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Intensifying and igniting change talk in Motivational Interviewing: A theoretical and practical framework

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Introduction

Reinforcing and eliciting change talk (CT) has emerged as an essential active ingredient of Motivational Interviewing (Barnett et al., 2014; Gaume, Bertholet, Faouzi, Gmel, & Daeppen, 2013; Glynn & Moyers, 2010; Miller & Rollnick, 2013; Miller & Rose, 2009; Moyers, Martin, Houck, Christopher, & Tonigan, 2009). Evidence for the causal role of change talk includes the association between the amount and trajectory of client change talk expressed within session and subsequent behavioral outcomes (Amrhein, Miller, Yahne, Palmer, & Fulcher, 2003; Gaume et al., 2013; Gaume, McCambridge, Bertholet, & Daeppen, 2014; Magill et al., 2014; Vader, Walters, Prabhu, Houck, & Field, 2010) as well as studies demonstrating that specific therapist behaviors (and training activities) can facilitate expression of CT (Barnett et al., 2014; Carcone et al., 2013; Gaume et al., 2014; Glynn & Moyers, 2010; Magill et al., 2014; Moyers et al., 2009). Given the importance of encouraging Change Talk, providing MI practitioners with strategies that can encourage its expression can substantially improve the efficacy of their counseling. This article describes a series of CT evocation strategies, some of them new; some tried and true, as well as a framework for when and how to employ them. We differentiate between strategies that intensify or reinforce organically expressed change talk, even if only weakly expressed by the client, and strategies to elicit or ignite it. We begin first by providing some theoretical considerations as well as placing the aforementioned strategies within the overall context of the MI encounter.

A common framework for understanding and structuring MI encounters is the "four process" model proposed by Miller and Rollnick (Miller & Rollnick, 2013) that entails; 1) Engaging, 2) Focusing, 3) Evoking, and 4) Planning. A similar, three-phase model (Explore, Guide, Choose) was previously described by Resnicow and McMaster(Resnicow & McMaster, 2012). In the Engaging and Focusing phases (the Explore phase in the three-phase model), the MI counselor first works to establish rapport and trust, support autonomy, and collaboratively set an agenda for what will be discussed. Whilst change talk can occur across any process or phase, it is typically during Evoking (Guide in the three phase model) where the counselor employs targeted technical skills to help the client express and expound upon change talk, ideally leading to a crescendo of motivation that culminates with a commitment to change. Evoking change talk can entail several sub-steps including recognizing it, reflecting it, and extracting it. In this article we will distinguish between intensifying organically expressed CT and igniting CT that may not yet have been expressed but may have been nonetheless dormant within the client.

As represented by the DARN-CAT continuum (with the acronym standing for: Desire, Ability, Reasons, Need , Commitment/Intention, Activation, Taking Steps (Miller & Rollnick, 2013; Moyers et al., 2009)) change talk can manifest in numerous forms and degrees, ranging from the

client expressing only muted interest in change or problem recognition to enthusiastically exploring how their life would be without the current problem behavior or health condition at hand. This exploration can involve looking backward to explore how the client used to feel or looking forward to imagine how their life might look like if they made the change at hand. This exploration can occur verbally during an MI session where the counselor can observe and react to it, although at other times the "change talk" experience can be more intra-psychic or it can occur outside the counseling encounter. Regardless of where or how it occurs, we refer to this exploration as the client's "behavioral test drive". The more time they spend behind the wheel of their new "car", the more likely they are to purchase it. In the parlance of Self-Determination Theory (SDT), CT expression builds autonomous motivation and energizes the change attempt, which leads to greater effort and persistence, and ultimately better outcomes (Deci & Ryan, 1985; Deci & Ryan, 2000; Ng et al., 2012; Ryan & Deci, 2000). One key insight from SDT is that clinicians should try to evoke change talk that is rooted in the client's roles, goals, and values (called identified or integrated motivation) and avoid change talk that is based on "introjected" feelings such as shame, guilt, embarrassment, or social pressure.

Below we describe some specific strategies to help clinicians elicit CT, beginning with some suggestions to intensify or magnify naturally occurring CT followed by some methods to generate additional change talk, when what has been expressed so far is insufficient.

Strategy 1: Reflecting and intensifying buried change talk

When a client expresses faint change talk, that may be buried amidst a litany of otherwise strong sustain talk, a key objective is to encourage the client to elaborate on their reasons and drivers for change; to intensity their CT and move to commitment. This can be accomplished by reflection or question. When using reflections to respond to tepid change talk care should be taken not to overstate client readiness. Overstating client readiness, rather than encouraging elaboration, and progression toward action, can quickly create reactance or discord and move the client backwards motivationally. From a Self-Determination Theory perspective, pressuring a client into a commitment they are not ready to make or overstating their interesting in make a change may be experienced as controlling (Resnicow & McMaster, 2012; Vansteenkiste, Williams, & Resnicow, 2012). Rapport will be weakened and the client's sense of autonomy support eroded. The ideal counselor response corresponds to the strength of the client's expressed change talk. If clients express weak or moderate change talk we generally recommend that counselors reflect at a level of intensity equal to or weaker than what the client has just expressed, i.e., undershoot client motivation. This differs from how we recommend clinicians reflect emotion, where we often encourage reflecting at a level of intensity equal to or stronger than what the client has just expressed, i.e., overshoot emotion. If on the other hand clients express strong change talk, reflecting at that level can be effective, and in fact, understating it (which could be perceived as minimizing their interest in change) could be counterproductive and unnecessarily move the client away from change.

Consider the following exchange.

> Client: "I really like cigarettes. They help me relax and cope with stress. It's better than heroin, something I kicked years ago, and I have never been able to stay smoke free for more

than a few days. But sure I know it's a nasty habit. It's embarrassing; people bug me about it all the time. Maybe someday I might quit for good. Things are fine now, but I know on some level I can't go on like this forever".

Counselor: You seem really ready to quit this time. You are tired of everyone nagging you and you're feeling bad about your smoking. Setting a quit goal would be a good first step.

In the example above, the client has expressed weak/moderate CT (ambivalence) and, in response, the counselor overstates the client's expressed commitment to quit, and jumps prematurely to the planning phase. A likely outcome of this over-statement is that the client would push back, creating discord. Under-shooting the client's CT intensity might instead sound something like:

Counselor: Although cigarettes help you handle your stress and are something you enjoy, part of you feels that this isn't something you may want to be doing down the line. It's something that you eventually might want to remove from your life. You don't feel you necessarily want to be smoking ten years from now.

Consider another case.

Client: I do smoke a lot of weed; practically daily. Sure, I know it kind of makes me a bit of a zombie but it can't be that bad if they are making it legal everywhere, and I still do just fine at work, unless I have to memorize things or write things down.

Counselor: Though you are not convinced it is that bad for you, you are starting to feel that weed might be making you a little less sharp and less efficient as you would ideally like.

In the examples above, note the tentative tone used by the counselor, with phrases like; starting to feel, might be making you, and a little less sharp. Care is taken to not overstate the client's desire or readiness to change. The type of understatement is difficult for the client to argue against, although it is of course possible. Note also, by making the reflection double sided, i.e., recognizing the reasons not to change, the counselor can further soften any potential reactance, and therefore increase the likelihood that the client will elaborate on their reasons for change. In the event a counselor does overshoot the client's commitment to change, they might be required to take a step back and Re-Engage (i.e, regress to an earlier process) before trying to Evoke any further.

Table 1 provides some other examples of similar tentative reflective language that can be used to ensure that the level of client CT is not overshot. Using this type of cautious language decreases the chances that the client will argue with the reflection or experience the statement as controlling.

Although the examples provided are in the form of reflective statements, and reflections are generally encouraged in these cases over questions, the same general principles would apply if the evocation response is implemented through a question. For example, the counselor might ask, "how if at all, might changing xx possibly influence yy in any way", or "what reasons, if any, might you be able to find for changing xx.?

When undershooting CT, the counseling objective is to encourage the client to elaborate and intensify their commitment to change; to pry open the door to change and allow the client to walk through it. In the examples above, the change talk, albeit relatively weak in intensity and buried within other sustain talk, was organically expressed by the client. Sometimes however, there is insufficient organic change talk to unearth; there is not enough raw material to

Table 1
Sample undershooting language for reflecting change talk

You are starting to feel you might want a change xx
You are thinking that you may no longer want xx in your life..
You are starting to think it might be time to change…
You are starting to feel xx has gotten a little out of control
You are beginning to see the benefits of…
You are moving toward….
You are starting to worry a bit more about….
Things are fine as they are, but you are starting to feel you can't go on like this forever
You are beginning to move toward change or considering change…
You are starting to wonder what it might be like with/without XX,,,,
You are starting to feel a little dependent on xxx (for addictive behaviors)….
XX does not feel as sustainable as it once did…
XX is starting to catch up with you…
Something about XX is starting to feel not right for you….
XX is starting to bother you a bit more…

magnify into commitment; no crack in the door. In these situations, counselors can implement one of several strategies to ignite it or extract CT.

Strategy 2: Igniting change talk

There are several methods at the disposal of the MI practitioner to give clients an opportunity to express change talk that has not yet been verbalized. These include the 1) Importance/ confidence rulers, 2) Roles, goals, and values linkage, and 3) Self-affirmation/strengths linkage.

2A: Rulers

Perhaps the most commonly used method to elicit CT through MI is the 0-10 importance and confidence rulers. Because of its relatively long history and wide use amongst MI practitioners, we will only briefly review the ruler strategy. It typically begins with two questions: (1) "On a scale from zero to ten, with ten being the highest, how important is it to you to change [insert target behavior/condition]?" and 2) "On a scale from zero to ten, with ten being the highest and assuming you want to change this behavior, how confident are you that you could (insert target behavior/condition)?" (Miller & Rollnick, 2013; Rollnick, Butler, & Stott, 1997; Rollnick, Heather, Gold, & Hall, 1992). After obtaining the client's numeric rating, the counselor typically asks some combination of the following three probes:

- Why did you not choose a lower number?
- Why did you not choose a higher number?
- What would it take to get you to a higher number?

The first and third probes are intended to elicit CT, whereas the second probe, which some practitioners omit, allows the client to express their fears, dread, and other aspects of their sustain talk. Probing confidence scores can elicit elaboration on the client's perceived ability to achieve change and identify skills or knowledge deficits that may need to be addressed prior to initiating a change attempt.

2B: Roles, goals and values

Another means to ignite CT is to employ the ROLES, GOALS, and VALUES (RGV) linkage. Here

Table 2
Sample list of roles, goals, and values

GOOD PARENT	DISCIPLINED
GOOD SPOUSE/PARTNER	ATTRACTIVE
RESPONSIBLE	IN CONTROL
STRONG	ENVIRONMENTAL CONSCIOUS
ON TOP OF THINGS	RESPECTED AT WORK
COMPETENT	POPULAR (YOUTH)
ATHLETIC	INDEPENDENT (OLDER)
RESPECTED AT HOME	TOLERANT
ENERGETIC	RESPECT FOR OTHER
CONSIDERATE	JUSTICE
SUPPORTIVE OF OTHERS	COMMUNITY/NEIGHBOR
SUCCESSFUL	SPIRITUAL
YOUTHFUL (OLDER)	NOT HYPOCRITICAL
GENUINE	AUTHENTIC

the counselor asks the client to choose from a list of RGV (see Table 2) three to five that are important to them. Other lists have been suggested elsewhere(W.R. Miller & Rollnick, 2013). The counselor next explores how the RGV chosen may be related to the behavior change at hand. To increase the likelihood that CT can be elicited, the linkage can be probed bi-directionally, to see if the RGV might be impacted by the behavior change or conversely, if the behavior change might be supported the RGV. The bi-directional probes generally take the form of:

1) How if at all, if you made this change, might that influence the roles, goals, or values you chose; that is, make you more able to experience them?, and

2) How if at all, might the roles, goals, or values you chose, possibly support or influence your motivation to change xx?

Fail safe Option 3. Occasionally, neither probe elicits useful change talk as the client is unable to link the behavior with the RGV selected, or at times this activity can even lead to expression of sustain talk, if the value, role, or goal chosen support the risk behavior. When this occurs, the counselor can implement the "fail safe" option. After acknowledging the lack of connection between the behavior at hand and the values chosen, the counselor can try a different "linkage" approach, asking the client to look at the full list of RGV and then ask a variant of the two probes noted above

1) Are there any roles, goals, or values on this list that if you made this change, might be impacted, that make you better able to experience them ?, and

2) Are there any roles, goals, or values on this list that you can draw on to help support or motivate you to make this change?

An interesting theoretical question raised by a recent study (Burson, Crocker, & Mischkowski, 2012) is whether the list of values should be limited to those which are more self-transcendent in nature (e.g., considerate, justice, good parent) compared to those which are more self-serving (attractive and successful) or negatively framed (e.g., not feeling hypocritical). The former may encourage autonomous motivation whereas the later may instill more controlled or introjected motivation, which according to SDT decreases the power of the RGV

linkage.

2C: Self-affirmation and strengths linkage

Whereas the RGV activity aims to build importance or desire to change, sometimes the core issue for the client is insufficient confidence; lack of perceived skill or fear of failure. To build confidence CT, we developed a Self-affirmation (SA) /Strengths (SA/S) activity, rooted in Self-Affirmation Theory (Epton & Harris, 2008), that is a variant of the more traditional RGV activity noted above.

Similar to the RGV activity, the counselor shows the client a list of potential strengths, skills, or accomplishments (see Table 3 above), and asks something along the lines of; "Think for a minute about some of the things you are good at, like sports, being a father, art, or meeting challenges at work or something you have achieved, or an obstacle you have overcome." Given the almost limitless universe of strengths, skills, and accomplishments we suggest adding a statement similar to: "Feel free to suggest something that may not be on the list." Next, the counselor probes with some variation of:

Looking at the strengths, abilities, or accomplishments you picked...

- How might your success in any of these areas, possibly help you find the confidence to try and change XX or support your efforts?,
- How might your ability to do xx, possibly help you find the confidence to change XX?,
- How might the fact that you were able to overcome xxx, possibly help you find the confidence to try and change XX?

The goal is to encourage elaboration on the "A" or ability of the DARN-CAT model, whereby the client finds new reasons or stronger belief that they can accomplish the change at hand.

Choosing between the two "ignition" options

Although both the RGV and SA/S activity can be implemented in the same session, there is the potential for some redundancy as several items appear on both lists. To help decide which of the two approaches to employ, counselors can use the numeric values obtained from the importance and confidence rulers to guide their strategy.

Table 3
Sample list of strengths, skills, and accomplishments

SPORTS	BEING CREATIVE
MUSIC	STAYING POSITIVE
ART	LEARNING NEW THINGS
COOKING	STAYING COOL UNDER PRESSURE
MY JOB	BEING PATIENT
MATH	HELPING OTHERS
SCIENCE	FORGIVING
LANGUAGES	APPRECIATING/BEING THANKFUL
WRITING	RESEARCHING THINGS
DISCIPLINE	LISTENING TO OTHERS
STRONG	CARING
FIXING THINGS	BEING SPONTANEOUS
TRUSTWORTHY	BEAT AN ILLNESS
PARENTING	OTHER_____

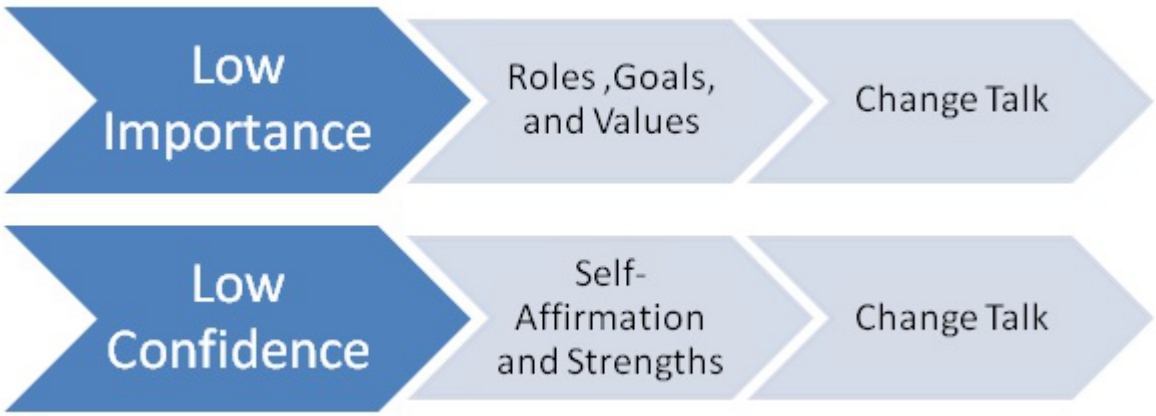

Figure 1. Igniting change talk clinical algorithm.

When importance scores are low, counselors may want to use the RGV strategy whereas, when confidence needs boosting using the SA/S activity may be a better fit. The same algorithm would apply when importance and confidence levels are inferred from the encounter, absent the formal ruler or numeric assessment. See Figure 1.

Conclusion

Providing clients with opportunities to express change talk is critical to achieving outcomes in MI counseling, and is one of the four core processes of MI. This article provides some theoretical background and practical strategies to help practitioners reinforce resident change talk and elicit it, even when not expressed by the client. We have focused here on the technical aspects of eliciting and reinforcing change talk. However these strategies have value only insofar as they are delivered in the context of autonomy support and a mutually agreed upon behavioral target. The strategies presented are not meant to get clients do what counselors might want them to do but rather they offer practical ways of energizing naturally occurring change processes. Forcing expression of "empty" change talk simply for the sake of CT, is itself likely of little value to the client. These techniques need therefore to be accompanied by strong relational skills that establish the rapport and trust needed for the client to safely explore the possibility of change.

Developing and testing methods to train practitioners to effectively use these strategies is encouraged. Additionally, research to test the efficacy of the suggested clinical algorithm for when to choose the RGV versus SA/S strategy is also needed.

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