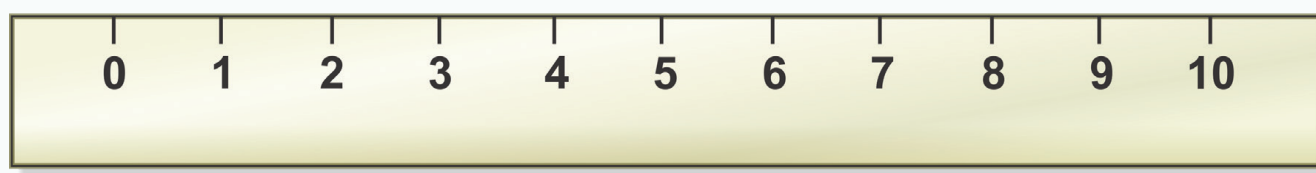


Other strategies for evoking change talk (Miller & Rollnick, 2013) include:

- **Eliciting importance of change.** Ask an open question that elicits “Need” change talk (Exhibit 3.8): “How important is it for you to [name the change in the target behavior, such as cutting back on drinking]?” You can also use scaling questions such as those in the Importance Ruler in Exhibit 3.9 to help the client explore change talk about need more fully.

EXHIBIT 3.9. The Importance Ruler



- Initial question: “On a scale of 0 to 10, how important is it for you to change [name the target behavior, like how much the client drinks] if you decided to?”
- Follow-up question 1: “How are you at a [fill in the number on the scale] instead of a [choose a lower number on the scale]?” When you use a lower number, you are inviting the client to reflect on how he or she is already considering change. If you use a higher number, it will likely evoke sustain talk (Miller & Rollnick, 2013). Notice the difference in the following examples:

Lower number

- **Counselor:** You mention that you are at a 6 on the importance of quitting drinking. How are you at a 6 instead of a 3?
- **Client:** I’m realizing that drinking causes more problems in my life now than when I was younger.

Higher number

- **Counselor:** You mention that you are at a 6 on the importance of quitting drinking. How are you at a 6 instead of a 9?
- **Client:** Well, I am just not ready to quit right this second.

In the higher number example, the counselor evokes sustain talk, but it is still useful information and can be the beginning of a deep conversation about the client’s readiness to change.

- Follow-up question 2: “What would help move from a [fill in the number on the scale] to a [choose a slightly higher number on the scale]?” This question invites the client to reflect on reasons to increase readiness to change.

- **Exploring extremes.** Ask the client to identify the extremes of the problem; this enhances his or her motivation. For example: “What concerns you the most about [name the target behavior, like using cocaine]?”
- **Looking back.** To point out discrepancies and evoke change talk, ask the client about what it was like before experiencing substance use problems, and compare that response with what it is like now. For example: “What was it like before you started using heroin?”
- **Looking forward.** Ask the client to envision what he or she would like for the future. This can elicit change talk and identify goals to work toward. For example: “If you decided to [describe the change in target behavior, such as quit smoking], how do you think your life would be different a month, a year, or 5 years from now?”

Reinforce change talk by reflecting it back verbally, nodding, or making approving facial expressions and affirming statements. Encourage the client to continue exploring the possibility of change by asking for elaboration, explicit examples, or details about remaining concerns. Questions that begin with “What else” effectively invite elaboration.

Your task is to evoke change talk and selectively reinforce it via reflective listening. The amount of change talk versus sustain talk is linked to client behavior change and positive substance use outcomes (Houck et al., 2018; Lindqvist et al., 2017; Magill et al., 2014).

Responding to change talk and sustain talk

Your focus should be on evoking change talk and minimizing sustain talk. Sustain talk expresses the side of ambivalence that favors continuing one’s pattern of substance use. Don’t argue with the client’s sustain talk, and don’t try to persuade the client to take the change side of ambivalence.

There are many ways to respond to sustain talk that acknowledge it without getting stuck in it. You can use (Miller & Rollnick, 2013):

- **Simple reflections.** Acknowledge sustain talk with a simple reflective listening response. This validates what the client has said and sometimes elicits change talk. Give the client an opportunity to respond before moving on.
 - **Client:** I don’t plan to quit drinking anytime soon.
 - **Counselor:** You don’t think that abstinence would work for you right now.
- **Amplified reflections.** Accurately reflect the client’s statement but with emphasis (and without sarcasm). An amplified reflection overstates the client’s point of view, which can nudge the client to take the other side of ambivalence (i.e., change talk).
 - **Client:** But I can’t quit smoking pot. All my friends smoke pot.
 - **Counselor:** So you really can’t quit because you’d be too different from your friends.

- **Double-sided reflections.** A double-sided reflection acknowledges sustain talk, then pairs it with change talk either in the same client statement or in a previous statement. It acknowledges the client’s ambivalence yet selectively reinforces change talk. Use “and” to join the two statements and make change talk the second statement (see Counselor Response in Exhibit 3.6).
 - **Client:** I know I should quit smoking now that I am pregnant. But I tried to go cold turkey before, and it was just too hard.
 - **Counselor:** You’re worried that you won’t be able to quit all at once, and you want your baby to be born healthy.
- **Agreements with a twist.** A subtle strategy is to agree, but with a slight twist or change of direction that moves the discussion forward. The twist should be said without emphasis or sarcasm.
 - **Client:** I can’t imagine what I would do if I stopped drinking. It’s part of who I am. How could I go to the bar and hang out with my friends?
 - **Counselor:** You just wouldn’t be you without drinking. You have to keep drinking no matter how it effects your health.
- **Reframing.** Reframing acknowledges the client’s experience yet suggests alternative meanings. It invites the client to consider a different perspective (Barnett, Spruijt-Metz, et al., 2014). Reframing is also a way to refocus the conversation from emphasizing sustain talk to eliciting change talk (Barnett, Spruijt-Metz, et al., 2014).
 - **Client:** My husband always nags me about my drinking and calls me an alcoholic. It bugs me.
 - **Counselor:** Although your husband expresses it in a way that frustrates you, he really cares and is concerned about the drinking.

- **A shift in focus.** Defuse discord and tension by shifting the conversational focus.
 - **Client:** The way you’re talking, you think I’m an alcoholic, don’t you?
 - **Counselor:** Labels aren’t important to me. What I care about is how to best help you.
- **Emphasis on personal autonomy.** Emphasizing that people have choices (even if all the choices have a downside) reinforces personal autonomy and opens up the possibility for clients to choose change instead of the status quo. When you make these statements, remember to use a neutral, nonjudgmental tone, without sarcasm. A dismissive tone can evoke strong reactions from the client.
 - **Client:** I am really not interested in giving up drinking completely.
 - **Counselor:** It’s really up to you. No one can make that decision for you.

All of these strategies have one thing in common: They are delivered in the spirit of MI.