a positive sign; as the stages of change model illustrates, ambivalence is a signal that the client is considering change.

MI's approach to ambivalence involves both a mindset (i.e., the MI Spirit) and a few skills. The mindset, as mentioned above, is that ambivalence is valuable and should not be vilified. Further, a mindset of humility is encouraged—that is, it is likely that the provider does not have total knowledge about what would be best for the client. Helpful activities or skills can include emphasizing choice to prevent being pressuring, reflecting the client's dilemma (e.g., via double-sided reflections), and seeking to understand both sides of the ambivalence—that is, exploring both change talk and sustain talk. Activities to avoid when encountering ambivalence include the fixing reflex (trying to solve the client's problems) and attempting to persuade the client to take a certain course of action. Oftentimes these result in overly simplified suggestions that the client has already tried,

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which can encourage the client to say something to the effect of "Yeah, but" or "Well, I don't know," or feign agreement with the intent of getting the provider to desist (e.g., be quiet). The attitude or spirit of MI, then, is one of acceptance that change is not easy and deserves compassion rather than pressure. Where a client's health and well-being are clearly at stake, it is expected that the provider might bias questions and reflections with the hope that the client will offer more change talk than sustain talk. Before we turn to how to cultivate such change talk, we will explore the preceding task in MI—finding a focus.

Finding the Focus/Goal

Recall that one of the key aspects of the therapeutic alliance is "agreed-upon goals" (Task 2). MI proposes several ways to find a focus, such as simply asking about the purpose of the meeting, mapping the agenda through with a bubble sheet (Miller & Rollnick, 2023), or identifying what the client would like to be different in their life. Setting the focus seems deceptively simple, yet it is not. Our experience is that, if a clear focus is not identified and agreed upon, conversations tend to not be very helpful. Our personal favorite method for setting the focus is "flipping the concern to a goal," which we put into six steps. To begin, clients often come in with concerns or complaints. And, although empathy can be helpful, ultimately the idea is to move toward solutions rather than simply admiring the problem or being in an "empathy eddy" that keeps a client stuck.

Here are the six steps, with the first three all internal to the provider (nothing is said yet). First, hear and notice the concern. Second, perspective-take to get to empathy and/or consider the unmet need to normalize the concern or complaint. Third, imagine what would be the opposite; for example (possible opposites are in parentheses), depression (to feel alive, have purpose, feel content/happy, experience positive energy, wanting more of life), anxiety (confidence, strength, peace, calm), confusion (certain, clear, assured), isolation or loneliness (connected, belonging). The next three steps involve repeating the first three steps to your client. Below is an example of a client who was struggling with depression.

> Client: I haven't been feeling like myself; my doctor told me I am depressed and part of me just wants to give up.
>
> Provider: [Steps 1, 2, and 3 done internally] I hear you—you are experiencing depression [simple reflection], and depression is cruel because it can rob you of your identity and your energy to chase life [empathy]. Depression is common, especially when we are so busy; you are not alone [normalizing]. How about you and I take a few minutes to explore depression and then we [partnering language]

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can figure out some next steps? How does that sound to you? [permission question]

Encouraging Motivation through Change Talk: Evoking and Extending

Recall that a key problem addressed by MI is promoting intrinsic motivation toward change, which typically means resolving ambivalence toward committed actions that should lead a client in the direction of their purpose, values, or goals. MI's approach to encouraging motivation is actually rather simple. To begin, do no harm. This can be done by developing a mindset that honors clients' right to choose while avoiding the reflex to argue with or fix the client. Also, listen and reflect frequently. Simultaneously, sincerely see the client as a whole person and attempt to join their journey toward growth. The aforementioned skills and mindset (e.g., the MI Spirit, OARS, autonomy support) should help with these points and set the stage for the client to see the provider as a safe person who is on their side (Task 1). Next, help the client identify what it is they want to change—specific goals that lead toward growth (Task 2). Then, rather than focusing immediately on *how* the client can succeed in pursuing their goals, first take time to explore the client's *why* or reasons for their goals (Task 3), which we discuss next. Conversations about their reasons and motivations to grow are linked to client motivation to take action (Miller & Rollnick, 2023).

Several skills have been identified to evoke change talk (Miller & Rollnick, 2023). Recognizing the importance of pursuing change talk and, therefore, committing the time and energy needed to explore it is the first skill. If in doubt, research has established a correlation between the amount of change talk clients offer and their actual change behavior (Magill et al., 2019). The second skill is detecting client change talk. As mentioned above, MI has identified several "classes" of change talk: Preparatory change talk includes desire, ability, reason, and need (DARN), and mobilizing change talk includes commitment, activation, and taking steps (CAT). The value of recognizing change talk is the third skill: The provider can notice on a moment-to-moment basis if their activities (e.g., listening, reflecting, questions asked, setting the stage) are encouraging the client's expression of more change talk. If change talk is not flowing, then the provider may consider shifting their approach to help the client look inward for possible reasons to make a change.

Below is an example of how a motivational interviewer might encourage a client to look within and explore change talk. To set the stage, the client has identified that they want to overcome anxiety (this is their focus or goal). And the provider has said something to the effect of, "Before we talk about how you can manage your anxiety, can we explore your reasons for

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doing so?" to which the client agreed. So, there is shared agreement about the current task: understanding the client's reasons for managing anxiety.

CLIENT: Sure, let's talk about why I want to manage my anxiety.	*The stage is set*
INTERVIEWER: Sounds good. What are some of the top reasons?	*Directional question*
CLIENT: Well, anxiety is holding me back from what I really want to do. I have always wanted to be more social, but I just give in and I'm sick of it.	*Change talk—reasons*
INTERVIEWER: You don't want to be held back and you would like to be more social.	*Simple reflection*
CLIENT: Exactly!	
INTERVIEWER: This really is important to you.	*Complex reflection*
CLIENT: Sure is. I mean my life has become so small. I want to eventually be in a relationship, take some chances at work to get a promotion, and even build more friendships. I've faced down my anxiety before but that was a long time ago. I feel like I need to do this soon or I'll become too frightened. That's why I called you—I'm committed to managing my anxiety.	*Change talk—reasons* *Change talk—desire* *Change talk—ability* *Change talk—need* *Change talk—taking steps/ Commitment*
INTERVIEWER: You said a lot there, all of which favors that you are wanting to manage anxiety and that you know you can. Doing so would really help you be the person you want to be. Tell me, in the past when you worked on your anxiety, what were some of the best outcomes?	*Summarizing* *Directional question*
CLIENT: Well, I wasn't in my head so much. I actually was able to do the things I wanted. So, I wasn't so self-critical. Also, I was more social, which is also very important to me.	*Change talk—reasons*

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INTERVIEWER: You appear to be very invested in overcoming anxiety because it would help you emotionally, psychologically, and socially.	*Directional reflection*
CLIENT: Definitely.	*Change talk—activation*
INTERVIEWER: And I think you are right about leaning into anxiety.	*Affirmation*
CLIENT: Yes, I believe that to be true. The longer I wait, the more fearful I become.	*Change talk—reasons*
INTERVIEWER: Makes sense. So, what do you think about shifting our focus to steps you might take to better manage the anxiety?	*Permission question*
CLIENT: Sure. Let's do it. I am a bit nervous for sure and I don't want to be pushed but I'm ready to make a plan . . .	*Change talk—activation*
INTERVIEWER: Okay, let's do it. How about you tell me what you already know about managing anxiety and then if I have additional ideas, I can share them with you?	*Ask–Offer–Ask (beginning)*

Planning

As we mentioned, MI does not have a set of ideas or prescriptions about how a client can move toward their goal (Task 4). That is, MI does not have "off the shelf" steps, strategies, or methods to help clients resolve problems. Rather, MI attempts to evoke from clients what they already know or think about how they can realize their goals. A method that one of us (B. L.) has found to be helpful once in the planning stage is to use Ask–Offer–Ask in two broad areas: the client's successes and struggles. The goal is to help the client become more aware of what they already know so that they can apply it. In both the "success" and "struggle" column, B. L. tends to ask four questions. In the success area: (1) "When you have succeeded in [behavioral change], what are some thoughts that you tell yourself? If we can identify these helpful thoughts, maybe you can engage them more often to help you succeed." (2) "When you are succeeding, what are some things you are doing? What steps do you take? If we can identify these, it might help you with the current situation." (3) "When you are succeeding, what are you

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avoiding? For example, are you avoiding binge-watching TV or focusing on the negative?" And, lastly, (4) "When you are successful, who is around to support you? Who helps you?" Of course, not all of these questions need to be asked with every client; the idea is to get the ball rolling on possible solutions and then see if the client wants to enact them. The same questions (thinking, doing, avoiding, and support systems) can be employed if the client is open to exploring times of struggle, with a focus on learning what not to do to help set themselves up for success.

Guiding Style

Aristotle is credited with introducing the "golden mean" or the virtuous (read: healthy) middle place between two extremes. "The Story of the Three Bears," a children's story about a girl named Goldilocks who alarmingly is wandering alone through a bears' home in the woods, arrives at the same conclusion as Aristotle (Southey, 1937/1974): Happiness is found in the middle. Food that is neither too hot nor too cold is best. Chairs and beds that are neither too soft nor too hard are just right. Fast forward to MI. Miller and Rollnick (2023) argue the same in terms of how directive a counselor wants to be. A very nondirective approach (too soft or too cold), known as the "wandering or chat trap," is not likely to be helpful because the client may not experience anything different from their usual (and often circular) conversation. And being overly directive and bossy (too hard or too hot), known as some version of persuading, is also unlikely to be helpful because the client is likely to feel as though their autonomy is missing and therefore protest (discord talk). Rather, MI favors the guiding style—a middle place where shared decision making through permission questions and Ask–Offer–Ask are routinely used to ensure that the client is on board with the focus and direction of the conversation.

Restraint

Above, we have mostly focused on what to do—that is, attitudes and behaviors that are consistent with MI. But MI also advises us to avoid certain actions (Miller & Rollnick, 2023). For example, offering advice without first seeking the client's permission; rushing to solve a client's problem (fixing reflex); asking many closed questions in a row such that the interview begins to feel like an interrogation; sarcasm or any unkind gesture; or warning, arguing, or disagreeing with a client. Some possible antidotes to these violations include striving to embody the spirit of MI (briefly: holding deep respect for the client's autonomy and capacity) and striving to be intentional and mindful while counseling—including making room for compassion and empathy for the client, and listening deeply to the client while using MI-consistent skills—as you will see throughout this volume.

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Conclusions

If you are reading this book, you are likely a helping professional (our friends are great but asking them to read this might be a step too far). We love MI because it helps helpers. MI has equipped us with knowledge, skills, and values that have directly supported our clients' forward movement in their lives. This chapter gives a high-level perspective on MI, but it is far from complete. We encourage you to read the Miller and Rollnick (2023) classic text on MI for more information (and one of us, B. L., has online trainings that can be found at *www.steppingstonetraining.org*).

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