Skill-Builders
TO EVIDENCE BASED PRACTICES

Communities of Practice Manual

JUSTICE SYSTEM ASSESSMENT & TRAINING
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April 2014

Acknowledgments

We wish to thank a number of individuals who have been instrumental in the compilation and success of this Communities of Practice Manual. In addition, we would like to acknowledge the vital contributions from researchers in the field that have been pivotal in its development and beyond. Special thanks to the entire J-SAT Coding/Coaching Team for their excellent work and support; our appreciation goes out to Tom O’Connor, Consultant to J-SAT, for his invaluable assistance and wisdom regarding “change projects throughout the criminal justice system”; to William Miller and Stephen Rollnick as the co-founders of Motivational Interviewing; Fred J. Hanna for his expertise in developing the Precursors Model of Change and other diverse innovative techniques directed at positive growth; James Bonta, Guy Bourgon and their team for spearheading the Strategic Training Initiative in Community Supervision (STICS) project; Christopher Lowenkamp and Edward Latessa for their significant research with Effective Practices in Correctional Settings (EPICS) and pivotal work regarding the study of the Ohio Risk Assessment System.

Gratitude to every person involved in other practice models, i.e., Bas Vogelvang’s Communication Model; Etienne Wenger for his groundbreaking work on Communities of Practice; the Motivational Interviewing Network of Trainers (MINT) for their dedication and multiple contributions regarding exercises; the Colorado Evidence-Based Practices Implementation for Capacity (EPIC) Project trainers and coaches who have pioneered Motivational Interviewing/Communities of Practice; the Ramsey County, Minnesota, Community Corrections Practice Model Pilot Teams that took Communities of Practices’ to new levels; and, the numerous J-SAT customers that have been willing to experiment, validate and explore Communities of Practice with us. Lastly, sincere thanks to the J-SAT staff members and John Patzman whose on-going efforts made the production of this Manual possible.
Introduction

What is a Community of Practice?

A Community of Practice, or CoP, is an informal, peer-facilitated gathering that convenes regularly to consolidate and continue learning and practicing skills that were acquired during training and follow-up coaching sessions. Activities for a CoP might include debriefing recent or difficult interactions, brainstorming MI responses for challenging situations, real-plays/role-plays, listening to recordings together, and various skill practice exercises.

Dimensions of practice as the property of a community

(Wenger, 1998)

Why should we have one?

We've all been through the experience of attending a training and feeling motivated to implement what we've learned for the next week or two, and then finding the binder from the training covered in dust on a shelf a year later and thinking, "Oh yeah! I forgot all about that." CoP's help you make the most of your training investment by providing a way for the new skills to be reviewed and practiced regularly.

"Talking about MI is not as likely to promote learning as actually practicing skills within a supportive learning community."

~ Miller and Rollnick, Motivational Interviewing, 3rd Edition
But we have too many meetings around here already…

A CoP is not just another meeting where a few people talk and everyone else "listens." It's highly interactive and experiential. To keep participants fully engaged, we recommend that the facilitation role be rotated, with each member eventually taking a turn at presenting a topic, leading a discussion, or setting up an exercise.

We're not experts! How can we facilitate a CoP?

Since a CoP is an informal gathering of peers for the purpose of learning and practicing your skills, you won't need to instruct or evaluate each other, and nobody needs to be an expert in order to facilitate. Before you facilitate, you'll do some preparation, perhaps searching online or in this CoP manual for articles, tips and exercises about the topic of the day. During the CoP, you'll introduce these, and keep things focused and moving along as the group learns and practices together. If questions arise or clarification is needed, you'll tap the group's resources for answers and fill everyone in next time.

You can also invite guest speakers with specific subject knowledge if your CoP wants to learn or explore a brand new topic or skill.

How do we get started?

In the next sections, we've included a description of the roles that each of you can play in your CoP, plus some important considerations for your CoP. We've also included templates for you to follow during the initial meeting and for ongoing meetings. Feel free to customize everything to suit your organization's needs.
The Key Spirit in a Community of Practice

No One Person Is in Charge of Everyone Else’s Learning

Since your Community of Practice will evolve over time, we’ve provided suggested meeting formats and member roles which you can customize as you get to know what works for your group. Just remember – when making any changes to the group structure or operations, always check back in to see if you are on track with the spirit of what makes your meeting a Community of Practice and not just another work meeting.

The Key Spirit of a Community of Practice

Ensure that your group continues to be peer-facilitated, and that there is no one person in charge of everyone else’s learning. It’s so easy to slip into the familiar equation of “facilitator/expert provides the material and participants sit back and passively receive.” The key to making your Community of Practice a thriving, engaging, generative and (dare we say) fun learning experience is to continually give each participant the opportunity to bring his/her expertise, ideas, input and creativity to the group. In so doing, the CoP becomes a meeting in which each individual participant feels ownership of the group and plays a key role. Always orient to: “Our CoP is a gathering of learners and our expertise is “What it’s like to try to learn MI and incorporate it into our jobs.” If you always orient from this place, you will make decisions that keep you from slipping into teacher and listener mentality and instead promote actively-engaged peer facilitation.

In addition, remember that even supervisors or managers are peers in learning and decision-making within the context of a CoP!
Suggested Roles for Your CoP

Since there is no centralized leadership in your CoP, a variety of tasks need to be addressed via various roles. Of course, these are only suggestions, so start with these roles and then as your group evolves, tailor accordingly. When making changes, always remember to check back in with “The Key Spirit in a Community of Practice” to make sure that you are still in alignment with the original intent of your CoP. We do highly recommend that the Topic Facilitator role always rotate, so that no one person becomes in charge of everyone else’s learning. Here are the suggested roles to keep your group moving forward smoothly:

**Group Coordinator (Rotates every 6 months or as group decides)**

This person is the glue that holds the CoP together, making sure that scheduling and logistical details are taken care of, plus monitoring any need for changes in the group and organizing discussions about change when needed.

We recommend that the Group Coordinator serve in this role for a minimum of six months. At that point, the group and the Coordinator can decide if he/she wants to continue or if it feels best to switch it up so that roles can shift and rotate.

**Duties include:**

- Ensure the location of the meeting is secured for each meeting date.
- Send out reminder emails before each meeting.
- At the beginning of every meeting: Read reminders of the Group Purpose, Member Roles and Group Agreements
- At the end of every meeting: 1) Verify the next meeting date/time/location; 2) Ask the group to vote on the next meeting topic; 3) Ask for a volunteer(s) to be the next Topic Facilitator or Co-Facilitators; 4) Hand out and collect the Ideas & Input Questionnaires.
- Monitor the Ideas and Input Questionnaire responses and periodically arrange to have a meeting with Format #2 to discuss member-suggested changes/improvements among the group.
- Get in touch with the Supporting Resource Trainer for support and ideas if any ongoing tensions or problematic decisions arise.

**Topic-of-the-Day Facilitator (Role Rotates with Every Meeting)**

This person is in charge of the meeting Topic-of-the-Day and will plan and facilitate the practice exercises for that meeting. This role rotates from member to member, with a new member volunteering at each meeting. It’s very important that this role always rotate, so that no one person becomes in charge of everyone else’s learning. You can be a Topic Facilitator by yourself,
or you can choose to co-facilitate with another member. **Important:** As Topic Facilitator, your role is not to be an expert, but simply to be curious about the topic with your fellow members, and provide exercises that facilitate exploration and practice regarding the topic. This reduces the pressure on you, and is also much more facilitative of everyone’s learning!

**Time Keeper (Role Rotates with Every Meeting)**

This person makes sure that each section of the meeting stays within the time frame indicated, giving a “two minutes to go” heads-up by ringing a timer, and then ringing the timer again when the time is complete.

**Note Taker (Role Rotates with Every Meeting)**

This person takes notes whenever it seems valuable to do so – these can be ongoing notes for the group to refer back to regarding aha moments, decisions made, brainstorming ideas, and anything else you feel is important.

**Supporting Resource Trainer (Outside of the Group)**

This person is someone outside of the group who is invested in wanting the CoP to continue from a management perspective, plus can act as an advisor if the group encounters tension or decision-making that it cannot resolve on its own (The Group Coordinator will contact the Supporting Resource Trainer for ideas and brainstorming should a situation like this arise). This person also checks in with the Group Coordinator at least once quarterly to get a feel for how it’s going with the group, how the roles are working, and what might be needed to keep the group feeling really alive and interesting.
Suggested Formats for CoP Meetings

Use the templates on the following pages as a starting point, and then as your group evolves, tailor accordingly. When making changes, always remember to check back in with “The Key Spirit of a Community of Practice” to make sure you are still in alignment with the original intent of your CoP.
Suggested Format: First CoP Meeting

Time Frame: 1 hour and 45 minutes (Ongoing CoP’s will be 2 hours)

Print copies of this format for all members to follow.

Important Note: We’ve scripted this first meeting for you so that you don’t have to think too much beforehand and instead let the script ensure that you experience your first meeting as peer-facilitated rather than led by one person. Of course, it will feel a bit strange and contrived to read from a script, but once you feel you understand the format of CoP, you’ll ditch the script! Or, if you don’t want to use the script, you can format your meeting similarly and always make sure that it stays in the Key Spirit of a Community of Practice. It’s very easy to slide back into the standard “work meeting” format where one person is in charge of everyone’s learning, rather than a peer-led group (which is what makes CoPs so great), so see if you can do your best to keep that from happening!

STEP 1: Time Keeper and Note Taker (5 minutes)

A group member volunteers to read this section to identify today’s Time Keeper and Note Taker:

“At each meeting we’ll identify a Time Keeper and a Note Taker. The Time Keeper makes sure that each section of the meeting stays within the time frame indicated, giving a “two minutes to go” heads-up by ringing a timer, and then ringing the timer again when the time is complete for each section. The Note Taker takes notes whenever it seems valuable to do so – this is for ongoing notes for the group to refer back to regarding aha moments, decisions made, brainstorming ideas, and anything else you feel is important. For this first meeting, the Note Taker can ‘wing it’ and take notes where he/she senses it might be helpful, and it will become more clear what to take notes about as we continue to have meetings."

“Who would like to be Time Keeper?”

“Who would like to be the Note Taker?”

STEP 2: Getting to know the group (20 minutes)

A group member volunteers to read this to the group:

“The goal for this part of our first meeting is to get to know each other’s strengths, challenges and interests regarding MI. Starting with whoever volunteers to go first, we’ll go clockwise around the circle, each person taking about a minute to talk about the following:

- A strength or strengths that you feel you bring to your job – what do you feel you do well, and therefore this is also a strength that you bring to this CoP group?
• What are you liking about MI? What are you not liking about MI?
• What are the MI topics & skills you’d like to explore and learn about in this group? And Note Taker, would you please take notes on this one?

“Who wants to go first?”

STEP 3: Starter Group Agreements (5 minutes)

A group member volunteers to introduce and read the Starter Group Agreements:

“These are Starter Group Agreements that we can use for this first meeting, and then at the end of this meeting we’ll have some time to change or add anything we want to tailor for our group. These Agreements are meant to help us create a supportive environment for taking risks while practicing what we’ve learned, and put some guidelines in place that will protect each participant from accidental criticism or ridicule. Even good-natured ribbing can result in participants not wanting to attend future CoP’s. It’s important to acknowledge vulnerability when practicing new skills in a group. And when conducting exercises using real issues, we may learn new things about each other, so deciding on confidentiality rules is important. Follow along as I read the Starter Agreements, and notice any changes you want or thoughts you have, because we’ll have time at the end of the meeting to discuss any edits we might want to make as a group...

Examples of CoP Agreements:

• Anything personal shared during role plays or real plays will be kept confidential.
• Spend time in such a way that everyone has a chance to speak who wants to.
• A participant may “pass” if not inclined to speak.
• To inquire together about a topic, each member refrains from giving advice and instead asks curious questions, gives neutral observations and/or offers insight that he/she has had in their own experience without assuming that this is what the other person needs to do.
• Questions will be phrased respectfully and from a place of curiosity rather than critically.
• If we listen to each other’s recorded sessions, the interviewer will be given the first opportunity to speak during the debrief so he/she can share thoughts about the session and any insight about what he/she was proud of and/or might like to do differently in hindsight, etc.
• Each recording debrief will start with affirmations about what seemed to work well.
• We will support each Topic Facilitator by actively participating and looking for ways to appreciate that person’s style.
• We will not criticize, tease or ridicule each other and will not inundate any participant with feedback or suggestions. No more than a few people will provide feedback so nobody feels “ganged up on.”
• Allow dissenting or “unpopular” opinions if they arise — these can often make the conversation even richer and lead to aha moments when welcomed into the mix of overall conversation.
STEP 4: Topic and practice exercise of the day (35 minutes total)

A group member volunteers to read this to the group (takes 5 minutes):

“At each CoP meeting, one of us will facilitate the topic and practice exercise(s) for that meeting. This role is called the ‘Topic Facilitator’, and we’ll rotate facilitators, each of us taking a turn. Normally we’ll have 45 minutes for the topic and practice exercises, but since today is equally about getting our group set up and started, we’ll spend only 35 minutes on an exercise. Our topic and exercise for our first meeting today is on affirmations. Here are the instructions for the exercise. Who will volunteer to be our Topic Facilitator for today, and you don’t have to know anything about the topic, just follow the ‘Affirmations Exercise’ sheet on page 19.”

- 20 minutes for exercise
- 15 minutes for group debriefing:
  - Have the group discuss questions like, “What was it like to create affirmations with clients in mind?” and “What are some ways you can see yourself bringing this immediately back into your day-to-day job?” and “What might get in the way and what are some potential solutions?”

STEP 5: Planning next steps (25 minutes)

**Note: End this section after 25 minutes, and if there isn’t enough time for all of the above, let the group members know that you’ll cover the rest at your next meeting.

The Group Coordinator reads the following discussion topics to the group and identifies answers: “We’ll now make some decisions about our group that will guide us moving forward...

- **Next Meeting Topic and Topic Facilitator:** “Looking at the list of Top MI Topics that we identified earlier, let’s do a vote to decide on the topic for our next meeting. (Take a vote and identify the topic for the next meeting).”

  “Now that the topic is identified, who will volunteer to identify practice exercises in our CoP Manual that we can do at our next meeting, and also be in charge of facilitating those exercises when we get together next? We will each take turns playing the role of Topic Facilitator at our meetings, and here’s a description of that role:

  - You don’t have to be an expert on the topic, you just have to be curious to learn more about the topic along with the group, and identify which exercises we can do together to practice and learn about it during group. (Practice & exercise ideas are in our CoP Manual).

  - At the meeting when you’re the Topic Facilitator, you’ll be in charge of running the practice exercises and also asking questions to facilitate follow-up discussion once we’ve done the exercises.

  Who would like to be the Topic Facilitator for our next meeting?”
• **Ongoing meeting day and time:** “If this hasn’t already been identified, then let’s identify that now. Recommended frequency and length is once a month for two hours.” Or if this process will be complicated to figure out, the Coordinator can decide to make these decisions at a later date in order to have time for the following discussion topics.

• **Fun or creative element:** “Is there any creative element that we want to incorporate in our group? We may have answers to this now, or if there are no obvious ideas now, we can see if any come up naturally as our group evolves and takes on its own personality. To spark ideas as to what might fit for our group, here are some things other groups have done:
  • Bring a certain kind of fun food, like gourmet chocolate each time
  • We play a 5 minute comedy clip at the beginning of each group, just for fun
  • To keep brains creative and curious each meeting has a play element like little pots of play-doh for each person, temporary tattoos, doodle pads with crayons, etc.
  • Anything we come up with that feels fun and creative for our group.”

• **Group agreements:** “Are there any changes we want to make?”

**STEP 6: Individual Input and Ideas Questionnaire (5 minutes)**

Group Coordinator hands out the Input and Ideas Questionnaire and explains:

“At the end of every CoP meeting, you’ll each answer a questionnaire like this. I’ll keep track of the answers and every few meetings we’ll check in to make decisions about any ideas for change that have come up. We’ll take the next five minutes to fill these out.” (Each member fills out questionnaire and hands to the Group Coordinator).

(The template for the Ideas and Input Questionnaire is in the CoP Manual, p. 25)

**STEP 7: Check-in (10 minutes)**

A group member volunteers to read this to the group:

“To close, let’s go around the group for the next ten minutes, and those who want to contribute a thought on the following question, I invite you to do so:

• What is something of value that you’re taking away from this first CoP experience today and/or what do you see possible to gain from a monthly CoP-formatted gathering like this?”
Format #1 for Ongoing CoP Meetings

Suggested Time Frame: About 2 hours

Group Coordinator: Print copies for all members to follow until the format is familiar and/or you’ve changed it according to your group’s preferences/needs.

STEP 1: Setting the stage (5 minutes)

Make sure to start on time, even if everyone has not arrived yet.

Group Coordinator reminds group at the beginning of every meeting that the Key Spirit of a CoP is that no one person is in charge of everyone else’s learning, and if anyone has any new ideas or thoughts about that, to bring them up during the “Planning Next Steps” part of the meeting. The Group Coordinator also reads the Group Agreements as a reminder or has a group member read them.

STEP 2: Identify Time Keeper & Note Taker for today (5 minutes)

A group member asks:

- Who would like to be Time Keeper?
- Who would like to be the Note Taker?

STEP 3: Share insights since last meeting (15 minutes)

A group member asks the following questions and, going around the room, each member contributes:

- What is on people’s minds regarding MI since last time we met? What are you liking and not liking about it? Let’s also share any...
  - Hits: Things you tried that worked
  - Misses: Things that you tried but that didn’t work
  - Finds: Unexpected things that worked really well
  - Roadblocks: Unexpected things that got in the way
STEP 4: Topic and practice exercise(s) for the day (45 minutes total)

The Topic Facilitator explains the topic and talks a bit about what he/she has been thinking about it and what he/she is curious to explore more about with the group.

Then the Topic Facilitator shares an activity or activities related to the topic of the day.

The Topic Facilitator leaves time at the end of the activity to ask the group any debrief questions about the activity. Here are some examples, but of course you can come up with your own!

- What was it like to play each role in the exercise? (if there was more than one role)
- What insight did you gain as a result of this exercise?
- How can you apply what we did here to your day to day work?
- Can you think of a specific client you want to practice this with?

STEP 5: Planning next steps (15 minutes)

The Group Coordinator facilitates decision-making around the following:

- Identify the topic for the next meeting.
- Identify the Topic Facilitator (or Co-Facilitators) for the next meeting.
- Remind that Topic Facilitators don’t have to be experts, but just identify and facilitate activities that help everyone explore the topic more. The Topic Facilitator can find ideas in the Resources section of this manual, plus explore MI books and search for articles/ideas/videos on Google and YouTube.
- Clarify any next-meeting scheduling and/or location details.
- Take a moment to ask if anyone has any new thoughts about Group Agreements or wants to change or add anything.
- Any other details specific to the group.

STEP 6: Individual Input and Ideas Questionnaire (5 minutes)

There is an “Ideas and Input Questionnaire” on p. 25 that the group can decide to use when it likes. For instance, maybe once every few times the group meets, every six months, or whatever frequency the group likes best.
STEP 7: Closing Circle (10 minutes)

A group member invites:

We’ll now take 10 minutes to go around the circle and each answer the following:

1) Positive feedback for the Topic Facilitator(s) of the day
2) What is something of value that you’re taking away from today’s meeting?
3) What is the next skill you’d like to work on until next time, and how will you work on it?

And last but not least, make sure to end on time!
Affirmation Exercise

Facilitator reads this out loud:

“Affirmations are statements of celebration, validation or support. The most basic affirmations can be just a word or two, such as, ‘Good!’ or ‘That’s great!’ Ideally in MI we strive to offer specific, detailed affirmations such as:

• Thirty days of sobriety! That’s really impressive.
• You really showed persistence in getting those applications in.
• That sounds really frustrating.
• I appreciate that, I know it’s not always easy.
• I’ve seen you make a lot of progress since you started here.
• You have really good people skills.”

Facilitator asks participants to call out different strengths they see in their clients, for example: flexible, persistent, creative, witty, caring, and writes them on a white board or flip chart. Keep going until you gather about 20 different strengths.

Go around the room asking each person in the CoP to generate an affirmation from one of the strengths on the board. The goal is to create specific, detailed affirmations.
Group Agreements

Group agreements ensure a safe environment for learning and communication. Using the following list as a place to start, discuss what group agreements are important to your group. What agreements would you keep, change or remove from this list? And what agreements would you add? Keep these on hand and adapt to the personality and needs of your group.

Examples of CoP Agreements:

- Anything personal shared during role plays or real plays will be kept confidential.
- Spend time in such a way that everyone has a chance to speak who wants to.
- A participant may “pass” if not inclined to speak.
- To inquire together about a topic, each member refrains from giving advice and instead asks curious questions, gives neutral observations and/or offers insight that he/she has had in their own experience without assuming that this is what the other person needs to do.
- Questions will be phrased respectfully and from a place of curiosity rather than critically.
- If we listen to each other’s recorded sessions, the interviewer will be given the first opportunity to speak during the debrief so he/she can share thoughts about the session and any insight about what he/she was proud of and/or might like to do differently in hindsight, etc.
- Each recording debrief will start with affirmations about what seemed to work well.
- We will support each Topic Facilitator by actively participating and looking for ways to appreciate that person’s style.
- We will not criticize, tease or ridicule each other and will not inundate any participant with feedback or suggestions. No more than a few people will provide feedback so nobody feels “ganged up on.”
- Allow dissenting or “unpopular” opinions if they arise – these can often make the conversation even richer and lead to aha moments when welcomed into the mix of overall conversation.
Format #2 for Ongoing CoP Meetings

Time Frame: 2 hours

*Includes optional Group feedback discussion*

This template is the same as Template #1, except it adds in a section to discuss group feedback from the Ideas & Input Questionnaires. As the Group Coordinator gathers the Input & Ideas Questionnaires at every meeting, he/she will compile that information and decide when it is time to have a group discussion about the thoughts/ideas/feedback gathered. At such a meeting, you might make time by replacing Step 7 with this discussion for about 15 minutes, plus reduce the Topic and Practice Exercise day to 40 minutes rather than 45 minutes, which brings the overall meeting time to two hours.

The Group Coordinator’s role is simple in this discussion – to report ideas and input, and then to identify any decisions that the group would like to make. From there, the group can decide how to make the decision(s). If the group finds itself at an impasse regarding making a decision, the Group Coordinator might decide to share the issue with the Supporting Resource Trainer.
Ideas and Input Questionnaire

Individual input and ideas at the end of every meeting is what makes our CoP peer-facilitated, guided and influenced by every member of our group! Please share whatever is important to you in response to the questions below...

*What did you find helpful/useful about today’s CoP?*

*What could make our CoP even better?*

*What do you want to learn about or practice in future CoP’s?*

*Any additional comments?*
Exercises

**Important Note:** The following compilation is a starting point for practice exercises. In addition to what’s listed below, we encourage you to create your own practice exercises and activities. You can also explore the Resources section book list and video list to spark additional practice exercise ideas.

**Single Skill Exercises**

**Affirmation Exercise**

The trainer asks the trainees to remember a time when they received a deeply meaningful compliment from someone they trusted and respected. This can be done as a private exercise, or as solitary writing, or in dyads. Thus, trainees can simply remember the compliment, or they can write it down, or they can tell it to their partner in the dyad. The trainer may want to debrief the exercise by asking “What made that affirmation personally meaningful for you?” Sometimes debriefing is not needed, as the participants understand the point.

**Example:**

When Nancy’s husband died and she was, herself, hospitalized, I organized a phone tree of people to stay in touch with her. The compliment I received from my friend Mary about it was this: “I appreciate how you reach out to help others when they really need it. As a recipient of your care when I was hospitalized, I might be especially sensitive to your ability to see what’s needed and provide good help. I imagine Nancy is very grateful you’ve organized support now for her.”

**Notes:**

Affirmations are the A in OARS skills and are sometimes overlooked by trainees. Yet an accurate affirmation can support self-efficacy and enhance therapeutic rapport.

Affirmations are closely tied to values. What feels affirming to one person may feel false or irrelevant to another. This exercise is a way to consider what a genuine affirmation feels like to each participant.

Reflection Circle

Someone shares a reason that a client has mentioned for wanting to change. Go around the room and have each person offer a complex reflection in response. It may feel more challenging toward the end because all the 'easy reflections' will have been taken, so when you do a second round with a new statement to reflect, reverse the direction and let the person who finished the previous round start this one. To really up the ante for the next round, start with a client statement that feels defensive.

Variations:
Reflect only the change talk, reflect using only complex reflections, reflect resistant statements (like batting practice).

Thanks to: Karen Alonge, inspired by Motivational Interviewing, 3rd Edition by Miller and Rollnick

Reflection Race

Split into two teams. Share a client statement with some ambivalence in it. Compete to see how many complex reflection responses each team can generate in 5 minutes (even silly ones are ok, as long as they are complex), then reconvene into one group and take turns reading them all out loud.

Thanks to: Karen Alonge, inspired by Motivational Interviewing, 3rd Edition by Miller and Rollnick
**Helpful Responses Questionnaire: Complex Reflections Practice**

While reading each scenario below, imagine that someone you know is talking to you and explaining a problem that he or she is having. Each CoP participant should then write down two different complex reflections for each scenario. Notice any urge to give advice or to ask a question first, and instead practice reflecting complexly. Discuss.

<table>
<thead>
<tr>
<th>A forty-one-year-old woman says:</th>
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</thead>
<tbody>
<tr>
<td>&quot;Last night Joe really got high and he came home late and we had a big fight. He yelled at me and I yelled back and then he hit me hard! He broke a window and the TV set, too! It was like he was crazy. I just don't know what to do!&quot;</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>A thirty-six-year-old man says:</th>
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<tbody>
<tr>
<td>&quot;My neighbor really makes me mad. He's always over here bothering us or borrowing things that he never returns. Sometimes he calls us late at night after we've gone to bed and I really feel like telling him to get lost.&quot;</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>A fifteen-year-old girl says:</th>
</tr>
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<tbody>
<tr>
<td>&quot;I'm really mixed up. A lot of my friends, they stay out real late and do things their parents don't know about. They always want me to come along and I don't want them to think I'm weird or something, but I don't know what would happen if I went along either.&quot;</td>
</tr>
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<table>
<thead>
<tr>
<th>A thirty-five-year-old parent says:</th>
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<tbody>
<tr>
<td>&quot;My Maria is a good girl. She's never been in trouble, but I worry about her. Lately she wants to stay out later and later and sometimes I don't know where she is. She just had her ears pierced without asking me! And some of the friends she brings home--well, I've told her again and again to stay away from that kind. They're no good for her, but she won't listen.&quot;</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>A forty-three-year-old man says:</th>
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<tbody>
<tr>
<td>&quot;I really feel awful. Last night I got drunk and I don't even remember what I did. This morning I found out that the screen of the television is busted and I think I probably did it, but my wife isn't even talking to me. I don't think I'm an alcoholic, you know, 'cause I can go for weeks without drinking. But this has got to change.&quot;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A fifty-nine-year-old unemployed teacher says:</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;My life just doesn't seem worth living any more. I'm a lousy father. I can't get a job. Nothing good ever happens to me. Everything I try to do turns rotten. Sometimes I wonder whether it's worth it.&quot;</td>
</tr>
</tbody>
</table>

**Note:**
The above instructions and items are examples only. Both the instructions and the stimulus items should be adapted for the particular group being trained.

## Simple and Complex Summarizing Exercise

### Part 1:
Form groups of four, then form two pairs within each group. In each pair, one person tells and one listens. The person who tells, talks for 90 seconds about a habit, behavior, dilemma or situation that he/she is thinking about changing. The listener’s task is to be an interested listener without saying anything or asking questions, and then when the teller is done telling, give a summary of what you’ve been told. Do not try to solve the teller’s problem or give advice. Your task is to listen and remember as well as you can, and give as exact a summary as possible. When summarizing try to avoid changing or adding things to what you’ve been told. Change roles and repeat.

**Discussion:**
- How was it to be the listener, the summarizer?
- How was it to receive a summary?

### Part 2:
Change partners: Once again one person tells, and the other listens. The person who tells, repeats his/her story and talks for 90 seconds without being interrupted. The listener’s task is to be an interested listener without saying anything or asking questions, and then give a summary of what you’ve been told. Do not try to solve the teller’s problem or give advice. However, your summary may now include what you think is the underlying meaning, feeling or dilemma in the story you’ve heard. Change roles and repeat.

**Discussion:**
- What are the differences between the two types of summaries?
- How was it for the person who received the summary?
- How was it for the person who gave the summary?
- Which summary was most difficult? Why?
- What is the effect of telling a story several times?
  - Becomes more of a script
  - Becomes more coherent
  - Becomes detailed and with more nuances
  - Becomes more “real”

The important point is to be able to do both types of summaries, when appropriate. The exercise can be done as a demonstration if there are two trainers.

---

# Change Talk Bingo

This exercise requires groups of at least three: one speaker, one interviewer, and one observer. Identify the speaker for each group (if there is more than one group), whose task is to talk about a change that he or she is thinking about making. Have the speakers leave the room temporarily. [For this exercise the speaker should be unaware of what the interviewer is trying to do.] Tell the interviewers that their goal is to elicit at least one example of each type of change talk (Desire, Ability, Reasons, Need, and Commitment). The observer uses a DARN-C coding sheet to record the occurrence of each type (see below), writing down the speaker statements that fit into each category. When the speaker returns to the room, the speaker first specifies what the contemplated change is. Then the interviewer proceeds to ask evocative questions seeking to elicit the specific types of change talk. It is the observer who calls out “bingo” when all five types of change talk have been elicited. You may (or not) allow the interviewer to consult with the observer to know what has already been elicited.

## Variations:

### Teams: With groups of four or more, there can be a team of interviewers who take turns asking open questions to elicit the needed types of change talk from the speaker. The interviewers take turns asking evocative questions chosen to elicit particular types of change talk. [The format here resembles Round Robin.] The team may consult with each other before posing each question. The game ends when the team has elicited at least one of each type of change talk. Several teams may be competing simultaneously (each with its own speaker).

### Contestants: The team format can be used, except that its members are contestants competing with each other to be the first to elicit examples of all five types of change talk. The interviewers take turns asking one question or making one other response. A separate observer may be needed for each contestant. The first contestant to elicit all five types of change talk wins.

### Billiards: In this variation on “Contestants,” if a question elicits a new type of change talk, the contestant gets another turn, and may continue until a question fails to elicit a new type of change talk.

### Reflect First: With any of the above variations, add in an additional step – before asking an evocative question, the interviewer reflects first (preferably complexly). One of the most important habits to build in MI is to reflect first before asking questions. Try this variation when participants feel comfortable with asking evocative questions and have room to think about adding this other skill into the mix first. Or, you can include this as an additional challenge and each individual can decide if he/she wants to reflect first during his/her turn.

---

**Thanks to:** This was the winning entry in a contest among teams to generate a creative exercise for teaching how to elicit change talk, in the 2005 TNT at Solvang, California. From the Motivational Interviewing Training for New Trainers (TNT): Resources for Trainers by the Motivational Interviewing Network of Trainers. Updated November 11, 2008, http://www.motivationalinterview.org/Documents/TNT_Manual_Nov_08.pdf.  
*The “Reflect First” variation was added by Lisa Hunter for J-SAT.*
# Change Talk Bingo: Observer’s Sheet

The Counselor is attempting to elicit from the Speaker at least one example of each of the following types of Change Talk. Listen carefully to each Speaker statement to determine if it fits into one of these categories. When you hear an example of a type of change talk, write the statement down in that box. When you have heard and recorded one example of all five types of Change Talk, stand up, leave your group, and come to the front of the room, bringing this sheet.

<table>
<thead>
<tr>
<th>Counselor: ___________________________</th>
<th>Observer: __________________________</th>
</tr>
</thead>
</table>

**Desire:** Want, wish, like, etc.

**Ability:** Can could, able, etc.

**Reasons:** Specific reason for change

**Need:** Need, have to, important, etc. (without stating specific reason)

**Commitment:** Will, plan to, intend to, going to, willing, ready, etc.

## Easy as 1, 2, 3

Have all participants think of a change that they are considering making within the next six months, and then have them write down at least four change talk statements about this change. Seven possible categories of change talk statements to consider are:

- **D**: Why do you *want* to make this change?
- **A**: How might you be *able* to do it?
- **R**: What is one good *reason* for making the change?
- **N**: How *important* is it, and why? (0-10)
- **C**: What do you *intend* to do?
- **A**: What are you *ready* or *willing* to do?
- **T**: What have you *already* done?

Then assemble participants in groups of 5 or 6, one of whom may be an observer, sitting in a circle. One person begins by reading a change talk statement to the person on the right, and that person replies once with any of three responses, summarized by the acronym EAR:

- **E**: ask for Elaboration or an Example (in what ways? how? etc.)
- **A**: offer an Affirmation (agree, encourage, praise, support)
- **R**: Reflect what the person has said (preferably complex reflection)

The speaker then replies once to this response in whatever way feels natural. After this, the person on the speaker’s right becomes the new speaker. Proceed around the circle until everyone has been the speaker at least twice.

If you are using an observer, have him or her track each 1-2-3- sequence. Was the speaker’s statement (1) change talk? [If you want an additional challenge, what kind of change talk might it be: DARN-CAT?] Then how did the listener respond (2): with E, A, R, or something else? Finally, was how the speaker replied (3) change talk or not [and what kind]?

### Variation (RERA):

After the first round, when everyone has been the speaker once, you can change the listeners’ task. The speaker still offers one change talk statement, but this time the person on the speaker’s right offers an R (Reflection, preferably complex), to which the speaker replies with a natural response. Then the next (second) person to the right offers an E (Elaboration or Example), to which the speaker replies with whatever natural response comes to mind. Then the next (third) person to the right offers an R (Reflection, preferably complex) to which the speaker replies with a natural response. Finally, the next (fourth) person to the speaker’s right offers an Affirmation, to which the speaker replies in whatever way feels natural. After this is done, the person to the speaker’s right becomes the next speaker. Continue around the circle until everyone has been the speaker once.
Notes:
This is a complex exercise that should be demonstrated first. To begin, the trainer can respond with any EAR response to change talk statements tossed out by trainees. Then the trainer can set up a demonstration circle to show how it works. This is particularly important when using the RERA variation. This is also a great way to demonstrate that if reflections are simple it is hard to keep a conversation going, whereas if they are complex and have some sort of meaning or deeper noticing, they oftentimes inspire the client to talk more. If more than one circle is practicing, circulate and coach.

*Variation adapted by Lisa Hunter for J-SAT

4 Processes Fishbowl

Determine which process (Engaging, Evoking, Focusing or Planning) you'll be practicing and who wants to play the client. A group of 5 or less sits in a circle, the remainder of the larger group observes them from outside the circle. Each person takes a turn practicing the selected process with the client, keeping their turn brief and then passing the conversation on to the next person in the circle. The observers do some rudimentary coding as they watch, perhaps listening for one particular skill, or tallying change talk. After everyone in the small circle has had a chance to practice, reconvene in the larger group and debrief from each perspective (client, practice group, observers). Then seat a new group of five and repeat, until everyone has had a chance to practice.

Thanks to: Karen Alonge
Mixed Skills Exercises

Triad Exercise: Instant Feedback

Break into groups of three with one person each assuming the following roles:

**Client:** Be yourself and talk about a real change you want to make, or role-play one of your clients (but don't be super-resistant or this won't be much fun for anyone.)

**Interviewer:** Offer as many successive complex reflections as possible and ask only open questions.

**Coach:** Make a time-out sign with your hands every time you hear a simple reflection or closed question. If a reflection is simple, ask the interviewer to rephrase it on the spot to make it complex. If a question is closed, ask the interviewer to convert it to an open question.

Rotate every 10 or 15 minutes to allow everyone to experience all three roles.

Debrief in the larger group and ask the following questions:

• What did you think about the instant feedback?
• How challenging was it to rephrase on the spot?
• Share any tricks/shortcuts/formulas you used to make the conversions.

Thanks to: Karen Alonge, inspired by Motivational Interviewing, 3rd Edition by Miller and Rollnick

Bull’s-eye on Board

**Version A:**

"Client" stands in front of a giant bull’s eye drawn on the board. With a marker in hand, s/he gives a general statement like, "I've been thinking about going back to school." Participants offer complex reflections. Without speaking, "Client" marks how close they hit to "home" (how accurate, relevant or thought-provoking they are) which is the center of the target.

**Version B:**

"Client" shares a target behavior like, "I want to go back to school." Participants take turns offering reflections that hypothesize about the "client's" reasons for wanting to change, such as, "You want your degree." "You want a raise." "You want to get out of the house in the evenings." etc. Without speaking, "Client" marks how close they hit to the center of the bull’s eye target, which represents their real reasons for wanting to change.

Thanks to: Doug Hanshaw
### Moving Toward Change

**Competitive version – racing toward change:**

Pair off and decide which of you will be the client and which will be the interviewer. All "clients" start off standing with their backs against the wall, with their "Interviewer" standing a few steps ahead facing them. The Interviewer conducts a mini-motivational interview about a behavior the "client" would like to change. After each interviewer utterance, the "client" determines whether or not she feels closer to changing, and if so, takes one step toward interviewer. Whoever brings their client the farthest out into the room when the timer goes off in ten minutes "wins."

**Dyad version:**

No need for a wall. After each interviewer utterance, client takes a step toward interviewer if she feels closer to making a change, takes a step back if she feels farther from making a change, or stands still if she feels no shift in her momentum. No winner in this version - just a visual representation of feedback and a chance to stand up for a while.

### Values Clarification

Break into pairs – one person will be the interviewer, the other will be the speaker.

**Speaker:**

- Read through Miller’s Values Cards and choose your top 6 values. Hand them to the interviewer.
- Talk about a behavior you are thinking about changing.

**Interviewer:**

- After exploring a little about the behavior with OARS, begin exploring how the behavior is discrepant with one or more of the Speaker’s most important values.
- Note any instances of DARN-C talk.

Switch roles.

*Thanks to* Brad Bogue for J-SAT
**Five Chair Exercise**

Set up 5 chairs in a row. One person, who will be the “client,” sits in the middle chair and the other chairs are left empty. The client gives a behavior he/she would like to change. The rest of the group acts as the interviewer. The goal is to get the client to move towards change – when the client feels more motivated to change he/she physically moves to the empty chairs in one direction, when the client feels less motivated to change he/she moves to the chairs in the other direction. The group should decide which direction means “more motivated to change” and which direction means “less motivated to change” in advance. The group can also decide on a specific skill they would like to work on (Complex Reflections, Open Questions) or just use all of their skills to the goal of motivating the client towards change.

**Batting Practice**

Provide a demonstration before the exercise begins by having members of the audience “pitch” (or bowl, for cricketers) client statements to you and model how to respond- either with reflections or statements that emphasize personal control. Any group member makes a “pitch” and the batter (you) takes a swing at it, and that is the end of the turn. (The pitcher does not respond to the batter’s reply.) Then form trainees into small-group batting cages of 6-8 in which one person at a time takes a turn as batter. The other members of the group throw out specific client statements to which the batter does as you did – responds with a reflection (preferably complex) or statement that emphasizes personal control. Each batter responds to a specified number of different “pitches” (3 or 4 work well) volunteered by other members of the group, before the turn moves on to the next batter. Two good applications of the exercise are in helping trainees to make reflective listening statements, or in coping with client sustain talk and resistance statements.

**Notes:**

This exercise is usually a lot of fun. It’s a good, energizing on-your-feet exercise after people have been sitting or listening for a while, after lunch, or toward the end of a training day. It can be done while seated, but is usually better on your feet.

Tag Team

Set up a role play in which one person portrays a client role, and several (often three) trainees are given the role of playing a single counselor. The trainees in the counselor role sit side by side. The client starts the exercise by sharing a real behavior change that he/she is struggling with. One counselor/trainee begins the interaction, by using skills learned thus far by the group (reflections, open questions, affirmations, anything the group has been focusing on). At any time a counselor/trainee may tag the next counselor/trainee to take over. The counselor/trainee may remain in the seat, or alternatively may vacate and be replaced after tagging. Structure it so that tagging the next person is not tantamount to failure. Add a playful element, such as tagging at almost random times, in mid-sentence, etc. Tag-off can also be put on a fixed time interval. The trainer is an active director and may interrupt, stop action, rewind, fast forward, pass the role on to the next trainee without a tagoff, etc. *In demonstration exercises where trainees are given the role of practicing a new skill, the Tag Team method can reduce the pressure on any one trainee to perform proficiently.

Example(s): Probation Case

Roger is a construction worker now being followed in Probation after serving a 30-day term for a first offense felony of Burglary 1. He broke into a residence while its owners were away on vacation, and stole property worth about $6,000. From jail he was transferred to the Community Corrections facility where he served most of his time, with work release. From there he was referred to Probation.

This is the third time that you have seen Roger as his probation officer. From your two prior sessions you know that he has had an off-and-on relationship with the same girlfriend, Alisa, for the past two years. They lived together for a few months while they were using most heavily, until they ran out of money and could not pay the rent. He has been living with his aging parents for the past nine months. After release, he again found work with the construction company who had employed him before. He works on an on-call basis, framing houses. Work was steady through the summer, but is slower now and less predictable. He has no car, and travels to and from work by getting rides from co-workers or, that failing, his parents drive him.

A urine drug screen at the time of arrest revealed methamphetamine and cannabis, and your further evaluation disclosed a long history of alcohol/drug use and related problems. He admitted that the burglary was committed in order to pay rent and drug-related debts, and to renew his supply of speed and pot. After two sessions, you referred him to a substance abuse treatment program. Roger attended once for an initial evaluation, but did not return for his first scheduled treatment session, and the program alerted you to his noncompliance. He also did not report for a scheduled probation check-in with you last month. You sent him a letter informing him that he was in noncompliance with the conditions of his probation, and ordering him to report to you, which he is now doing. The letter indicated that you could sanction him for noncompliance by sending him back to the Community Corrections facility for two weeks or more.

## Team Consult

1) Introduce the concept of Team Consult, in which all observers will be called upon to provide options for the interviewer during the role-play. The observers, then, are the ones who must work to provide solutions when the interviewer calls for a consult. Observers can take handouts (for resistance responses, for example) with them as they sit in a group behind the interviewer, to encourage creativity.

2) A “client” and interviewer sit facing each other, with the remainder of the Team sitting behind the interviewer. The interviewer’s role is simply to serve as a mouthpiece for the Team, trying out directions developed by the Team. The Team decides on how to proceed, the interviewer turns and tries out the suggestion, then turns back to the Team for further instructions. Have the interviewer turn to the team with the expectation that there will be at least two or three choices about how to proceed. Ideally, the team will call out ideas like “how about asking an open question?” but stimulate the team to give creative solutions as necessary. Encourage a dialogue between the interviewer and the team. If the interviewer turns to you listen and reflect, then suggest a team consult before offering suggestions (modeling trust in the creativity of the team).

3) Consider asking the “client” what should happen next, or what would help.

4) End with having the interviewer tell the team how the consults were helpful and explore their thoughts about how they used them. This should provoke a lively discussion about using motivational interviewing.

### Notes:

The interviewer can be allowed varying amounts of discretion and responsibility. For example, the interviewer may be instructed to turn to the Team whenever he or she wants consultation or ideas.

The Team may be instructed to develop a consensus about how to proceed before the interviewer carries it out, or the Team may offer several suggestions from which the interviewer selects one to try.

This can be a particularly good exercise for slow-motion practicing of how to respond to more resistant clients.

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**Dodge Ball**

Arrange participants into 2 teams, facing each other standing in a line on either side of the room. With large groups, several pairs of teams can be arranged. Assign one team to be the “stimulus” team who will throw out typical sustain talk or resistance statements that might be made by clients. Any member of the stimulus team may throw a resistance ball. Ask the other “response” team to “dodge” the ball and toss it back to the other team by responding to each statement in turn with MI-consistent responses such as reflections or open questions. Provide coaching as needed to the team “dodging” the client statements. The response team may huddle to come up with an optimal response. Encourage cheering. The stimulus team may be limited to single client responses (as in Batting Practice), or as a variation, may be permitted to reply to the other team’s response, following up on the earlier stimulus statement. When the response team has had adequate time to practice, have the teams switch roles.

**Notes:**

Explain that in MI, we can learn to roll with resistance by practicing “dodging” resistance statements and turning them into opportunities for exploration, through the use of responses such as reflection, reframe, and emphasizing control.

Quiz

Prepare a set of carefully-devised questions designed to help participants recognize key concepts (such as commitment language) or to make an important distinction (such as open versus closed questions). Distribute the quiz and give participants time to answer it on their own. You can provide the correct answers, or take votes, or ask participants to indicate which is the correct answer and why. Small groups can also work together to develop consensus on the right answer. Examples: Distinguishing open and closed questions, and recognizing commitment language and differentiating it from other change talk. A quiz can also be the basis for a Contest.

A quiz is also a wonderful way to prep participants for an exercise. For instance, if you are doing an exercise that involves distinguishing complex and simple reflections, the “simple or complex reflection” quiz below will prep participants to distinguish between the two, plus supply an answer key to model the correct answers. They don’t have to take the quiz as a test, but rather as a learning tool. You can do the same with an “is it change talk” quiz right before you facilitate an exercise that requires participants to give examples of change talk. In this way, quizzes can help ensure that participants more accurately assess their skills during exercises. On the next pages, you will find quizzes with answer keys on the following topics...

- Simple or complex reflection?
- Open or closed question?
- Reflection or question or something else?
- Is this change talk?

# Quiz: Simple or Complex Reflection?

**A 36-year-old man tells you:**

“My neighbor really makes me mad. He’s always over here bothering us or borrowing things that he never returns. Sometimes he calls us late at night after we’ve gone to bed, and I really feel like telling him to get lost.”

### Simple or complex reflection?

1. He makes you pretty mad.  
2. He’s not very considerate.  
3. Sometimes he wakes you up.  
4. You wish he would find himself.  
5. He’s really a pest.  
6. You wish he weren’t your neighbor.  
7. He really bothers you.  
8. You hold your temper in.  
9. You want to tell him to get lost.  
10. You’re a fairly passive person.  
11. You hate that he borrows things without returning them.  
12. This guy really gets under your skin.  
13. This situation is an opportunity for you to practice speaking up.  
14. He’s the worst neighbor you’ve ever had.  
15. He doesn’t return your things.

### Answer Key:

1. Simple  
2. Complex (reading meaning into what the client is saying)  
3. Simple  
4. Complex (a play on words and also in the realm of a metaphor)  
5. Complex (interpreting more than the client has said)  
6. Complex (interpreting more than the client has said)  
7. Simple  
8. Complex (reading meaning behind what the client is saying)  
9. Simple  
10. Complex (reading meaning behind what the client is saying)  
11. Simple  
12. Complex (metaphor)  
13. Complex (reframing)  
14. Complex (amplification)  
15. Simple

## Quiz: Open or Closed Question?

1. Why don’t you?
2. Are you going to?
3. How often does he come over?
4. Does he borrow expensive things?
5. Why do you suppose he does these things?
6. Do you feel like hurting him?
7. Have you ever offended him?
8. Can you think of a time when he did return something?
9. How late does he call?
10. What else might you do besides telling him off?
11. What do you think you would say if you did?
12. On a scale of one to ten, how mad does he make you?
13. Why are you telling me this?
14. Don’t you think it’s time you tried something different?
15. Does he remind you of anyone else?

### Answer Key:

1. Open
2. Closed
3. Closed
4. Closed
5. Open
6. Closed
7. Closed
8. Closed
9. Closed
10. Open
11. Open
12. Closed
13. Open
14. Closed
15. Closed

## Quiz: Reflection or Question or Something Else?

A 41-year-old woman says:

“Last night Joe really got drunk and he came home late and we had a big fight. He yelled at me and I yelled back and then he hit me hard! He broke a window and the TV set, too. It was like he was crazy. I just don’t know what to do!”

For each of the following responses:

- Is it a reflection? If so, simple or complex?
- Is it a question? If so, open or closed?
- Or is it something else?

1. You felt you had to get out of there for your own safety
2. Sounds like you were really scared.
3. Did you call the police?
4. I don’t see a bruise. How badly did he hurt you?
5. It seemed like he was out of his mind.
6. You’re feeling confused.
7. How can you put up with a husband like that?
8. I’m worried about you and your kids.
9. That’s the first time anything like this happened.
10. This is just going to get worse if you don’t take action.
11. Sounds to me like he’s an alcoholic.
12. What is it that makes you stay in this relationship?
13. You really got into it.
14. So now your TV is broken.
15. You’re about at the end of your rope.

### Answer Key:

1. Complex Reflection (adding meaning to what the client said)
2. Complex Reflection (reading meaning into what the client said)
3. Closed Question
4. Complex Reflection (noticing more than the client said); then an Open Question
5. Simple Reflection
6. Simple Reflection
7. Open Question
8. Teaching
9. Complex Reflection (hypothesis testing)
10. Teaching without permission/ Advice-giving
11. Teaching without permission/ Advice-giving
12. Open Question
13. Simple Reflection
14. Simple Reflection
15. Complex Reflection (metaphor, amplification)

Quiz: Is It Change Talk?

You're listening to a smoker talk about quitting. Is it change talk? If so, which kind might it be: Desire, Ability, Reasons, Need, or Commitment?

1. I've got to quit smoking.
2. I wish I could.
3. I'll think it over.
4. I'm sure I'd feel a lot better if I did.
5. I don't know how I'd relax without a cigarette.
6. I swear I'm going to do it this time.
7. I want to be around to see my grandkids.
8. It really is bad for you, I know.
9. More and more of the people I know are trying to quit.
10. I'll try.
11. It's really important for me to quit.
12. I did quit for six weeks once.
13. Smoking is just so much a part of my life.
14. Maybe I'll get around to it this year.
15. It's important, but not the most important thing for me right now.

Answer Key:

1. Need
2. Desire
3. Commitment
4. Reason
5. Not Change Talk
6. Commitment
7. Desire
8. Not Change Talk (who it’s bad for is globalized, rather than “bad for me”)
9. Reason
10. Commitment
11. Need
12. Ability
13. Not Change Talk
14. Not Change Talk
15. Need

## Coding-Based Exercises

### Rudimentary Coding

As you listen to a segment of a recorded interview, listen for the skill-of-the-day, and when you hear it, jot down just a few words of the interviewer’s utterance and give it a code. For example, if the skill-of-the-day is reflections, note whether you think the reflection was simple or complex. If you are learning and practicing questions, note whether you think the ones you heard were open or closed. Then play the segment again, stopping it after each coded utterance and discussing your codes together, asking questions like, "What made this complex? How could we convert this simple reflection into a complex one? How might we rephrase this question so it becomes open instead of closed?"

**Thanks to:** Karen Alonge, inspired by *Motivational Interviewing, 3rd Edition* by Miller and Rollnick

### Reflection: Question Count

As you listen to a segment of a recorded interview, tally up reflections and questions. You don’t have to write down what was said, just count each of them. Then calculate the ratio of reflections to questions. The goal in MI is at least two reflections per question. Talk about the impact that questions have on a client vs. the impact of reflections. Listen again, stopping after each question to discuss how it could be converted to a reflection.

**Thanks to:** Karen Alonge, inspired by *Motivational Interviewing, 3rd Edition* by Miller and Rollnick
Change Talk vs. Sustain Talk

As you listen to a segment of a recorded interview, tally up the statements the client makes in support of change as well as in support of the status quo. Talk about what kind of interviewer utterances preceded each type of client response. Listen again and brainstorm ways to elicit more change talk and less sustain talk.

Thanks to: Karen Alonge, inspired by Motivational Interviewing, 3rd Edition by Miller and Rollnick

Resistance Triggers

As you listen to a segment of a recorded interview, listen for advice that is well-intended but may trigger client resistance, such as, "You just need to keep a positive attitude." When you hear it, stop the tape and discuss how you could rephrase it into a complex reflection or open question instead. Clues that unsolicited advice may be forthcoming: You need to ... You should... It's important to ... You just have to …

Thanks to: Karen Alonge, inspired by Motivational Interviewing, 3rd Edition by Miller and Rollnick
Observer Sheet 1: Wrestling or Dancing?

As you listen to a segment of a recorded interview or a live real-play or role-play interview, determine where you think the interaction is on a continuum ranging from 1 (total Wrestling; struggling with each other for control) to 6 (total Dancing; moving together smoothly and cooperatively). When you perceive a change in the interaction, note what happened at the point of change.

<table>
<thead>
<tr>
<th>Wrestling</th>
<th>Dancing</th>
<th>What happened at the point of change?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6</td>
<td></td>
<td>Level of interaction at the beginning of the interview</td>
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<td>1 2 3 4 5 6</td>
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<td>1 2 3 4 5 6</td>
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<td>1 2 3 4 5 6</td>
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<tr>
<td>1 2 3 4 5 6</td>
<td></td>
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</tbody>
</table>

Observer Sheet 2: Client Readiness Level

As you listen to a segment of a recorded interview or a live real-play or role-play interview, determine where you think the client is in readiness to change the target behavior, from 1 (not at all ready) to 7 (very ready for change) When you perceive a change in the client's level of readiness for change, note what the counselor did just before it happened.

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Very Ready</th>
<th>What did the counselor do before this change?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3   4  5  6</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3   4  5  6</td>
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<tr>
<td>1</td>
<td>2</td>
<td>3   4  5  6</td>
</tr>
</tbody>
</table>

Observer Sheet 3: Reflections

As you listen to a segment of a recorded interview or a live real-play or role-play interview, listen for Reflections, and count them. Rate each Reflection as:

A. **Simple Reflection** – essentially a repetition or slight rewording of what the client said

B. **Complex Reflection** – the counselor moves beyond what the client said, by paraphrasing meaning, continuing the paragraph, or otherwise reflecting a level of content or feeling beyond that which the client voiced

C. **Summary Reflection** – the counselor pulled together two or more client statements into a summary (bouquet), including material that had not been voiced by the client immediately before

Make note of particularly good examples of each kind of reflection.

<table>
<thead>
<tr>
<th>Type</th>
<th>Count (hash marks)</th>
<th>Good example(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Simple</td>
<td></td>
<td></td>
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<tr>
<td>B. Complex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Summary</td>
<td></td>
<td></td>
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</tbody>
</table>

Observer Sheet 4: Client Change Talk

Listen for examples of the five kinds of client change talk. As you hear them, place a hash mark (/) in the appropriate row. Make notes of examples of each type of change talk that you heard.

<table>
<thead>
<tr>
<th>Type of Change Talk</th>
<th>Count (hash marks)</th>
<th>Example(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desire to change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reasons to change</td>
<td></td>
<td></td>
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<tr>
<td>Need to change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commitment to change</td>
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</tbody>
</table>

Observer Sheet 5: OARS

Listen for examples of the counselor’s use of each of the OARS responses. As you hear them, place a hash mark (/) in the appropriate row. Make notes of examples of each type of OARS response that you heard.

<table>
<thead>
<tr>
<th>Counselor Response</th>
<th>Count (hash marks)</th>
<th>Good Example(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open Question</td>
<td></td>
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<tr>
<td>Affirm</td>
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<tr>
<td>Reflect</td>
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<tr>
<td>Summary</td>
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</tbody>
</table>

Consider these thought-provoking questions from Miller and Rollnick:

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>• How could I apply MI in this situation?</td>
</tr>
<tr>
<td>• How else might I have responded at that point in the interview?</td>
</tr>
<tr>
<td>• Should I be trying MI in this situation? If not, why not?</td>
</tr>
<tr>
<td>• What interviewer responses seem most likely to evoke change talk?</td>
</tr>
<tr>
<td>• What is a good next step in practicing MI?</td>
</tr>
</tbody>
</table>


Do you have a great exercise you’d like to add?

If you have a great exercise that you’ve created, we’d love to include it in this manual! Just write it up similarly to how we’ve written other exercises in this manual, then send to us at tapes@j-sat.com. Make sure to let us know who created it so we can credit it properly.
Exercises for PO 1 & 2 Video

Globals

Put yourself in the client's shoes and write down your answers to the following questions for each clip. On a scale of 1-10:

• How motivated do you feel to change?
• How much insight did you gain into your behavior during the interaction?
• How likely are you to disclose uncomfortable thoughts, feelings or situations to your PO in the future?

Discuss, either in pairs or with the entire group:

• What do you think is behind the variation in your responses to PO1 and PO2?
• What did PO2 do differently than PO1?
• How did each officer's demeanor affect your attitude about probation, about him, and about yourself?

As you listen to each clip, tally the following skills:

<table>
<thead>
<tr>
<th>Skill</th>
<th>PO 1</th>
<th>PO 2</th>
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</thead>
<tbody>
<tr>
<td>Questions</td>
<td></td>
<td></td>
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<tr>
<td>Unsolicited Advice</td>
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<tr>
<td>Affirmations</td>
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<tr>
<td>Reflections</td>
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</tbody>
</table>

What patterns emerge as you look at these tallies and consider your reaction to each PO?

Talk about how each of these communication behaviors can impact a client's motivation, attitude, and self-awareness.

You Can Also Discuss

• How would you describe the nature of the interaction (e.g., dancing or wrestling)?
• The “client’s” level of readiness to change - does it stay constant, does it shift?
  What else do you notice?
• How would you describe the “interviewer’s” style?
• How do you think you would respond in this situation?
Instructions for MI Skills Feedback Form

1. Use one MI Skill Feedback Form sheet for each interview you would like to code.

2. Fill in the top of the form with the Date, Interviewer’s Name and Your Name.

3. Begin playing the MI Interview.

4. Using the codes listed in the Key section of the form, write down the code for each interviewer utterance in the three columns on the left side of the form. Use one line for each utterance and write the code in the Interviewer (Intv.) Column.

5. When you have finished listening and coding the interview, add up your totals of each skill in the Totals section of the form. Helpful Hints: “# 3 Q’s in Row” refers to the number of times the interviewer asked three questions consecutively. “# of Elicitation Change Talk” is the number of utterances where the interviewer elicited Change Talk (desire, ability, reason, or need to change, or commitment to change and taking steps).
# MI Skill Feedback Form

## MOTIVATIONAL INTERVIEWING SKILL FEEDBACK

### YOUR NAME

### INTERVIEWER

**First & Last Name**

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<td>90</td>
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</table>

### KEY

<table>
<thead>
<tr>
<th>Qo</th>
<th>Question Open</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qc</td>
<td>Question Closed</td>
</tr>
<tr>
<td>A</td>
<td>Affirmation</td>
</tr>
<tr>
<td>C</td>
<td>Confrontation</td>
</tr>
<tr>
<td>R</td>
<td>Reflection</td>
</tr>
<tr>
<td>T</td>
<td>Teaching</td>
</tr>
<tr>
<td>S</td>
<td>Summary</td>
</tr>
</tbody>
</table>

### TOTALS

- # 3 Q’s in Row
- Longest String
- # Open Questions
- # Closed Questions
- # Affirmations
- # Reflections
- # Summarizations
- # Elicitation Change Talk
- # Teaching Advice Comments
- # Confrontive Interactions
- # Total Interactions
MIC Versatile Instructions

A Motivational Interviewing (MI) Community of Practice (CoP) is a wonderful way to practice and improve your MI skills in a collaborative and supportive environment. Research demonstrates CoPs are an essential component to a successful implementation project (citation goes here). J-SAT recommends that you meet at least monthly and experiment with formally rating each other’s use of MI skills by utilizing the Versatile spreadsheet. This spreadsheet incorporates elements of the MITI and MISC – nationally recognized coding systems primarily used for research and MI fidelity. The Versatile is simplified and its purpose is primarily for skill building and training feedback. You are not expected to be an expert at coding and this document will hopefully streamline the process. Please note these instructions were created using “Microsoft Excel for Mac 2011,” there may be slight differences if using alternative versions of Excel.

1. Find “Versatile TV White” spreadsheet on your computer and open using an updated version of Microsoft Excel.

2. The following window may appear:

   ![Enable Macros]

   Click “Enable Macros” to continue

3. At the very top of the spreadsheet in the upper left corner, find the green circle: 🟢. Click on the green circle (a plus sign will now appear in the middle). This will ensure that two tabs appear at the lower left labeled: “Data Entry” and “Training Report.” Click on the “Data Entry” tab to insert data.

4. Note the font size and shrink/enlarge accordingly so it is easy for you to read while allowing you to view multiple columns at one time. To do this, click the “View” dropdown menu at the top, follow the list down to the bottom and select, “Zoom” and choose the appropriate % for you (I prefer 150%). (You might also have a Zoom drop-down menu at the very top of your spreadsheet depending on your settings.)

5. Find the next blank row in the spreadsheet. Click on the button in Column E, “Select Report.” When complete it should look like this:
6. In Column F, if known, enter the date in the following format: 2 digit month/2 digit day/2 digit year. For example, 03/07/13. Please note, use a slash (/) and not a dash (-). If the date is unknown, choose a date one week from today’s date.

7. In Column G, enter the length of the interview in minutes rounded up to the nearest whole number.

8. In Column H, enter the first letter of your last name in using a capital letter.

9. In Column I, enter your first name.

10. In Column J, enter your agency, unit, department or applicable identifier.

11. In Column K, enter the critique number using numerical digits.

12. In Column L, enter a name or some interviewee/client identifier (e.g., male, grad school or female, meth addiction).

13. In Column M, enter the Largest Question String. This is defined as a sequence or string of closed and/or open questions uninterrupted by other skills (e.g. reflections). Please note, that No Codes and/or Unscored Items do break the question string, with the exception of minimal encouragers. If there are minimal encouragers between questions, continue counting the question string.

14. In Column N, count/tally all of the open questions from the interview and enter the number. An open question is coded when the interviewer asks a question that allows a wide range of possible answers. These questions would be difficult to answer with one word.

15. In Column O, count/tally all of the closed questions from the interview and enter the number. Closed questions seek a one-word answer, either yes/no, or a singular choice from a list of options.

16. In Column P, count/tally all of the affirmations from the interview and enter the number. There are three general types of affirmations and any qualify in this category: 1) statements in which the interviewer says something positive or complimentary to the client about the client; 2) supporting the client with statements of compassion or sympathy; and 3) emphasizing the client’s control, freedom of choice, autonomy, or ability to decide.

17. In Column Q, count/tally all of the reflections from the interview and enter the number. This category is meant to capture reflective listening statements made by the interviewer in response to client statements. A Reflection may introduce new meaning or material, but it essentially captures and returns to clients something about what they have just said. Reflections restate or rephrase no more than two ideas that the client has said at one time.

18. In Column R, count/tally all of the summaries from the interview and enter the number. A Summarization is a restatement or rephrasing of three or more concepts that the client has said for the purpose of getting the client to clarify or to see what s/he has said in a
new way. Summaries may be short or long, but they must contain at least three ideas that the client has said, otherwise they are reflections, not summarizations.

19. In Column S, count/tally all of the elicitation questions from the interview and enter the number. Elicitations are open or closed questions that show an intention to move the client toward pro-social behavior change AND the client must respond by expressing positive, pro-social DARN-CT talk regarding the desired behavior. This skill is the only skill count that considers how the client responds. All the others only consider what the interviewer said.

20. In Column T, count/tally all of the teaching from the interview and enter the number. The category of Teaching or Giving Information includes all information giving that goes beyond a simple reflection of what the client has said. It is used when the interviewer gives information, educates, provides feedback, discloses personal information that bears on the client issue at hand (not simple, incidental self disclosure), or gives an opinion without advising. Teaching differs from Confrontation (Cf) in that it does not rebuke clients, tell clients what they should do, or demand that they change.

21. In Column U count/tally all of the confrontations from the interview and enter the number. This category includes directing, confronting, warning, and advising that contain “should” statements. Confrontations show direct and unambiguous disagreement, arguing, correcting, shaming, blaming, criticizing, labeling, moralizing, ridiculing, or questioning the client’s honesty. Such interactions will have the quality of uneven power sharing, accompanied by disapproval or negativity. Most confrontations can be correctly categorized by careful attention to voice tone and context. This skill is contrary to the goals of MI and should be avoided, as it usually increases client defensiveness.

22. Now click on the “Training Report” tab on the lower left to admire your report and review for any omissions and/or errors. If noted, switch back to the “Data Entry” tab to edit.

23. Save the spreadsheet (e.g., Versatile TV White_<today’s date>).

Congratulations!!!

Troubleshooting:

**Problem:** I’ve NEVER used Excel before, all of this is a foreign language!
**Try:** Visit this website for great information and tutorials:

**Problem:** Wide white borders and can’t see everything at once.
**Try:** Change view to “Normal.”
**How:** At top of spreadsheet, go to View drop-down menu. Select “Normal” by clicking the mouse.
### Resources

### Possible Behaviors for Change

**Instructions:** 1. Pick a “4-7” behavior: “10,” too personal, private (e.g. cheating on spouse); “1,” too inconsequential (e.g. putting my right shoe on before my left). 2. It must be your behavior, not that of others. 3. Must be a behavior that you are still struggling with—that you have not yet changed.

| • Accepting what I cannot change | • Lack of generosity (e.g., giving to charity) |
| • Allowing others to take advantage of me | • Lack empathy |
| • Anger/frustration management (e.g., cussing) | • Lack of tolerance |
| • Always late | • Leaving undesirable tasks to others |
| • Avoiding action on issues such as the environment or social justice | • Listening to spouse, girl/boyfriend |
| • Avoiding conflict | • Listening to teenaged child |
| • Awfulizing; “mountains out of molehills” | • Materialistic |
| • Behaviors regarding rules/policy | • Meddling |
| • Behaviors with my supervisor or managers | • Money management |
| • Blaming | • Neglecting time with family or friends |
| • Bossy; Pushy | • Not sticking to goals (e.g., furthering education) |
| • Busy mind—lack of serenity | • Not doing my part |
| • Can’t say no—take on too much responsibility | • Not letting go—“beating dead horses” |
| • Co-dependent behaviors | • Neglecting my needs for sake of others |
| • Computer games | • Opinionated |
| • Controlling others | • Over-eating; Under-eating |
| • Creating drama | • Overly concerned about what others think of me |
| • Criticizing others | • Overly confident |
| • Criticizing others to third parties | • Passive-aggressive behaviors |
| • Disorganization | • Perfectionistic |
| • Dominating conversations | • Picking fights |
| • Driving behaviors (e.g., speeding, road rage) | • Premature articulation |
| • Failure to set goals | • Procrastination |
| • Failure to set priorities | • Smoking |
| • Failure to take risks | • Spending emotional energy on issues over which I have no control |
| • Failure to reconcile breached relationships | • Spiritual or religious disciplines (e.g., church attendance, meditation, study) |
| • Failure to volunteer; Always volunteering | • Stirring up conflict |
| • Fear of speaking up | • Taking offense easily |
| • Fighting lost causes | • Tactless |
| • Getting even | • Take things too personally |
| • Giving unsolicited advice | • Too critical of myself |
| • Gossiping | • Too much TV |
| • Hard to admit I’m wrong | • Time management |
| • Holding grudges | • Too outspoken |
| • Impulsive spending | • Too neat; too messy |
| • Interpersonal control issues | • Under-exercising |
| • It’s all about me | • Unforgiving |
| • Judgmental attitudes/behaviors | • Wasting time |
| • Jumping to conclusions | • Whining |
| • Keeping up with the Jones’ | • Worry too much |
| • Know-it-all | |
| • Lack of assertiveness | |
| • Lack of confidence | |
Communities of Practice Manual

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Take-Aways on MI

The MI Spirit Rules
- Collaboration
- Autonomy/Acceptance
- Evocation
- Compassion

The MI ‘Guiding Style
- Sits Between Listening and Directing
- Involves Active-Listening and Neutral-Directing

MI is Very Concerned with How Staff and Clients
Talk About Change
- Sustain and Change Talk
- Ambivalence is a Normal Part of Change
- Elicitation Skills

Feedback & Coaching Are Indispensable For
Developing Efficacy in MI
- Traits
- Motivation
- Skills
- Roles
- Socio-techno Environment

High Order of Coordination Necessary To Implement in Corrections
- Implementation Drivers
- Feedback Loops
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MI-Related Books

* An asterisk means these are classic books to have – “Motivational Interviewing Third Edition” is the closest thing to a foundational MI “text book” and “Building Motivational Interviewing Skills: A Practitioner Workbook” is an excellent resource to find MI practice exercises in addition to those we’ve provided in this manual. The rest of the books are great as well!


* Building Motivational Interviewing Skills: A Practitioner Workbook by David Rosengren

Motivational Interviewing with Adolescents and Young Adults by Mariann Suarez

Motivational Interviewing in Groups by Christopher C. Wagner and Karen S. Ingersoll

Motivational Interviewing in Health Care: Helping Patients Change Behavior by Stephen Rollnick, William R. Miller and Christopher C. Butler

Motivational Interviewing in Social Work Practice by Melinda Hohman

Motivational Interviewing in the Treatment of Anxiety by Henry A. Westra

Motivational Interviewing in the Treatment of Psychological Problems by Hal Arkowitz, Henry A. Westra, William R. Miller and Stephen Rollnick

By Bradford Bogue and Anjali Nandi
February 2012

Exercises for Developing MI Skills in Corrections [https://s3.amazonaws.com/static.nicic.gov/Library/025557.pdf](https://s3.amazonaws.com/static.nicic.gov/Library/025557.pdf)
By Bradford Bogue and Anjali Nandi
April 2012
MI-Related Videos

MI In Practice

* MI Teaser (4 min.)
  http://www.youtube.com/watch?v=3ath8DuR71k

** Using SBIRT Effectively-Doctor B (3 min 40 sec)
  http://www.youtube.com/watch?v=uL8QyJF2wVw

* The Effective Physician: Motivational Interviewing Demonstration (6 min 30 sec)
  http://www.youtube.com/watch?v=URiKA7CKTfc

* Motivational Interviewing - Home Based Services (24 min.)
  http://vimeo.com/18577835

** Motivational Interviewing in Primary Care (24 min.)
  http://vimeo.com/18577370

Intro to Motivational Interviewing: “Mr. Smith” Video by Dr. Gutnick (17 min.)
  http://www.youtube.com/watch?v=s3MCJZ7QGRk

MI Spirit

*** Validation (15 min)
  http://www.youtube.com/watch?feature=player_embedded&v=Qbk980jV7Ao#
  …long, but great “MI” message (it’s about how we interact)

** Funny – Staff Motivation (1 min)
  http://www.youtube.com/watch?v=RRQ7_VhNfm0&feature=player_embedded
  …Organization hires linebacker Terry Tate to tackle employees off-task

*** Funny – Bob Newhart-Stop It (6:21)
  http://www.youtube.com/watch?v=Ow0Ir63y4Mw&feature=player_embedded#
  …The Antithesis of MI

*** Funny – The Office – Halloween Special (<1min.)
  http://www.youtube.com/watch?feature=player_embedded&v=oh1SR3GrzHo

** Funny – Jessica’s “Daily Affirmation” (<1 min.)
  http://www.youtube.com/watch?feature=player_embedded&v=qR3rK0kZFkg

** Funny – Jessica’s Daily Affirmation: I Like Everything Girl Grows Up (5:51 min)
  http://www.youtube.com/watch?v=y5Pdiqwcjhk&feature=related

** Coca-Cola Small World Machines – Bringing India & Pakistan Together (3:02 min)
  http://www.youtube.com/watch?v=ts_4vOUDImE
On Communication

*** Historia de un letrero, The Story of a Sign (<6 min)
http://www.youtube.com/watch?feature=player_embedded&v=zyGEAamz7ZM#

*** Sexy Air Hostess Dancing for Passengers (2:21)
http://www.youtube.com/watch?feature=fvwp&NR=1&v=xoudGh-AzHQ
...It's all about engagement

*** Funny – The Two Ronnies – Four Candles (7 min.)
http://www.youtube.com/watch?v=oaGpaj2nHlo&feature=player_embedded

** Who's on First? (6:17 min)
http://www.youtube.com/watch?feature=player_embedded&v=sShMA85pv8M

** Funny – Victor Borge Phonetic Pronunciation (4 min)
http://www.youtube.com/watch?feature=player_embedded&v=lF4qii8S3gw

** The Funny Silva Ad (1 min)
http://www.youtube.com/watch?v=Qsq95Jq3t0c

* Cool Hand Luke (<1 min)
http://www.youtube.com/watch?feature=player_embedded&v=1fuDDqU6n4o

* Funny – Argument Clinic (>6 min.)
http://www.youtube.com/watch?feature=player_embedded&v=kQFKl6gn9Y

* Typography about language by Ronnie Bruce (2:46 min)
http://www.youtube.com/watch?v=7kdrsPRZnK8&feature=player_embedded

Policies & Procedures

* Army Crew Tears Apart Rebuilds JEEP in Four Minutes (4 min)
http://www.youtube.com/watch?feature=player_embedded&v=h-wZ43NVL7E
...shows how a strict regiment can work cooperatively and efficiently

* The Monkey Business Illusion (1:42 min)
http://www.youtube.com/watch?feature=player_embedded&v=IGQmdoK_ZfY
...shows how we miss things we are not tracking

The Allusion of Good Practice

** Funny – Monty Python’s Birth (4:30 min)
http://www.youtube.com/watch?feature=player_embedded&v=NcHdF1eHhgc#

How to Use

* America’s Got Talent: Sponjetta Parrish – Studio Song (3:35 min)
http://www.youtube.com/watch?feature=player_embedded&v=cZ7OT7BmM8
MI Competency Map
Learning Communities

Learning together is often more fun than learning alone. Not everyone has access to an expert MI coach, but it may be easier to find colleagues who are also interested in developing their skills in MI. We have been experimenting with such learning communities as a resource to support continued development. There need not be an identified expert in the group, though some do invite an experienced coach to visit with them occasionally. The idea is peer-supported learning, to puzzle together over questions like:

- “How could I apply MI in this particular situation?”
- “What is a good next step in practicing MI?”
- “How else might I have responded at that point in the session?”
- “Should I be trying MI in this situation?”
- “What interviewer responses seem most likely to evoke change talk?”

We believe that as with coaching, listening to each other’s practice is a crucial resource for learning. So is practicing skills together. Talking about MI is not as likely to promote learning as actually practicing skills within a supportive learning community. We recommend that every meeting include some listening to practice recordings and some skill practice. Some clinicians who have developed a learning community of this kind have told us that they look forward to the meetings as one of the most rewarding experiences of their week or month. Here are some practical suggestions for skill practice within learning communities.

1. Focus on a particular interviewing skill or task. If you’re trying to increase your use of complex reflections, focus on that. One chapter from this or another book (e.g. Rosengren, 2009) can provide plenty of material for discussion and practice.

2. Try using “real-play” instead of role-play. That is, have the colleague who is speaking as a “client” talk about something real, such as a change that he or she is actually considering or wanting to make. We find that this tends to promote learning better than enacted role-plays. One reason is that even experienced actors do not respond like real people; they are taking on a role and sticking to it. We have used actors in our research, and while this does allow trainees to try out their skills the actors rarely respond as an actual client would. Similarly, when clinicians role-play a case they are often tempted to portray “the client from hell,” the most difficult, intractable, unresponsive sort. There are few actual clients as difficult as those portrayed by clinicians during role-play! It is easier to learn when someone is responding in vivo and not in role.

3. Don’t let practice go on for too long before you stop for discussion. Usually ten minutes is enough time to get in some good practice without boring observers.
4. Give observers something to do while watching. If there is more than one observer they could use different coding tasks from the list above so that they can provide feedback from different perspectives.

5. When a practice is done, the first person to comment on it should be the one who was practicing MI. What were they experiencing during the interview? Next the “client” should comment on the experience of the conversation. If it was a real-play this is straightforward: what did the speaker experience during the interview? What seemed particularly helpful? Then observers can say what they saw. If they were using a structured coding task, discuss their objective observations. When commenting on a practice that you observed, focus on the positive. In fact, consider limiting yourself to the good things you saw. What did you observe that you liked? What seemed to be particularly effective? What specific MI skills did you see? It is very easy (and demoralizing) for observers to make many specific critiques and suggestions: “Well, I would have said that this way . . . ” Avoid the righting reflex here, too. Mostly these stylistic preferences are unhelpful. There are many right ways to do MI. The two of us have very different styles when practicing MI, but we are fundamentally doing the same thing. What was good about what you observed?

6. If someone is to make a recommendation of something to try, let it be just one suggestion. Changing one thing is plenty to try in subsequent practice. A good tennis coach would probably not make five suggestions to implement on the next serve.

Other elements that people have added to MI learning communities are to watch and discuss demonstration videos and to have an ongoing journal club with participants taking turns presenting recently-published research that is relevant to practice.

A caution here is that with solely peer-led learning groups it is possible to get off track without realizing it, and some rather strange variants can develop when individuals or groups try to teach themselves MI. At least periodic check-ins with a well-trained observer/coach are advisable. Trainer-members of the Motivational Interviewing Network of Trainers can be found through www.motivationalinterviewing.org.

Recommendations for an MI Peer Support Group

Developing proficiency in motivational interviewing (MI) is rather like learning to play a sport or a musical instrument. Some initial instruction is helpful, but real skill develops over time with practice, ideally with feedback and consultation from knowledgeable others. One way to do this is to form a local group to support and encourage each other in continuing to develop proficiency in MI. When a group like this is well-done, participants enjoy coming and sometimes say that it is one of the most interesting and rewarding aspects of their job. Here are some ideas for such a group.

1. Schedule regular meetings for the sole purpose of working together to strengthen MI skills. Don’t let administrative details or other agenda fill the time. An hour meeting twice a month would be one possibility.

2. In early meetings, it may be helpful to discuss specific readings. There is a rapidly growing list of books and articles at www.motivationalinterviewing.org. Periodically the group may also wish to watch “expert” tapes, coding and discussing the skills being demonstrated in them. For those particularly interested in new research on MI, a “journal club” of 20 minutes or so might be added. Take it easy with any reading assignments, though. People learn a lot, and fast, just from bringing in and discussing tapes (see #3).

3. A key learning tool to be included in regular meetings is to listen together to and discuss tapes of participants’ MI sessions. Some groups have experienced that the energy and engagement level of the group picked up when they began to listen to each other’s tapes. A rotation schedule can be arranged whereby participants take turns bringing in new tapes. We recommend listening to and discussing one tape per session. A 20-minute segment of tape is probably about right. We recommend using a recording device with external microphone(s) to improve the quality of sound and facilitate listening.

4. Written permission should be obtained from clients for this use of recording, explaining how the tapes will be used, who will hear them, and how and when the tape will be destroyed.

5. Be sure to thank and support those who bring in a tape to share. They are taking a risk and being vulnerable, which can be difficult, particularly early in the life of a group. Beware of having high “expert” expectations when someone is just beginning.

6. Rather than simply listening to a tape, make use of some structured coding tools. Some examples are:
   - Counting questions and reflections
   - More generally coding OARS
   - Coding depth of reflections (simple vs. complex)
   - Counting client change talk, and noting what preceded it
   - Tracking client readiness for change during the session, and key moments of shift
   - Coding forms can be found on www.motivationalinterview.org. Participants may use the same coding form and compare their findings, or participants may use different coding forms to attend to different aspects of the session.
7. In introducing a session to be heard by the group, it is appropriate to indicate what target(s) for behavior change were being pursued. Without this, it is not possible to identify change talk, which is goal-specific.

8. In discussing a participant’s tape, it is appropriate for the person who did the interview to comment first on its strengths and areas for improvement.

9. In discussing any tape, focus discussion on the ways in which the session is and is not consistent with the spirit and method of MI. Again, it is useful for the person who did the interview to lead off this discussion. Participants can ask each other, “IN what ways was this session MI consistent?” and “What might one do to make this session even more MI consistent?” When providing feedback to each other, adhere to the supportive spirit of MI. Always emphasize what you heard or saw that seemed particularly effective and consistent with the style of MI. One approach is a “feedback sandwich” in which any suggestion for further strengthening practice is sandwiched between ample slices of positive feedback. The group atmosphere should be fun and supportive, not pressured or competitive. Group participants report that they often learn more from helping others than from receiving feedback on their own tapes.

10. Focus on what is important within MI. There is always temptation to wander off into more general clinical discussion of cases. Focus learning on the spirit, principles, and practices of MI.

11. The group may focus on practicing and strengthening specific component skills of MI. One such sequence of skills to be learned is described in: Miller, W. R., & Moyers, T. B. (2006). *Eight stages in learning motivational interviewing*. Journal of Teaching in the Addictions, 5, 3-17.

12. Some groups begin with a “check-in” period in which anyone can bring up an issue for discussion.

13. Bringing coffee and refreshments can add to the relaxed atmosphere of a group.

14. Consider whether there is a prerequisite for participating in the group. Some groups have required, for example, that participants complete an initial training in MI before beginning to attend. Others have left the group open for any who wish to learn MI skills.

15. Consider whether you want to contract for a specific length of time or number of meetings together. If so, at the end of this time each member can consider whether to continue for another period.

16. An “MI expert” in the group might resist taking on an expert role, because doing so can stifle participation and learning. Don’t withhold your expertise, particularly if invited, but avoid a pattern of interaction in which the group always looks to the expert for the “right” answers.

Most of all, enjoy this privileged learning time together. As with other complex skills like chess, golf, or piano, gaining proficiency in MI is a lifelong process. A real source of fun and learning in these groups is admiration for the many artful ways that people find to apply MI within their own clinical style and population.

Motivational Interviewing 3

The phases of MI: overview

Motivational interviewing is divided into four overlapping processes:

1. Engaging
2. Focusing
3. Evoking
4. Planning

The processes are ‘somewhat linear’ in that engaging necessarily comes first and focusing (identifying a change goal) is a prerequisite for evoking. Planning is a logically later step. Yet they are also recursive in that engaging and re-engaging continue throughout the process. Sometimes engagement can happen very quickly and it can seem like the conversation moves rapidly to evoking or planning.

1. Engaging

Establish a working relationship in order to create the psychological safety the patient needs for help. The first task within this may be resolving ambivalence about the helper. The first meeting with a patient can be difficult because process tasks are dressed up as content tasks. Although one asks about the presenting complaint, the real task for the patient is often addressing the patient’s first unspoken dilemma: is this person safe enough for me to trust with my problem? Often, this dilemma appears as ambivalence about the helper.

In a sense, although the content at this stage may be about change or ‘getting a history’, the task is particularly process focused: in getting to know the patient be artfully vague and treat avoidances and ellipses on the patients parts as legitimate ways of protecting their sensitivities. If people are pushed for specifics too early, they sometimes protect themselves by misrepresenting themselves, which can then be hard to back track from later.

Skills to use include the typical day (for Stephen Rollnick’s thoughts on how to do this well, see [http://www.stephenrollnick.com/typical_day_06.pdf](http://www.stephenrollnick.com/typical_day_06.pdf)), asking permission, giving a menu of options. Some people like to start away from the ‘presenting complaint’: before we do anything else I am curious to know what kind of person you are. Can you tell me about your passions in life, what you are good at, what you do that you really enjoy, what makes you feel proud?

2. Focusing

The focusing phase is about finding a clear direction and goal when it might not be clear from the outset. What is the particular goal for change in this patient? For some patients, it may take many weeks to get to this point: for some, you will be there in the first minute of the first session.
There is something of a continuum in this stage:

<table>
<thead>
<tr>
<th>Clear focus</th>
<th>←→</th>
<th>Agenda mapping</th>
<th>←→</th>
<th>Clarifying</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single topic</td>
<td>←→</td>
<td>Menu of options</td>
<td>←→</td>
<td>Unclear</td>
</tr>
</tbody>
</table>

2.1. Clear focus

If a patient has decided they need help, and has some ideas about what this might be, exploring ambivalence can be actively harmful: move rapidly to evoking. Occasionally, there may be less clarity than is first apparent and you may sometimes need to shift to clarification.

2.2. Agenda mapping

The traditional skill of agenda setting is probably better thought of as a two stage process of agenda mapping and agenda navigation. Guiding (see Motivational Interviewing 1) is involved in both of these processes: i.e. your expertise is put at the service of the patients own interests, goals and values.

First, map an agenda with the patient by eliciting all the concerns they may wish to discuss, without beginning to discuss the individual items. A good question to start with is often something like: how should we use our time today? List the items, or arrange them in blobs drawn on a piece of paper. If necessary (and with permission), add one or two items that you perceive as being important.

Second, use the agenda document as a framework and plan for this and future treatment sessions. You may need to help the patient prioritize multiple goals. Sometimes it is worth encouraging the patient towards a lesser but achievable goal first rather than a more important but challenging goal. The agenda document can also be used this way both as a method of parking and holding disagreements and as a ‘container’ for anxiety around difficult issues. OK, so we’ll spend today looking at your housing as that’s clearly your number one priority, and we’ll leave looking at your drug use for another time.

Skilled navigation round the agenda using a guiding style can foreground issues that are clearly important (e.g. drug use) even when these are not initially prioritized by the patient. Navigation round the agenda can be an iterative process as the patient comes to trust you (and may be prepared to talk more about issues initially rejected). In time, you may also see the sense in some of the patient’s priorities that you had initially not appreciated.

2.3. Clarifying

Sometimes, a change goal isn’t immediately apparent. Clarifying sometimes is a two stage process, starting with neutral exploration and moving on to expand understanding.

In neutral exploration, the here is to explore the client’s view, without changing anything, so as to create a common understanding of the starting point for any change effort. The key interventions are simple reflections. In someone with a very polarized worldview, this may take some time: use lots of summaries and reflections (two simple for every one complex) before
attempting anything like a reframe. If there is dissonance, drop back to the task of establishing a working relationship. Other skills to use include typical day and good things and less good things.

When **expanding understanding**, the task is to gently introduce alternative viewpoints. Discrepancy, ambivalence and dissonance may all be part of the interaction with the client at this stage because the client’s perspective is challenged.

Listen hard for the DARN-CAT statements pointing to change goals. Often people get stuck because of a restricted understanding of the situation or a narrow repertoire of solutions. Use complex and metaphorical reflections. Use reframes, e.g. reflect ambivalence as an ability to see things in more than one way. Use information exchange. Prepare the ground for those not ready to change.

For ‘action orientated’ therapists this can seem time consuming and nothing to do with change. Think of it as capacity building. If you hit dissonance, drop back to neutral exploration.

Skills to use include good things and less good things/decisional balance, looking backwards and forwards, using third party perspectives (e.g. *what does your wife make of all this? Other patients I've known in your position have thought x. How would you feel about that?*).

### 3. Evoking

This phase is where the strategic focus comes to the fore for you as therapist as you focus down and guide the patient to the particular goal identified in the focusing stage. Use summary again to draw phase 1 to a close. Summarize the patients perception of the problem, perhaps acknowledging ambivalence and including acknowledgement of the positives in the status quo.

Motivation is driven by a discrepancy between a person’s goals and his/her present state. Clear goals are an important part of instigating change. Patients’ core values may feed into both sides of their ambivalence, e.g. a clash between loyalty to drinking friends and loyalty to family. Nevertheless, explicitly recognizing the value at stake can help people move towards change. If these goals surprise you or seem misguided, stick with the patient’s goals as much as possible. Try to relate the proximal goals to the patients broader life goals and guiding values. If the goal seems unrealistic, consider using open questions to explore the possible consequences of a given course of action. What might be good and what might be less good, about achieving this goal?

At this stage, the strategic and directional parts of MI really come into play: selective eliciting, selective responding and selective summaries. Elicit and reflect change talk (‘DARN-CAT’). *You said… What does that mean to you? How would you like things to turn out for you now, ideally? What happens next?*

Other skills to use: good things and less good things/decisional balance, looking backwards and forwards, inviting third party perspectives, two futures (*what would your life be like in five years time if you made this change? If you didn’t?*), importance and confidence rulers, miracle question (or the three wishes/winning the lottery questions). Now can be a good time to normalize ambivalence.
Perhaps use a summary and invite the patient to step outside him/her self: when you look at yourself, what do you see? If you were giving yourself advice right now, what would you say?

4. Planning

Skills to use include working with a menu of possible solutions with good and bad points rather than working towards a perfect solution, so that the patient chooses options rather than refutes suggestions. Give information (see panel). Consider the change options. Brainstorm; this process should quite explicitly include outlandish ideas. The aim is to generate a good list of possibilities without prematurely evaluating them. If an option elicits a resistant response, reflect this and reiterate that this is only a creative list of options. Draw on the patient’s own, natural resources and supports in making the list. Respond with reflective listening, emphasizing change talk, personal responsibility, freedom, choice. You may want to use a decisional balance exercise about different options. You can do this with your patient or give it as homework.

Summarize the patient’s plans; consider drawing up a written change plan with bullet points of actions to be taken.

Try to elicit the patient’s commitment. Having drawn up the plan ask the patient if this is what they want to do. If they are cagey or ambivalent, you may have some more work to do first. Don’t press for commitment if it isn’t there. Commitment can be enhanced by making it public or shared (this is a less good strategy in families with high levels of expressed emotion).

Valuing small changes is important at this stage. Some patients may come out with a plan to cut down drinking, start going to AA and begin taking their antidepressants regularly. Others may only be able to commit to thinking about change and coming back to talk some more. Both are positive steps warranting affirmation. Even a restricted, limited short term plan can help the patient avoid high risk situations; and change tends to produce more change.

The planning stage is often the time to incorporate other skills that you may have, such as pharmacotherapy or CBT (see handouts at guyundrill.com), into your work with your patient. It is also the time that the patient should be encouraged to use your knowledge and for you to give advice.

Giving information and advice

MI is sometimes thought to be incompatible with advice; it isn’t. But the spirit in which it is given has to be right. Before you give advice check that you have (a) elicited the patient’s views on the subject (b) considered the impact of what you are going to say on their motivation for change.

The best time to give advice is when the patient asks for it. Failing that, ask for permission to give it; or offer it in a way that acknowledges the patient’s right not to take the advice (or even to not hear it at all). Bear in mind that if you ask permission, you have to be willing to be rebuffed. If you regard the advice you want to give as safety critical, don’t ask permission: give it, but give permission to disregard.
I have an idea here that may or may not be relevant. Do you want to hear it? I don’t know whether this will matter to you, or even make sense, but I have a worry about your plan. Can I tell you about it? I don’t know whether this will help, but I can tell you about what some of my other patients have done in your situation. I can give you my opinion, but you’ll have to find out what works for you.

In offering advice or giving feedback use the Elicit-Provide-Elicit technique: Elicit what the patient already knows; Provide the information, correcting any misapprehensions; Elicit feedback on understanding.

It is often helpful to offer a patient a menu of options. This can help avoid ‘yes but’ conversations. When people have the opportunity to choose from several alternatives they are sometimes more likely to adhere to a plan and succeed.

**Bibliography and further reading**

This handout is substantially based on Miller and Rollnick (2002) but also includes the insights of Allan Zuckoff, Vaughn Keller, Carl Åke Fabring, Nina Gobat, Tom Barth and Christina Näsholm.

RESEARCH ARTICLES

Eight Stages in Learning Motivational Interviewing

William R. Miller, PhD
Theresa B. Moyers, PhD

ABSTRACT. Motivational interviewing (MI) is a clinical method for helping people to resolve ambivalence about change by evoking intrinsic motivation and commitment. Based on our research and experience in providing training on MI, practitioners acquire expertise in this method through a sequence of eight stages: (1) openness to collaboration with clients’ own expertise, (2) proficiency in client-centered counseling, including accurate empathy, (3) recognition of key aspects of client speech that guide the practice of MI, (4) eliciting and strengthening client change talk, (5) rolling with resistance, (6) negotiating change plans, (7) consolidating client commitment, and (8) switching flexibly between MI and other intervention styles. These key skills are acquired roughly.
in order, with earlier steps representing logical prerequisites for later stages of skill acquisition. doi:10.1300/J188v05n01_02 [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <http://www.HaworthPress.com> © 2006 by The Haworth Press, Inc. All rights reserved.]

**KEYWORDS.** Motivational interviewing, client-centered therapy, counselor training, client commitment

Motivational interviewing (MI) is a client-centered, yet goal-directed counseling method for helping people to resolve ambivalence about health behavior change by building intrinsic motivation and strengthening commitment (Miller & Rollnick, 2002). More than 80 randomized clinical trials of MI have been published, generally supporting its efficacy in promoting health behavior change, particularly reduction in alcohol and other drug use (Burke, Arkowitz, & Menchola, 2003; Dunn, Deroo, & Rivara, 2001; Hettema, Steele, & Miller, in press; Miller, 2004). Adoption of this clinical approach has been increasing, with the number of publications on MI doubling every 2-3 years over the past two decades. Despite its widespread dissemination, relatively little is known about optimal strategies for teaching and supervising this complex clinical method. Are there particular learning stages or methods that facilitate competence in MI?

Miller and Mount (2001) found that a familiar method of continuing professional education—a 2-day clinical workshop—did not significantly increase counselors’ proficiency in MI. Comparing audiotaped samples of trainees’ counseling sessions before and after training, they observed some statistically significant increases in MI-consistent behaviors, but not large enough to make a difference in clients’ outcomes. The counselors’ basic style, which often included methods antithetical to MI, remained unchanged, as did their clients’ responses.

This led us to explore other approaches for helping practitioners learn the clinical style of MI. We revised our training approach to place emphasis on the underlying assumptions and spirit of MI (Miller & Rollnick, 2002; Rollnick & Miller, 1995) and focused on how to learn MI from one’s clients, rather than assuming that skills would be acquired during the workshop. An evaluation of this revised learning-to-learn approach showed much better acquisition of MI expertise after a 2-day practitioner workshop, with practice proficiency maintained or increasing over the year after training. Audiotaped samples of trainees’ substance
abuse counseling sessions also showed substantial changes in clients’ responses during treatment, a pattern predictive of long-term behavior change (Amrhein, Miller, Yahne, Palmer, & Fulcher, 2003). Individual coaching and/or performance feedback further improved clinicians’ skillfulness in MI (Miller, Yahne, Moyers, Martinez, & Pirritano, 2004).

In the course of revising our training approach, we clarified a set of eight logical steps required to develop expertise in the clinical method of MI. These also represent eight points at which counselors get stuck in learning MI. Each of these skills is a prerequisite to acquiring the next. In this way, these eight stages of proficiency can be used to structure the course of training for MI and the evaluation of interviewer expertise. They provide guidelines for assessing each trainee’s current level of skill development and determining the next steps on which to focus further training and supervision. This article provides the first description of these eight hypothesized stages of skill acquisition.

**STAGE 1: THE SPIRIT OF MOTIVATIONAL INTERVIEWING**

Miller and Rollnick have described an underlying spirit that epitomizes the clinical method of MI, characterizing it as a clinical approach that is collaborative, evocative, and respectful of client autonomy (Miller & Rollnick, 2002; Rollnick & Miller, 1995). At a deeper level, it shares with client-centered counseling (Rogers, 1980) and positive psychology (Snyder & Lopez, 2002) a set of assumptions about human nature: that people possess substantial personal expertise and wisdom regarding themselves and tend to develop in a positive direction if given proper conditions of support. Our own process research indicates that the therapist’s ability to convey this spirit is a powerful predictor of using other behaviors central to MI as well as a predictor of increased client responsiveness during MI sessions (Moyers, Miller, & Hendrickson, in press).

We do not regard attainment or even endorsement of this underlying spirit to be a prerequisite for the beginning MI therapist. Indeed, we have found that this spirit is less a precondition than a result of practicing MI. What does seem to be important as a starting point in learning MI is an openness to this way of thinking about clients and consultation, at least a willing suspension of disbelief and active curiosity about the client’s perspective. We have found that the extent to which therapists practice such a perspective is a good indicator of how readily they will acquire expertise when learning MI.
This point is best illustrated, perhaps, by the difficulty of learning or practicing MI if one is guided by conceptually opposite assumptions. When clients are viewed primarily from a deficit perspective (e.g., being in denial; lacking insight, knowledge, and skills), it makes little sense to spend time eliciting their own wisdom. Instead, the counselor would be inclined to confront denial, explain reality, provide information, and teach skills. Within this perspective, consultation is clinician-centered, and it revolves around the counselor providing what the client lacks: “I have what you need.” It can be quite a cognitive jump from this expert stance to MI, wherein the counselor instead communicates a respect for the client’s own perspectives and autonomy. The MI counselor seeks to evoke the client’s own motivations for change (“You have what you need”) rather than installing them. A willingness to entertain this client-centered perspective is a starting point in learning MI.

STAGE 2: OARS–CLIENT-CENTERED COUNSELING SKILLS

The second stage of skill development is not unique to MI. It involves acquiring proficiency in the use of classic client-centered counseling skills (Egan, 2002; Truax & Carkhuff, 1967). Particularly crucial, we believe, is the skill of accurate empathy, which is sometimes misunderstood or caricatured as simply repeating what clients say. In fact, accurate empathy is quite a complex clinical skill that can be continually strengthened and deepened across decades of practice. Skillful empathic listening includes accurate reflection of what a client has said as well as what the client is experiencing but has not yet verbalized (Truax & Carkhuff, 1967). Furthermore, reflections can promote any of the foundational principles of MI. For example, a single reflection might not only express empathy but also serve the purpose of enhancing client confidence for change or pointing out a discrepancy that increases the felt need for change. Ideally, clients surprise themselves by things they say and think when counselor reflections are accurate and complex.

Along with reflective listening, three other counseling micro-skills are particularly emphasized in MI, using the mnemonic acronym OARS: asking open questions (O), affirming (A), reflecting (R), and summarizing (S). These skills in client-centered counseling form a foundation for the next steps in MI (Miller & Rollnick, 2002).
STAGE 3: RECOGNIZING AND REINFORCING CHANGE TALK

MI departs from client-centered counseling in being consciously and strategically goal-directed. Originally developed to help people change addictive behaviors (Miller, 1983; Miller & Rollnick, 1991) MI is directed toward particular behavior change goals. A key process is to help clients resolve ambivalence by evoking their own intrinsic motivations for change. When MI is done well, therefore, it is the client rather than the counselor who voices the arguments for change. Particular attention is given to client “change talk,” verbalizations that signal desire, ability, reasons, need, or commitment to change (Amrhein et al., 2003; Miller & Rollnick, 2002). From an operant perspective, the MI counselor responds to client speech in a way that differentially reinforces change talk and minimizes verbal commitment to status quo while minimizing resistance that may block the opportunity for change talk to occur. The first two decades of MI research have generated reasonable support for attending to client language as a mediator of client outcome. With random assignment to treatment approaches, MI substantially increases change talk and reduces resistance, relative to other approaches (Miller, Benefield, & Tonigan, 1993), a finding consistent with prior psychotherapy process findings (Patterson & Forgatch, 1985). The level of client resistance during an MI session, in turn, is inversely related to subsequent behavior change (Miller Benefield, & Tonigan, 1993). More recently, psycholinguistic analyses of MI session transcripts have emphasized the importance of client change talk and its relationship to behavior change (Amrhein et al., 2003). Amrhein differentiated motivational speech into natural language components of desire, ability, reasons, need, and commitment to change. Of these five forms of self-motivational speech, only one predicted behavior change. Abstinence from illicit drugs was predicted by the strength of client commitment language during a single MI session. More specifically, client abstinence was predicted by a pattern of increasing strength of commitment to abstinence across the course of the MI session. This converges with cognitive psychology findings that the verbalization of specific implementation intentions predicts subsequent behavior change (Chiasson, Park, & Schwarz, 2001; Gollwitzer, 1999).

However, the remaining four categories were not irrelevant. All four of them (desire, ability, reasons, and need) predicted the emergence of commitment language which, in turn, presaged behavior change (Amrhein et al., 2003). In other words, clients who will eventually be successful in
changing their behavior first speak about their desire to change, need for change, their ability and/or reasons to change. This change talk is associated with an increasing strength of commitment language. Amrhein’s data suggest that behavior change occurs if and only if change talk (desire, ability, reasons, need) is followed by expressed commitment.

This empirically derived pattern of natural language during MI sessions converges with the original conceptualization of MI as occurring in two phases (Miller & Rollnick, 1991): in Phase 1, the counselor focuses on enhancing motivation for change by evoking the client’s own intrinsic motives (e.g., desire, ability, reasons, need); then in Phase 2, the counselor shifts to strengthen and consolidate commitment to change. All of this indicates a need for the MI counselor to be able to accurately identify and differentiate change talk as it naturally occurs in the context of the client’s ambivalence. If unable to recognize change talk when it occurs, the counselor cannot reinforce and shape it toward commitment. Similarly, without being able to recognize commitment language and differentiate it from change talk, the counselor is missing key cues of readiness for change.

**STAGE 4: Eliciting and Strengthening Change Talk**

Once able to recognize change talk, the counselor is then in a position to learn how to elicit and reinforce it. This intentional effort to elicit client change talk, rather than simply waiting for it to occur, is a strategic skill that differentiates MI from other therapeutic approaches. It is our experience that counselors first learn to recognize and reinforce naturally occurring change talk, and then develop skill in eliciting it.

Miller and Rollnick (1991, 2002) described a variety of strategies for evoking client change talk, and for responding in a way that strengthens it once it has been elicited. For example, the MI counselor asks open questions the answer to which is change talk (e.g., “In what ways might this change be a good thing?”), and is cautious with questions the answer to which is resistance (e.g., “Why haven’t you changed?”). When change talk occurs, the counselor may reflect it, affirm it, or ask for elaboration or examples—all of which are likely to elicit more change talk. Knowing how and when to ask such questions so that change talk will occur requires complex decisions and purposiveness on the part of the counselor. In our process research with MI, we have been unable to code reliably the counselor responses that would evoke change talk.
There are many different ways to do it and the crucial (but unobservable) characteristic is the therapist’s intent, making it particularly difficult for raters to reach a consensus about observable behavior. What can be coded reliably, however, is the occurrence (pattern, strength) of client change talk, and that becomes the clinical criterion for whether the counselor is “doing it right.” In essence, once the counselor can recognize change talk and commitment language, the client’s language shapes the therapist’s behavior, and becomes a principal source of immediate performance feedback in increasing MI skillfulness. With attention to client language, MI counselors have a proximal indicator of their success in practicing this method, as well as an empirical predictor of subsequent client change (Amrhein et al., 2003).

**STAGE 5:**
**ROLLING WITH RESISTANCE**

It is one thing to evoke and reinforce change talk, but how does one respond when resistance emerges? Miller and Rollnick described the MI response as “rolling with” resistance rather than opposing it. Direct refutation of clients’ arguments against change tends to reinforce them. In this case, the counselor and client are acting out the client’s internal ambivalence, with the counselor taking the pro-change side and the client arguing against change. This is counter-therapeutic, in that client verbalization of counter-change arguments (“resistance”) decreases the likelihood of behavior change. Here is a point of departure of MI from forms of cognitive behavior therapy that rely upon verbal refutation of clients’ “irrational” beliefs.

Various strategies have been described as MI-consistent ways for rolling with resistance (Miller & Rollnick, 2002). Most common of these are simple, amplified, or double-sided reflection of the client’s resistance.

*Client:* Well, I overdo it sometimes, but I don’t have a problem with drinking.

*Simple reflection:* You don’t think of yourself as a problem drinker.

*Amplified reflection:* Your drinking has never really caused any problems or unpleasant effects in your life.

*Double-sided reflection:* You think you drink too much at times, and also you don’t think of yourself as a problem drinker.
Other strategies include emphasizing the client’s personal choice and control, reframing, and joining with the resistance (“coming alongside”). Some strategies may involve introspection on the part of the therapist regarding the meaning of client resistance and the consequences if it is not confronted directly (Moyers & Yahne, 1998). In essence, the key is not to oppose, and thereby inadvertently reinforce resistance. Learning how to avoid provoking resistance and how to defuse and diffuse it when it occurs is a fifth stage in the acquisition of MI proficiency.

**STAGE 6:
DEVELOPING A CHANGE PLAN**

As Phase 1 of MI proceeds, most clients verbalize progressively stronger statements of their desire, ability, reasons, and need for change, which in turn increases the likelihood that commitment language will emerge (Amrhein et al., 2003). Miller and Rollnick described therapeutic skillfulness in timing, in knowing when to move on to the development of a change plan. The usual procedure is to offer a transitional summary of change talk (desire, ability, reasons, need) that the client has offered for making a change, and then to ask a key open question, the essence of which is “What next?” If the counselor times this correctly, the client proceeds to discuss how (not just why) change will occur. If the transition has been attempted prematurely, the client signals with resistance and the counselor returns to Phase 1 strategies to further enhance motivation for change.

Part of the skill here, then, is knowing when to attempt the transition from Phase 1 to Phase 2. Once a client is ready to discuss change, it can be counter-productive to continue exploring motivation for change. It is now time to be curious about how the client envisions change happening, and what unique contributions the client can make to that change. A key component of Stage 6 skill is proficiency in developing a specific change plan (not necessarily treatment plan) without evoking resistance. Clients often need some time to prepare for change without committing to it (Prochaska, 1994). There is a temptation for the counselor to take over the process at this point, but in MI one maintains a client-centered focus. It is the client who decides what is needed, and when and how to proceed. The counselor, of course, does offer expertise at this stage when asked, or with the client’s permission. It is worth noting, though, that a successful change plan may emerge with very little substantive input from the counselor.
STAGE 7:
CONSOLIDATING CLIENT COMMITMENT

Once a change plan has been developed, a crucial step remains, which is for the client to commit to it. Amrhein’s psycholinguistic findings (Amrhein et al., 2003) as well as studies of verbalized implementation intentions indicate that behavior change is unlikely to occur unless and until the client expresses commitment to change. This is not a reason to push immediately for commitment, because doing so prematurely can undermine behavior change. It is unlikely that having a client chant, “I will change, I will change” would make much difference. In one clinical trial, we apparently undermined change in ambivalent clients by pressing too soon for a change plan (Amrhein et al., 2003; Miller, Yahne, & Tonigan, 2003). Skills for Stage 7 are very much like those of Stage 4 in that the counselor is listening and pulling for a specific pattern of speech from the client. This time, however, the specific type of speech is not change talk but commitment language, a naturally occurring set of speech acts that are present when, for example, people enter into a verbal agreement (“I will . . .”). Public commitment language is required when witnesses taking the stand during a trial are asked if they will tell the truth, the whole truth, and nothing but the truth. Similarly, when exchanging wedding vows a bride and groom ideally respond with commitment language (“I do”) rather than just change talk (“I hope so,” “I could,” “I have good reason to,” or “I need to”). It this type of emphatic language implying a decision or contract that we call commitment language and attempt to strengthen once a plan has been made. Learning to consolidate commitment language in the service of a specific change plan is a seventh stage of developing clinical skillfulness in MI.

STAGE 8:
SWITCHING BETWEEN MI
AND OTHER COUNSELING METHODS

Finally, MI was never meant to be the only tool in a clinician’s repertoire. It was developed primarily to help clients through motivational obstacles to change. Within the language of the transtheoretical stages of change (Prochaska & DiClemente, 1984), MI was originally conceptualized for helping people move from precontemplation and contemplation, through preparation and on to action. Clients who are truly
ready for action when they present for treatment are unlikely to need MI. Indeed, it can be frustrating or countertherapeutic for a client who is ready for change to meet with a counselor whose focus is on contemplating change (Waldron, Miller, & Tonigan, 2001). This can be as much a mismatch as the ambivalent client whose therapist is pressing for immediate action.

There appears to be a synergistic effect when MI is joined to other evidence-based counseling methods (Burke, Arkowitz, & Menchola, 2003). For example, clients randomly assigned to receive MI at the outset of treatment have shown significantly better retention in substance abuse and dual diagnosis treatment and a doubling of abstinence rates after outpatient- (Aubrey, 1998; Bien, Miller, & Boroughs, 1993) or inpatient treatment (Brown & Miller, 1993). The synergistic effects of adding MI to other treatment also seem to endure for at least a year after treatment (Hettema et al., in press).

When MI is done successfully, an initially ambivalent client advances in motivational readiness, develops a change plan, and commits to it. At this point, if treatment is to continue, the counselor would normally shift to a style that facilitates action (Miller, 2004). This, too, can be a challenge. We have observed therapists who provide highly competent MI while the client is preparing for change, but then have difficulty shifting into a more directive and action-oriented style. Some counselors who are successful using MI come to view it as the only therapeutic method needed, a view that we do not share. The eighth stage of learning MI involves knowing how to combine it flexibly with other methods or even put it away entirely to use another approach.

This is not to say that one must discontinue the collaborative, empathetic, respectful counseling style of MI in order to deliver an intervention such as cognitive-behavior therapy or twelve-step facilitation. In an ongoing multisite clinical trial, MI has been used as the underlying counseling style throughout a largely cognitive-behavioral outpatient treatment program (Miller, 2004). An empathetic counseling style rich in reflective listening has been found to differentiate highly effective from less effective substance abuse counselors delivering traditional (Valle, 1981) or behavioral treatment (Miller & Baca, 1983; Miller, Taylor, & West, 1980), whereas an authoritarian confrontive counseling approach is strongly linked to poorer treatment outcomes (Miller Benefield, & Tonigan, 1993; Miller & Wilbourne, 2002; Najavits & Weiss, 1994). The client-centered style of MI may therefore be a good foundation for other interventions.
Nevertheless, the delivery of other substance abuse treatment methods generally involves a shift in style from pure MI. Within Project MATCH, a multisite trial of treatments for alcohol dependence, the therapeutic style of MI was highly discriminable from that of cognitive-behavioral or twelve-step facilitation therapies (Carroll et al., 1998). In order to deliver other evidence-supported interventions such as the community reinforcement approach (Meyers & Smith, 1995), social skills training (Monti, Abrams, Kadden, & Cooney, 1989), or twelve-step facilitation (Nowinski, Baker, & Carroll, 1992), one necessarily moves beyond MI. Furthermore, as every clinician knows, motivational obstacles often continue to arise in the course of cognitive-behavioral, twelve-step, or any other treatment approach. Client ambivalence or resistance can serve as a signal to switch back into an MI style until the obstacle is resolved and counseling can move forward again. Thus, effective practice may be facilitated by flexible shifting between clinical styles.

**DISCUSSION**

MI is an evidence-based and theory-grounded method of psychotherapy that overlaps significantly with client-centered counseling. It is not a behavior therapy in the usual sense. It involves no behavioral skill training, no shaping of successive approximations of behavioral response, no systematic desensitization or counterconditioning. It does overlap with radical behaviorism, however, in the conscious use of operant principles applied to speech, and in its strong emphasis on acceptance and commitment as interpersonal transactions (Hayes, Jacobson, Follette, & Dougher, 1994). MI also shares with behavior therapy an historical grounding in testable theory and a commitment to empirically supported intervention approaches. MI has received reasonable empirical support both from efficacy trials and from process research testing its hypothesized mechanisms of action. There is also sound evidence that clinicians can develop strong proficiency in MI through combinations of training experiences (Miller et al., 2004; Moyers et al., in press).

Although our proposed developmental sequence of MI skills is logical, it arises from our experience in teaching MI, and remains to be validated empirically. It would be useful to develop reliable measures of each of the eight skills, and to demonstrate that they can be differentiated among clinicians in training. For some of the skills (e.g., accurate empathy) there are already well-developed and tested measures. Others, such as eliciting change talk, have proved elusive when defined in terms of coun-
selor behaviors, and thus far can only be inferred from their impact on client speech. For still others, there has been very little progress toward skill-specific measures.

Also testable is our assertion that the eight skills emerge in a manner that approximates a Guttman scale wherein each step is a prerequisite for the next, so that achievement of expertise in a specific stage of skills is dependent upon the establishment of at least reasonable proficiency in all of the skills that precede it within the model. For some pairs this seems highly likely. For example, it would be difficult to evoke and respond differentially to change talk (Stage 4) unless one can first recognize change talk and differentiate it from other client responses (Stage 3). Similarly, one must first develop reasonable proficiency in reflective listening (Stage 2) before being able to use reflections directly as differential reinforcement (Stage 4). On the other hand, the recognition of change talk (stage 3) does not logically require prior proficiency in client-centered counseling. Indeed, we have trained student coders to reliably recognize and categorize the occurrence of change talk from MI session tape recordings, without first teaching them clinical skillfulness in client-centered methods. Similarly, it may be possible to learn how to roll with resistance (Stage 5) based primarily on client-centered counseling skills (Stage 2) before developing skill in eliciting change talk (Stage 4).

If these stages of learning MI can be empirically supported, it would be useful to know what counselor characteristics might be associated with ease of learning for each of them. Are there particular experiences or attributes of counselors that make reflective listening easier or harder to acquire? Is there an ideal learning trajectory for these stages? Can we identify predictable detours or trouble spots for counselors and perhaps methods for overcoming them to facilitate efficiency in training? Answering these and similar questions could clarify the processes of acquiring therapeutic expertise in motivational interviewing, and perhaps have more general applications in the training of counselors.

REFERENCES


doi:10.1300/J188v05n01_02
Communities of Practice: A Brief Introduction

Etienne Wenger

The term "community of practice" is of relatively recent coinage, even though the phenomenon it refers to is age-old. The concept has turned out to provide a useful perspective on knowing and learning. A growing number of people and organizations in various sectors are now focusing on communities of practice as a key to improving their performance.

This brief and general introduction examines what communities of practice are and why researchers and practitioners in so many different contexts find them useful as an approach to knowing and learning.

What are communities of practice?

Communities of practice are formed by people who engage in a process of collective learning in a shared domain of human endeavor: a tribe learning to survive, a band of artists seeking new forms of expression, a group of engineers working on similar problems, a clique of pupils defining their identity in the school, a network of surgeons exploring novel techniques, a gathering of first-time managers helping each other cope. In a nutshell:

Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly.

Note that this definition allows for, but does not assume, intentionality: learning can be the reason the community comes together or an incidental outcome of member's interactions. Not everything called a community is a community of practice. A neighborhood for instance, is often called a community, but is usually not a community of practice. Three characteristics are crucial:

1. **The domain**: A community of practice is not merely a club of friends or a network of connections between people. It has an identity defined by a shared domain of interest. Membership therefore implies a commitment to the domain, and therefore a shared competence that distinguishes members from other people. (You could belong to the same network as someone and never know it.) The domain is not necessarily something recognized as "expertise" outside the community. A youth gang may have developed all sorts of ways of dealing with their domain: surviving on the street and maintaining some kind of identity they can live with. They value their collective competence and learn from each other, even though few people outside the group may value or even recognize their expertise.

2. **The community**: In pursuing their interest in their domain, members engage in joint activities and discussions, help each other, and share information. They build relationships that enable them to learn from each other. A website in itself is not a community of practice.
Having the same job or the same title does not make for a community of practice unless members interact and learn together. The claims processors in a large insurance company or students in American high schools may have much in common, yet unless they interact and learn together, they do not form a community of practice. But members of a community of practice do not necessarily work together on a daily basis. The Impressionists, for instance, used to meet in cafes and studios to discuss the style of painting they were inventing together. These interactions were essential to making them a community of practice even though they often painted alone.

3. **The practice:** A community of practice is not merely a community of interest--people who like certain kinds of movies, for instance. Members of a community of practice are practitioners. They develop a shared repertoire of resources: experiences, stories, tools, ways of addressing recurring problems—in short a shared practice. This takes time and sustained interaction. A good conversation with a stranger on an airplane may give you all sorts of interesting insights, but it does not in itself make for a community of practice. The development of a shared practice may be more or less self-conscious. The "windshield wipers" engineers at an auto manufacturer make a concerted effort to collect and document the tricks and lessons they have learned into a knowledge base. By contrast, nurses who meet regularly for lunch in a hospital cafeteria may not realize that their lunch discussions are one of their main sources of knowledge about how to care for patients. Still, in the course of all these conversations, they have developed a set of stories and cases that have become a shared repertoire for their practice.

It is the combination of these three elements that constitutes a community of practice. And it is by developing these three elements in parallel that one cultivates such a community.

**What do communities of practice look like?**

Communities develop their practice through a variety of activities. The following table provides a few typical examples:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Problem solving</strong></td>
<td>&quot;Can we work on this design and brainstorm some ideas; I'm stuck.&quot;</td>
</tr>
<tr>
<td><strong>Requests for information</strong></td>
<td>&quot;Where can I find the code to connect to the server?&quot;</td>
</tr>
<tr>
<td><strong>Seeking experience</strong></td>
<td>&quot;Has anyone dealt with a customer in this situation?&quot;</td>
</tr>
<tr>
<td><strong>Reusing assets</strong></td>
<td>&quot;I have a proposal for a local area network I wrote for a client last year. I can send it to you and you can easily tweak it for this new client.&quot;</td>
</tr>
<tr>
<td><strong>Coordination and synergy</strong></td>
<td>&quot;Can we combine our purchases of solvent to achieve bulk discounts?&quot;</td>
</tr>
<tr>
<td><strong>Discussing developments</strong></td>
<td>&quot;What do you think of the new CAD system? Does it really help?&quot;</td>
</tr>
</tbody>
</table>
Communities of practice are not called that in all organizations. They are known under various names, such as learning networks, thematic groups, or tech clubs.

While they all have the three elements of a domain, a community, and a practice, they come in a variety of forms. Some are quite small; some are very large, often with a core group and many peripheral members. Some are local and some cover the globe. Some meet mainly face-to-face, some mostly online. Some are within an organization and some include members from various organizations. Some are formally recognized, often supported with a budget; and some are completely informal and even invisible.

Communities of practice have been around for as long as human beings have learned together. At home, at work, at school, in our hobbies, we all belong to communities of practice, a number of them usually. In some we are core members. In many we are merely peripheral. And we travel through numerous communities over the course of our lives.

In fact, communities of practice are everywhere. They are a familiar experience, so familiar perhaps that it often escapes our attention. Yet when it is given a name and brought into focus, it becomes a perspective that can help us understand our world better. In particular, it allows us to see past more obvious formal structures such as organizations, classrooms, or nations, and perceive the structures defined by engagement in practice and the informal learning that comes with it.

**Where does the concept come from?**

Social scientists have used versions of the concept of community of practice for a variety of analytical purposes, but the origin and primary use of the concept has been in learning theory. Anthropologist Jean Lave and I coined the term while studying apprenticeship as a learning model. People usually think of apprenticeship as a relationship between a student and a master, but studies of apprenticeship reveal a more complex set of social relationships through which learning takes place mostly with journeymen and more advanced apprentices. The term community of practice was coined to refer to the community that acts as a living curriculum for the apprentice. Once the concept was articulated, we started to see these communities everywhere, even when no formal apprenticeship system existed. And of course, learning in a community of practice is not limited to novices. The practice of a community is dynamic and involves learning on the part of everyone.
**Where is the concept being applied?**

The concept of community of practice has found a number of practical applications in business, organizational design, government, education, professional associations, development projects, and civic life.

**Organizations.** The concept has been adopted most readily by people in business because of the recognition that knowledge is a critical asset that needs to be managed strategically. Initial efforts at managing knowledge had focused on information systems with disappointing results. Communities of practice provided a new approach, which focused on people and on the social structures that enable them to learn with and from each other. Today, there is hardly any organization of a reasonable size that does not have some form communities-of-practice initiative. A number of characteristics explain this rush of interest in communities of practice as a vehicle for developing strategic capabilities in organizations:

- Communities of practice enable practitioners to take collective responsibility for managing the knowledge they need, recognizing that, given the proper structure, they are in the best position to do this.
- Communities among practitioners create a direct link between learning and performance, because the same people participate in communities of practice and in teams and business units.
- Practitioners can address the tacit and dynamic aspects of knowledge creation and sharing, as well as the more explicit aspects.
- Communities are not limited by formal structures: they create connections among people across organizational and geographic boundaries.

From this perspective, the knowledge of an organization lives in a constellation of communities of practice each taking care of a specific aspect of the competence that the organization needs. However, the very characteristics that make communities of practice a good fit for stewarding knowledge—autonomy, practitioner-orientation, informality, crossing boundaries—are also characteristics that make them a challenge for traditional hierarchical organizations. How this challenge is going to affect these organizations remains to be seen.

**Government.** Like businesses, government organizations face knowledge challenges of increasing complexity and scale. They have adopted communities of practice for much the same reasons, though the formality of the bureaucracy can come in the way of open knowledge sharing. Beyond internal communities, there are typical government problems such as education, health, and security that require coordination and knowledge sharing across levels of government. There also, communities of practice hold the promise of enabling connections among people across formal structures. And there also, there are substantial organizational issues to overcome.

**Education.** Schools and districts are organizations in their own right, and they too face increasing knowledge challenges. The first applications of communities of practice have been in teacher training and in providing isolated administrators with access to colleagues. There is a wave of
interest in these peer-to-peer professional-development activities. But in the education sector, learning is not only a means to an end: it the end product. The perspective of communities of practice is therefore also relevant at this level. In business, focusing on communities of practice adds a layer of complexity to the organization, but it does not fundamentally change what the business is about. In schools, changing the learning theory is a much deeper transformation. This will inevitably take longer. The perspective of communities of practice affects educational practices along three dimensions:

- **Internally**: How to organize educational experiences that ground school learning in practice through participation in communities around subject matters?
- **Externally**: How to connect the experience of students to actual practice through peripheral forms of participation in broader communities beyond the walls of the school?
- **Over the lifetime of students**: How to serve the lifelong learning needs of students by organizing communities of practice focused on topics of continuing interest to students beyond the initial schooling period?

From this perspective, the school is not the privileged locus of learning. It is not a self-contained, closed world in which students acquire knowledge to be applied outside, but a part of a broader learning system. The class is not the primary learning event. It is life itself that is the main learning event. Schools, classrooms, and training sessions still have a role to play in this vision, but they have to be in the service of the learning that happens in the world.

**Associations.** A growing number of associations, professional and otherwise, are seeking ways to focus on learning through reflection on practice. Their members are restless and their allegiance is fragile. They need to offer high-value learning activities. The peer-to-peer learning activities typical of communities of practice offer a complementary alternative to more traditional course offerings and publications.

**Social sector.** In the civic domain, there is an emergent interest in building communities among practitioners. In the non-profit world, for instance, foundations are recognizing that philanthropy needs focus on learning systems in order to fully leverage funded projects. But practitioners are seeking peer-to-peer connections and learning opportunities with or without the support of institutions. This includes regional economic development, with intra-regional communities on various domains, as well as inter-regional learning with communities gathering practitioners from various regions.

**International development.** There is increasing recognition that the challenge of developing nations is as much a knowledge as a financial challenge. A number of people believe that a communities-of-practice approach can provide a new paradigm for development work. It emphasizes knowledge building among practitioners. Some development agencies now see their role as conveners of such communities, rather than as providers of knowledge.

**The web.** New technologies such as the Internet have extended the reach of our interactions beyond the geographical limitations of traditional communities, but the increase in flow of information does not obviate the need for community. In fact, it expands the possibilities for community and calls for new kinds of communities based on shared practice.
The concept of community of practice is influencing theory and practice in many domains. From humble beginnings in apprenticeship studies, the concept was grabbed by businesses interested in knowledge management and has progressively found its way into other sectors. It has now become the foundation of a perspective on knowing and learning that informs efforts to create learning systems in various sectors and at various levels of scale, from local communities, to single organizations, partnerships, cities, regions, and the entire world.
Communities of Practice: Learning as a Social System

by Etienne Wenger

[Published in the "Systems Thinker," June 1998]

You are a claims processor working for a large insurance company. You are good at what you do, but although you know where your paycheck comes from, the corporation mainly remains an abstraction for you. The group you actually work for is a relatively small community of people who share your working conditions. It is with this group that you learn the intricacies of your job, explore the meaning of your work, construct an image of the company, and develop a sense of yourself as a worker.

You are an engineer working on two projects within your business unit. These are demanding projects and you give them your best. You respect your teammates and are accountable to your project managers. But when you face a problem that stretches your knowledge, you turn to people like Jake, Sylvia, and Robert. Even though they work on their own projects in other business units, they are your real colleagues. You all go back many years. They understand the issues you face and will explore new ideas with you. And even Julie, who now works for one of your suppliers, is only a phone call away. These are the people with whom you can discuss the latest developments in the field and troubleshoot each other's most difficult design challenges. If only you had more time for these kinds of interactions.

You are a CEO and, of course, you are responsible for the company as a whole. You take care of the big picture. But you have to admit that for you, too, the company is mostly an abstraction: names, numbers, processes, strategies, markets, spreadsheets. Sure, you occasionally take tours of the facilities, but on a day-to-day basis, you live among your peers—your direct reports with whom you interact in running the company, some board members, and other executives with whom you play golf and discuss a variety of issues.

We now recognize knowledge as a key source of competitive advantage in the business world, but we still have little understanding of how to create and leverage it in practice. Traditional knowledge management approaches attempt to capture existing knowledge within formal systems, such as databases. Yet systematically addressing the kind of dynamic "knowing" that makes a difference in practice requires the participation of people who are fully engaged in the process of creating, refining, communicating, and using knowledge.

We frequently say that people are an organization's most important resource. Yet we seldom understand this truism in terms of the communities through which individuals develop and share the capacity to create and use knowledge. Even when people work for large organizations, they learn through their participation in more specific communities made up of people with whom they interact on a regular basis. These "communities of practice" are mostly informal and distinct from organizational units.

However, they are a company's most versatile and dynamic knowledge resource and form the basis of an organization's ability to know and learn.
Defining Communities of Practice

Communities of practice are everywhere. We all belong to a number of them—at work, at school, at home, in our hobbies. Some have a name, some don’t. We are core members of some and we belong to others more peripherally. You may be a member of a band, or you may just come to rehearsals to hang around with the group. You may lead a group of consultants who specialize in telecommunication strategies, or you may just stay in touch to keep informed about developments in the field. Or you may have just joined a community and are still trying to find your place in it. Whatever form our participation takes, most of us are familiar with the experience of belonging to a community of practice.

Members of a community are informally bound by what they do together—from engaging in lunchtime discussions to solving difficult problems—and by what they have learned through their mutual engagement in these activities. A community of practice is thus different from a community of interest or a geographical community, neither of which implies a shared practice. A community of practice defines itself along three dimensions:

- **What it is about**—its *joint enterprise* as understood and continually renegotiated by its members
- **How it functions**—the relationships of *mutual engagement* that bind members together into a social entity
- **What capability it has produced**—the *shared repertoire* of communal resources (routines, sensibilities, artifacts, vocabulary, styles, etc.) that members have developed over time.

Communities of practice also move through various stages of development characterized by different levels of interaction among the members and different kinds of activities (see “Stages of Development”).

Communities of practice develop around things that matter to people. As a result, their practices reflect the members’ own understanding of what is important. Obviously, outside constraints or directives can influence this understanding, but even then, members develop practices that are their own response to these external influences. Even when a community’s actions conform to an external mandate, it is the community—not the mandate—that produces the practice. In this sense, communities of practice are fundamentally self-organizing systems.

Communities of Practice in Organizations

Communities of practice exist in any organization. Because membership is based on participation rather than on official status, these communities are not bound by organizational affiliations; they can span institutional structures and hierarchies. They can be found:

- **Within businesses**: Communities of practice arise as people address recurring sets of problems together. So claims processors within an office form communities of practice to deal with the constant flow of information they need to process. By participating in such a communal memory, they can do the job without having to remember everything themselves.
Communities of Practice Manual

Stages of Development

**Potential**  
People face similar situations without the benefit of a shared practice

**Finding each other, discovering commonalities**

**Typical Activities**

Exploring connectedness, defining joint enterprise, negotiating community

**Active**  
Members engage in developing a practice

Engaging in joint activities, creating artifacts, adapting to changing circumstances, renewing interest, commitment, and relationships

**Dispersed**  
Members no longer engage very intensely, but the community is still alive as a force and a center of knowledge

Staying in touch, communicating, holding reunions, calling for advice

**Memorable**  
The community is no longer central, but people still remember it as a significant part of their identities

Telling stories, preserving artifacts, collecting memorabilia

**time**

- **Across business units:** Important knowledge is often distributed in different business units. People who work in cross-functional teams thus form communities of practice to keep in touch with their peers in various parts of the company and maintain their expertise. When communities of practice cut across business units, they can develop strategic perspectives that transcend the fragmentation of product lines. For instance, a community of practice may propose a plan for equipment purchase that no one business unit could have come up with on its own.

- **Across company boundaries:** In some cases, communities of practice become useful by crossing organizational boundaries. For instance, in fast-moving industries, engineers who work for suppliers and buyers may form a community of practice to keep up with constant technological changes.

Communities of practice are not a new kind of organizational unit; rather, they are a different cut on the organization's structure—one that emphasizes the learning that people have done together rather than the unit they report to, the project they are working on, or the people they know. Communities of practice differ from other kinds of groups found in organizations in the way they define their enterprise, exist over time, and set their boundaries:
• A community of practice is different from a *business or functional unit* in that it defines itself in the doing, as members develop among themselves their own understanding of what their practice is about. This living process results in a much richer definition than a mere institutional charter. As a consequence, the boundaries of a community of practice are more flexible than those of an organizational unit. The membership involves whoever participates in and contributes to the practice. People can participate in different ways and to different degrees. This permeable periphery creates many opportunities for learning, as outsiders and newcomers learn the practice in concrete terms, and core members gain new insights from contacts with less-engaged participants.

• A community of practice is different from a *team* in that the shared learning and interest of its members are what keep it together. It is defined by knowledge rather than by task, and exists because participation has value to its members. A community of practice's life cycle is determined by the value it provides to its members, not by an institutional schedule. It does not appear the minute a project is started and does not disappear with the end of a task. It takes a while to come into being and may live long after a project is completed or an official team has disbanded.

• A community of practice is different from a *network* in the sense that it is "about" something; it is not just a set of relationships. It has an identity as a community, and thus shapes the identities of its members. A community of practice exists because it produces a shared practice as members engage in a collective process of learning.

People belong to communities of practice at the same time as they belong to other organizational structures. In their business units, they shape the organization. In their teams, they take care of projects. In their networks, they form relationships. And in their communities of practice, they develop the knowledge that lets them do these other tasks. This informal fabric of communities and shared practices makes the official organization effective and, indeed, possible.

Communities of practice have different relationships with the official organization. The table "Relationships to Official Organization" shows different degrees of institutional involvement, but it does not imply that some relations are better or more advanced than others. Rather, these distinctions are useful because they draw attention to the different issues that can arise based on the kind of interaction between the community of practice and the organization as a whole.
### Relationships to Official Organization

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Definition</th>
<th>Challenges typical of the relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unrecognized</strong></td>
<td>Invisible to the organization and sometimes even to members themselves</td>
<td>Lack of reflexivity, awareness of value and of limitation</td>
</tr>
<tr>
<td><strong>Bootlegged</strong></td>
<td>Only visible informally to a circle of people in the know</td>
<td>Getting resources, having an impact, keeping hidden</td>
</tr>
<tr>
<td><strong>Legitimized</strong></td>
<td>Officially sanctioned as a valuable entity</td>
<td>Scrutiny, over-management, new demands</td>
</tr>
<tr>
<td><strong>Strategic</strong></td>
<td>Widely recognized as central to the organization's success</td>
<td>Short-term pressures, blindness of success, smugness, elitism, exclusion</td>
</tr>
<tr>
<td><strong>Transformative</strong></td>
<td>Capable of redefining its environment and the direction of the organization</td>
<td>Relating to the rest of the organization, acceptance, managing boundaries</td>
</tr>
</tbody>
</table>

### Importance of Communities to Organizations

Communities of practice are important to the functioning of any organization, but they become crucial to those that recognize knowledge as a key asset. From this perspective, an effective organization comprises a constellation of interconnected communities of practice, each dealing with specific aspects of the company's competency—from the peculiarities of a long-standing client, to manufacturing safety, to esoteric technical inventions. Knowledge is created, shared, organized, revised, and passed on within and among these communities. In a deep sense, it is by these communities that knowledge is "owned" in practice.

Communities of practice fulfill a number of functions with respect to the creation, accumulation, and diffusion of knowledge in an organization:

- They are nodes for the *exchange and interpretation of information*. Because members have a shared understanding, they know what is relevant to communicate and how to present information in useful ways. As a consequence, a community of practice that spreads throughout an organization is an ideal channel for moving information, such as best practices, tips, or feedback, across organizational boundaries.
- They can *retain knowledge* in "living" ways, unlike a database or a manual. Even when they routinize certain tasks and processes, they can do so in a manner that responds to local circumstances and thus is useful to practitioners. Communities of practice preserve the
Communities of practice structure an organization's learning potential in two ways: through the knowledge they develop at their core and through interactions at their boundaries. Like any asset, these communities can become liabilities if their own expertise becomes insular. It is therefore important to pay as much attention to the boundaries of communities of practice as to their core, and to make sure that there is enough activity at these boundaries to renew learning. For while the core is the center of expertise, radically new insights often arise at the boundary between communities. Communities of practice truly become organizational assets when their core and their boundaries are active in complementary ways.

To develop the capacity to create and retain knowledge, organizations must understand the processes by which these learning communities evolve and interact. We need to build organizational and technological infrastructures that do not dismiss or impede these processes, but rather recognize, support, and leverage them.

**Developing and nurturing Communities of Practice**

Just because communities of practice arise naturally does not mean that organizations can't do anything to influence their development. Most communities of practice exist whether or not the organization recognizes them. Many are best left alone—some might actually wither under the institutional spotlight. And some may actually need to be carefully seeded and nurtured. But a good number will benefit from some attention, as long as this attention does not smother their self-organizing drive.
Whether these communities arise spontaneously or come together through seeding and nurturing, their development ultimately depends on internal leadership. Certainly, in order to legitimize the community as a place for sharing and creating knowledge, recognized experts need to be involved in some way, even if they don’t do much of the work. But internal leadership is more diverse and distributed. It can take many forms:

- The *inspirational* leadership provided by thought leaders and recognized experts
- The *day-to-day* leadership provided by those who organize activities
- The *classificatory* leadership provided by those who collect and organize information in order to document practices
- The *interpersonal* leadership provided by those who weave the community’s social fabric
- The *boundary* leadership provided by those who connect the community to other communities
- The *institutional* leadership provided by those who maintain links with other organizational constituencies, in particular the official hierarchy
- The *cutting-edge* leadership provided by those who shepherd “out-of-the-box” initiatives.

These roles may be formal or informal, and may be concentrated in a core group or more widely distributed. But in all cases, leadership must have intrinsic legitimacy in the community. To be effective, therefore, managers and others must work with communities of practice from the inside rather than merely attempt to design them or manipulate them from the outside. Nurturing communities of practice in organizations includes:

**Legitimizing participation.** Organizations can support communities of practice by recognizing the work of sustaining them; by giving members the time to participate in activities; and by creating an environment in which the value communities bring is acknowledged. To this end, it is important to have an institutional discourse that includes this less-recognized dimension of organizational life. Merely introducing the term “communities of practice” into an organization’s vocabulary can have a positive effect by giving people an opportunity to talk about how their participation in these groups contributes to the organization as a whole.

**Negotiating their strategic context.** In what Richard McDermott calls “double-knit organizations,” people work in teams for projects but belong to longer-lived communities of practice for maintaining their expertise. The value of team-based projects that deliver tangible products is easily recognized, but it is also easy to overlook the potential cost of their short-term focus. The learning that communities of practice share is just as critical, but its longer-term value is more subtle to appreciate. Organizations must therefore develop a clear sense of how knowledge is linked to business strategies and use this understanding to help communities of practice articulate their strategic value. This involves a process of negotiation that goes both ways. It includes understanding what knowledge—and therefore what practices—a given strategy requires. Conversely, it also includes paying attention to what emergent communities of practice indicate with regard to potential strategic directions.
Being attuned to real practices. To be successful, organizations must leverage existing practices. For instance, when the customer service function of a large corporation decided to combine service, sales, and repairs under the same 800 number, researchers from the Institute for Research on Learning discovered that people were already learning from each other on the job while answering phone calls. They then instituted a learning strategy for combining the three functions that took advantage of this existing practice. By leveraging what they were already doing, workers achieved competency in the three areas much faster than they would have through traditional training. More generally, the knowledge that companies need is usually already present in some form, and the best place to start is to foster the formation of communities of practice that leverage the potential that already exists.

Fine-tuning the organization. Many elements in an organizational environment can foster or inhibit communities of practice, including management interest, reward systems, work processes, corporate culture, and company policies. These factors rarely determine whether people form communities of practice, but they can facilitate or hinder participation. For example, issues of compensation and recognition often come up. Because communities of practice must be self-organizing to learn effectively and because participation must be intrinsically self-sustaining, it is tricky to use reward systems as a way to manipulate behavior or micro-manage the community. But organizations shouldn't ignore the issue of reward and recognition altogether; rather, they need to adapt reward systems to support participation in learning communities, for instance, by including community activities and leadership in performance review discussions. Managers also need to make sure that existing compensation systems do not inadvertently penalize the work involved in building communities.

Providing support. Communities of practice are mostly self-sufficient, but they can benefit from some resources, such as outside experts, travel, meeting facilities, and communications technology. A companywide team assigned to nurture community development can help address these needs. This team typically

- provides guidance and resources when needed
- helps communities connect their agenda to business strategies
- encourages them to move forward with their agenda and remain focused on the cutting edge
- makes sure they include all the right people
- helps them create links to other communities

Such a team can also help identify and eliminate barriers to participation in the structure or culture of the overall organization; for instance, conflicts between short-term demands on people’s time and the need to participate in learning communities. In addition, just the existence of such a team sends the message that the organization values the work and initiative of communities of practice.

The Art of Balancing Design and Emergence

Communities of practice do not usually require heavy institutional infrastructures, but their members do need time and space to collaborate. They do not require much management, but
they can use leadership. They self-organize, but they flourish when their learning fits with their organizational environment. The art is to help such communities find resources and connections without overwhelming them with organizational meddling. This need for balance reflects the following paradox: No community can fully design the learning of another; but conversely no community can fully design its own learning.

Acknowledgments

This article reflects ideas and text co-created for presentations with my colleagues Richard McDermott of McDermott & Co., George Por of the Community Intelligence Labs, Bill Snyder of the Social Capital Group, and Susan Stucky of the Institute for Research on Learning. Thanks to all of them for their personal and intellectual companionship.

Biographical Note

Dr. Etienne Wenger is a globally recognized thought leader in the field of learning theory and its application to business. A pioneer of the “community of practice” research and author of *Communities of Practice: Learning, Meaning, and Identity* (Cambridge University Press, 1998), he helps organizations apply these ideas through consulting, workshops, and public speaking.
Sidebar:

Different members of an organization can take actions in their own domains to support communities of practice and maximize the benefits they can provide:

- **Line managers** must make sure that people are able to participate in the right communities of practice so they sustain the expertise they need to contribute to projects.
- **Knowledge managers** must go beyond creating informational repositories that take knowledge to be a “thing,” toward supporting the whole social and technical ecology in which knowledge is retained and created.
- **Training departments** must move the focus from training initiatives that extract knowledge out of practice to learning initiatives that leverage the learning potential inherent in practice.
- **Strategists** must find ways to create two-way connections between communities of practice and organizational strategies.
- **Change managers** must help build new practices and communities to bring about changes that will make a constructive difference.
- **Accountants** must learn to recognize the capital generated when communities of practice increase an organization's learning potential.
- **Facilities managers** must understand the ways in which their designs support or hinder the development of communities of practice.
- **Work process designers** must devise process improvement systems that thrive on, rather than substitute for, engaged communities of practice.

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Dialogue Practice & Structural Dynamics

By Tom O'Connor
April 2014

How often have you been at a meeting and wished it would end so you could go and get some real work done? Unfortunately, many agencies and people are not very good at meetings or dialogue. Even though everyone agrees that collaboration and teamwork is essential, real collaboration is difficult to achieve. One of the main reasons for poor teamwork is poor dialogue skill. A good community of practice depends on having people who are skillful at face-to-face conversations.

This is where a dialogue system called "structural dynamics" can help. Structural Dynamics is a theory of face-to-face communication that was developed by David Kantor, a renowned systems psychologist, family therapist and organizational development consultant. Kantor posits that any group of people in ongoing conversations will develop certain patterns or structures of communication that may or may not be helpful. By attending to these patterns of communication and by learning to increase the range and type of patterns, a community of practice can dramatically improve its level of dialogue.

At the heart of Kantor's system is something called the four-player action. Kantor believes that every piece of communication in a group can be broken down into four different actions. Each of us does all four actions in different contexts, but we tend to favor some of them more than others, and we can also become stuck in one of them.

1) **Mover.** First a person can make a move in the group, as in "Let's go to the movies tonight." People who like to be movers in conversations like to put out ideas and make statements that propose a direction for the group to move in. Movers provide the forward momentum for the group and help it to find solutions to the problems they face. Without movers there is no direction.

2) **Follower.** Second, a person can follow the move that someone has made, as in "That's a great idea, I can check out what movies are playing." People who like to be followers selectively pick and support among the moving actions that have already been made. In this instance the word follower should not be taken pejoratively, as in someone who cannot take a direction on his or her own. Many leaders are very good at following – they can listen to different moves made by people on their team and then support or follow the idea they think is the best one. Followers are essential to a team because they support and help to strengthen and complete the moves that are made. Without followers there is no completion.

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1. See a 3 minute video of David Kantor talk about Structural Dynamics with Strategy and Business at http://www.youtube.com/watch?v=7wzVWHzreA
3) **Opposer.** Third, a person can oppose or challenge a move that has been made, as in, "I don't think we should go to the movies, we will be out too late and we need to get an early start in the morning." Opposers push back on ideas, as they are good at seeing potential problems in the proposed path. Often times groups discourage opposition because they take it as a sign of disunity, however, opposers are necessary to prevent the group from making mistakes and should really be encouraged. It is too easy for the movers and followers to happily go over a cliff together if there are no opposers. Without opposers there is no correction.

4) **Bystander.** Fourth, a person can bystand or add perspective to the group, as in "Personally, I would like to go to a movie, but I've noticed that we almost always end up going to the movies, even though some people in the group would prefer to do something else. I wonder could we do something different tonight that would also appeal to the moviegoers." Bystanders are great at seeing the whole picture in the group and they can build bridges between competing actions or moves. They sum up what has been happening in the group, and find a way to bring the disparate points of view together. Apparently, the magic of Magic Johnson, came from the fact that he was a good bystander. Yes, Magic could move the ball in a definite direction, he could also follow his teammates’ moves and he could oppose the moves of the other team. In the midst of doing so, however, Magic could also keep an eye on the whole game. This allowed Magic to point out the patterns of the game to his team – do you notice how we are always getting stopped when we come from the left, we need to switch our approach. Without bystanders there is no perspective.

The trick to good dialogue is to have all four actions happening in the conversation. Some people tend to be what is called a stuck mover or a stuck opposer, follower or bystander. In other words, they are a one trick pony that repeats the same trick too often for the good of the team. Others can be what are called a disabled bystander, mover, opposer or follower. A disabled bystander, for example, is noticing everything that is going on in the dialogue but they have been shut down by the other members of the team or they have allowed their own shyness or anxiety to stop them from saying anything. So don't be fooled by the term "bystander", it does not mean someone who stands by and observes at a meeting but says nothing – bystanders have to give voice to what they see or their critical role will not come into being.

We can practice and get better at all four actions. The way to do so is simply to describe out the four-player model to the community of practice, and perhaps draw a chart like the following on the board so the members can see the four actions and keep them in mind. Doing so validates all of the actions, and helps the members to become more aware of what they and others are doing in the conversation.
The other dialogue principle to lay out at the beginning of the community of practice is the “All Voices” principle. This simply means that to have a good dialogue you have to hear from everyone’s voice. Some people on the team will be more on the extroverted side, and they will naturally tend to talk more in the group, especially if they are a mover or an opposer. This is a good thing because it gives the more introverted people time to observe and think. But at some stage the group has to hear from everyone or it will happen that a few voices will dominate the conversation.

You can get all voices into the conversation by having times, at the start, during, or at the end of a conversation where you simply go around and hear what everyone has to say. There are basically three ways to do this: 1) round robin; 2) ping pong; and 3) popcorn. The round robin method is the most familiar, and you simply go around the group in a clockwise or anticlockwise direction. With ping pong one person says what they have to say, and then they call someone else in the group. In the popcorn method, people keep popping and saying something (just one pop per person) until everyone in the group has popped.

Depending on the needs and timing for the community of practice it can also hear from everyone at three different levels; 1) a word; 2) a sentence; or 3) a paragraph. The group might have two minutes left, for example, but it needs to check in with and get a read on how everyone is feeling. This would be a good time to round robin, pop or ping pong around a single word. So the person who introduces this says, “We have two minutes left, so let’s just go around the circle and hear a word from everyone that describes how you are feeling at the moment, it can be anything such as excited, frustrated, intrigued, hopeful, upset... I will start and then we can move to my left. My word is grateful.” The same approach can also be used to have people say a sentence or a paragraph. In the paragraph approach you are obviously asking people to say more. You will find that when you take the time to hear from everyone that the conversation will become much richer. It is always fascinating to hear what people are thinking, and usually this does not happen enough when groups come together.
Having this simple, easy to understand, dialogue structure to guide your community of practice will make a big difference. The bystanders in the group will begin to notice, and should then point out, that the group invariably tends to fall into certain structures or patterns of communication that are not particularly helpful.

**Point Counterpoint.** One of these patterns is the move-oppose-move-oppose, move-oppose pattern. This pattern is interesting at first, but after a few minutes it becomes very stale and uninspiring. We have all seen this pattern, and it happens when one person or group of people are moving an idea, only to be opposed by another person or group, at which point the first group move again. It could be said that the gridlock in the US Congress is a consequence of this kind of pattern.

**Serial Monologues.** Another pattern is the move-move-move-move. In this pattern you have too many cooks in the kitchen. In other words several of the team are movers or even stuck movers, so person A will make a move, then person B will make a different move, and person C will make another different move and it goes around and around with nothing getting done. It might look like there is a lot of opposition on this team, but in reality no one is opposing another person's idea they are simply ignoring the other ideas and moving their own. What is needed are a few strong followers who can pick out the best idea, support it and get that completed before going on to the next idea.

**Courteous Compliance.** A third pattern occurs when a strong mover in the group, who might also have more authority than other members of the group in some way, makes a move that is quickly followed by almost everyone in the group – move-follow-follow-follow. Clearly this pattern kills any real dialogue, so a good bystand would be to say "Hey everyone, I have noticed that we all seem to agree on everything, so that must mean we are missing the oppose action in our group. Let's spend a bit of time thinking about ways in which we disagree with each other, or ways in which what we are proposing could go wrong."

**Covert Opposition.** In this pattern a person makes a move that is followed by a bystand or a follow that are really an oppose. In other words, the person wants to oppose the move, but cannot bring him or herself to do so directly move-bystand (oppose), follow (oppose). So John says "Let's go to the movies tonight." Then Mary says "John, it's great that you are always the first person to come up with an idea for the group." Or Fred says "Well John is the leader in the group, and I think we should follow the leader."

**Hall of Mirrors.** In the hall of mirrors scenario a person makes a move and then a person bystands about the move, and then another person bystands about the bystand, upon which you get another bystand. It is like being in an echo chamber or a hall of mirrors at the carnival where all you can see is reflection after reflection. "Let's go to the movies." says John. "Ah the movie option, that always comes up in this group." says Jack. "Yes, you are good at spotting trends Jack." says Susan. "I have noticed the same trend of going to the movies in the other groups who are working here." says Abby.

Obviously, these patterns of communication or structural dynamics are not very helpful. The answer is not to change the members of the community of practice, the answer is to switch up the
dialogue patterns and to have people try out different combinations of the four player actions and to make sure that everyone's voice is heard at different points in the conversation.

**Action Modes: Variations of Dynamics/Sequences**

- **Serial Monologues**: M-M-M-M
- **Courteous Compliance**: M-F-F-F
- **Point-Counterpoint**: M-O-M-O
- **Hall of Mirrors**: M-B-B-B
- **Covert Opposition**: M-F/O, M-B/O
Rapid Non-Voluntary Client Engagement

Bradford M. Bogue, Director,
JSAT (www.j-sat.com)
Feb. 8, 2014

Aligning for Growth & Change

In this evolving era of evidence-based practices we have an extraordinary array of knowledge to draw upon and improve many of our processes in corrections. We now have considerable knowledge and evidence on what are regarded as best practices for engaging new clients in what has come to be called an effective working alliance or working relationship. A strong working alliance is a function of a shared understanding and respect for each other’s roles, the ability of the change agent to listen empathetically and a joint commitment to progress on behalf of the client. The research says the stronger the working alliance, the better the outcomes. However, establishing a working alliance with non-voluntary clients can often be challenging.

When a working alliance is not established, pseudo compliance and attrition are more apt to take place. The research on offender compliance and attrition indicates the first few sessions are critical in determining the direction and course of supervision. Attrition is highest immediately after these early sessions. As any officer knows, when compliance issues arise, neither the clients nor the officer benefits from the complications that typically take place. In short, in community supervision, if there are ever any sessions that one doesn’t want to screw-up, it would be the first 2-3 sessions.

The Assessment Function Provides a Great Opportunity to Align with the Client

What we can do as officers to avoid misunderstandings and create a good connection with our clients is as much an art as it is science. However research, again, is showing us some preferred paths that integrate a variety of EBP into the assessment process, where treatment and change, according to many, often begin.

In the context of conducting a third generation assessment there is a potential intersect for several EBPs in corrections and human services: role clarification for non-voluntary clients; Motivational Interviewing (MI); normative feedback, and stimulating the precursors for change. These four practices are methods for engaging clients in a responsive manner. Not surprisingly, they are highly interdependent and effective in reducing discord, attrition and noncompliance.

Together the above practices make-up the guts of a very blended and rich skill set that ideally starts during the assessment process and readily carries over into subsequent sessions. MI is capable of encompassing the entire intake process from assessment to change planning. The other processes, however, are woven in and out of this larger
process, in conjunction with the unfolding steps necessary to complete an assessment and guide a person in developing a related plan of action. We see six steps in this larger process:

1. Role Clarification;
2. Interview Stages;
3. Normative Feedback;
4. Agenda Mapping;
5. Refining the Focus;

Understanding the segues between the above strategies and how certain combinations of these strategies blend and can be integrated will be discussed and clarified after each strategy is described and discussed independently.
Motivational Interviewing

In their most recent (3rd) edition of Motivational Interviewing: Preparing People to Change (2012), the creators of Motivational Interviewing (MI), William Miller and Stephen Rollnick greatly simplified how they portray MI. While emphasizing the same technical skills and spirit, they construe MI as an additive model that incorporates and ultimately utilizes four basic processes:

- Engaging
- Focusing
- Evoking
- Planning

The authors describe how MI begins with engaging clients to explore possibilities for a relationship and the need to adjust to the client’s world during this process, via reflective listening. As a sense of trust and respect emerges, the interviewer naturally can shift into puzzling with the client about what values, changes and goals they might have that could provide a helpful shared focus. This second process of focusing builds upon the previous engaging process taking place between the two persons and leads to a clear focus or direction for subsequent discussion, with an emerging change target (e.g., quit smoking, exercise more, improve attitude, etc.). Once a mutually agreed upon change target is present the conversation will best be served (from an MI perspective) if the interviewer moves into the evoking process and begins to deliberately elicit and reinforce change talk regarding that topic. Finally, and not always in the same session, when the client expresses and demonstrates a definite commitment towards the target change, the last process of planning might be employed usefully.

Though there is clearly a sense of linear movement across the four processes of MI, it is not hard and fast and it can be relatively iterative. For example, when in the midst of focusing with a client to establish a good change agenda, if the client becomes overwhelmed and unsure, it may very well be a good time to shift back into engaging and concentrate on building the trust and rapport some more. Thus the four processes of MI provide loose guidelines for rolling out an entire assessment and case planning process. Give and take amongst the processes is assumed all along the way, where one is cycling in between two or more processes. However, there is good reason to also refer to the processes as markers, for ideally initiating certain stages or tactics.

As Figure 1, above suggests, certain MI processes are apt to be more associated with specific steps in the assessment/ change planning cycle. Use of reflective listening that is so core to engaging is quite consistent with moving through the information-gathering phase of the interview. Providing and exploring feedback with the assessment scores and profiles can readily trigger agenda-setting or the focusing process. By the same token, once a promising change target has emerged in a client’s mind, even a cursory discussion of the client’s precursors for making this change is apt to enable better evocation and for real change talk. In the following portion of this document, we’ll try to make it clear how MI the four processes ‘map’ to other assessment steps (role clarification thru change planning).
The MI Engaging Process in Assessment

Whether engaging the client via active listening skills helps to facilitate the role clarification process or it’s the other way around – it is a moot point. The two strategies go together well and both work best upfront, before the actual fact-finding part of the interview begins. Engaging is one of the four processes of MI and it is particularly well-suited for creating an inviting atmosphere in which to conduct the assessment interview. The primary skills for engaging are empathetic listening and use of active listening skills such as OARS.

Setting aside a few minutes prior to the subsequent information-gathering process, for simply drawing-out and listening to some of the client’s in-the-moment concerns and agenda can be most productive. Clients often say interesting things when they aren’t encumbered by any sort of agenda – they are just reinforced for being themselves and sharing whatever. Sometimes what they share provides answers to certain assessment items which thus don’t need to be probed later. Or things they share are useful to get a better feel about pace and alignment possibilities during the rest of the interview. Ideally, off-the-cuff comments are helpful for establishing early on, a bit more of the personhood of both the client and the staff. Genuineness is a key component of engaging.

1. Role Clarification:

Chris Trotter’s work analyzing outcomes for non-voluntary client populations such as probationers or social services neglect/abuse cases, identifies an often overlooked and underutilized mechanism – role clarification, as a promising practice. Trotter and others have determined that until a lot of repeated role clarification has taken place, there really are no safe assumptions about the nature of the relationship between staff and clients, when the clients are non-voluntary. Trotter has determined in numerous studies that workers who spend extra effort clarifying roles (theirs’, their client’s, the agency mission, along with the limits of their authority and any non-negotiable terms) over time, have significantly better outcomes than other staff. Consequently, many of the recent practice models that have been adopted for integrating EBPs into probation/parole supervision sessions (e.g., STICS, EPICS, COMBINES, STARR, Vogelvang’s, JSAT’s generic model, etc.) incorporate role clarification as a core component.

When staff clarify their roles, the client’s current expectations, their agency’s mission and their use of authority it reduces second-guessing and helps make the engagement more effective and real. Role clarification can signal to the client aspects of the engagement that are soon to emerge, so that the client has had time to soak on and better accept them before the actual engagement occurs. For example, if staff spent a few minutes reviewing – in the abstract – then later on they may provide the client some skill coaching in job interviewing or drink/drug refusal skills, the client will have a better idea of what to expect and how to show-up for their part. This kind of clarification can be on-going, flexible and very situational. Staff might check-in to see if they can test some statements (about what might be some of the client’s thinking distortions) and specify that they would like the client to correct them when they can. Thus enabling a deeper dialogue.

Assessment is another context where role clarification applications can pay terrific dividends. For example, providing a structuring statement, as a prelude to a clinical interview, is standard practice. Usually these structuring statements deliberately include information that is likely to
assure the person about to be interviewed that he or she is getting involved in a safe, engaging and productive process. The standard three or four bits of information the interviewer wants to convey are:

1. The purpose of the assessment interview in positive and general terms;

2. Because the assessment is so personal and has a lot of potential, drawing upon multiple sources of information is often helpful to make it as well-rounded and helpful as possible;

3. When the interview is over, there will be quite a bit scored, objective information – kind of like blood pressure measures – about how they compare to others in the criminal justice system (cjs), that can be shared with the individual, if he or she is interested; and,

4. How it’s their story and their assessment and therefore asking questions back and forth is always a good thing.

The above specific application of role clarification for assessment – providing a structuring statement, can help head-off subsequent uneasiness and second-guessing the purpose or direction of the interview on the client’s part. It provides a foundation for the next phase where the interviewer generally funnels into progressively more personal and ‘hot’ case information. Consequently, the more the interviewer personalizes and tailors their upfront structuring statements to the client before them, even if they barely know them, the better. With practice, the interviewer develops a set of template statements in their skill portfolio that range along a continuum that corresponds to the different types of clients they typically see. When this takes place it makes adjusting the language in one’s statements to fit individual clients easier, and, more effective. And as a result, clients become more engaged.

2. Interview Stages:

The actual assessment interview is best conducted in the context of the MI engaging process. This involves the use of considerable reflective listening while navigating and maintaining sensitivity to the stages of a clinical interview. Until the interviewer is really familiar with what items, in what domains, need to be scored, it can be challenging to ‘trust the process’, but ultimately that’s what is called for.

The three stages of an interview are: 1) the set-up, or structuring statement that is described above under role clarification; 2) the information gathering funnel that represents the bulk of the interview; and, 3) the close-out steps for getting strong closure.
Semi-Structured Interviewing – Three Stages

The interview set-up steps are designed to assure the client the interview will be safe – the interviewer has the client’s best interests at heart, meaningful and it may be of some use to them personally – thru the feedback that is provided later.

Interview Setup/Structuring Statement

The so-called ‘Information-Gathering Funnel’ refers to how most semi-structured assessment tools are built or organized, beginning with the more impersonal domains or subscales (e.g., criminal history, education or employment) and moving in a sequence to the progressively more personal content and subjects (i.e., regulating emotions, attitudes, etc.). Structuring interviews this way helps create a better chance of establishing and building rapport early on. Moreover, the nice thing about semi-structured interviews is that the interviewers are free to deviate from the order of the domains for the sake of gathering information in a more conversational style. And the more personable and engaging the style, the stronger the possibility for moving ahead with a fuller MI approach, in subsequent supervision sessions.
One way of initiating the information-gathering stage is to ask the client to tell their story regarding their involvement in the CJS. After providing the client a structuring statement, some officers find it’s easy to get almost any client talking by asking them to:

“Please talk to me about your experience with the CJS. If you just start with the first time you ever were in trouble with the law, and then the next I’ll try to take notes on any patterns that emerge. It doesn’t have to be in perfect order either, we’ll probably get distracted talking about other things sometimes but this might provide at least one theme for us to follow.”

The latter technique should provide ample opportunity for the interviewer to employ empathy, lots of OARS and discernment. As the client brings up issues related to various domains (e.g., education/employment, alcohol and drugs, peers, self-regulation, etc.) the interviewer decides whether or not they want to systematically explore that area in the immediate moment or not. As they finish investigating any respective domain its great form to offer a summary on it to the client for closure, before bringing the interview to the next topic.

When the interviewer begins to feel a bit confident that they have covered the ‘content space’ (they have enough information to score pretty much all the items of the respective assessment tool) of the assessment tool’s scoreable items it’s time for one last gear change, to the last stage of the assessment – the close-out. There are several potential steps involved in this stage:

1. Segueing into a transition, using a grand summary, a ‘magic question’ or some other device to indicate that the interview has gone well and is about over – including asking the client to review or complete some paperwork while the interviewer double-checks for insufficiently probed items where they may actually not have enough information to be scored accurately;

2. Address any issues that have been flagged during the interview that need closure;

3. Either finish scoring and provide feedback, or suggest and set-up the future possibility for the client to receive feedback from the various scale scores in their assessment.
Signaling and bringing about the conclusion in a way that provides closure to the client and the interviewer is important. The client just spent the better part of an hour or more telling and sharing, for practical purposes, their life story with a relative stranger. The interviewer listened, took notes and guided the interview but he or she still has to score this assessment and use the results pragmatically. One way to respectfully acknowledge the client’s personal disclosure is to use a grand summary that pulls together the bigger patterns of the individual’s life: his or her experiences being in trouble, as well as other positive factors and strengths they have demonstrated that provide grounds for more hope in the future. Another method is to use some playful magic questions, now that there is some rapport established, to check if there aren’t still significant parts of the client’s life missing from the interview.

**Magic questions** are simply big, goofy open questions. For example:

“*If your fairy Godmother were to jump out of your car’s glove box on the way home and tell you could have anything you wished for, providing you do it in 10 seconds… what would you wish for?*”

“*What have we not talked about that as far as you are concerned, might be important in terms of success on supervision?*”

“*What goals, short or long-term are you considering for yourself?*”

“*Suppose you died today and came back to your funeral in a few days… who would likely be there? What would they say about you? Why?*”

“*What do you see your future looking like two years from now?*”

When significant new aspects emerge, probe and explore them before concluding the interview with a last request. Ask the client to sit tight for a minute or two while the interviewer reviews the scoreable items of the respective assessment tool and more often than not, identifies a few that they want to probe just a bit more – and do so. Sometimes this pause with the client for review can be facilitated by giving the client a required agency form to fill-out or a self-administered assessment, such as the ASUS, ASUDS, RSAT, etc., to complete; because both the client and the interviewer are then doing something useful.

Finally, once the assessment is scored or ready to be scored, it’s appropriate to address any loose items like flagged items… any ‘hot cognitions’ such as suicidal ideation or other critical acute needs (e.g., necessary psychotropic or health medications, shelter problems, significant legal issues such as restraining orders, etc.). Then indicate arrangements for how the client can get feedback on the results of the assessment.
The MI Focusing Process in Assessment

Opportunities for developing a shared focus for supervision can emerge at almost any point during the assessment interview. It’s not uncommon for corrections clients to indicate areas that they are interested in changing at various points throughout the assessment interview. These notions are always worth noting and sometimes reinforcing, especially when the area coincides with strong criminogenic factors (e.g., antisocial companions, attitudes, self-regulation skills, etc.). However, the focusing process most often begins in earnest once the interview is over.

3. Normative Feedback:

The best time to begin focusing on change goals with a client is whenever they are ready for this activity. Having said this, we also know that the process of providing normative feedback – feedback that is both personal and objective, such as sharing specific measures of blood pressure or scale scores in a risk/need assessment – can often stir-up some readiness regarding the client’s interest in looking at personal goals. Due to the potential this strategy has for facilitating the focusing process it is important to plan for it deliberately, whenever possible.

Preparing to Provide Feedback

There are five simple steps to planning for providing normative feedback:

1. Scoring all related assessment tools;
2. Considering the overall patterns and relationships between the assessment score, notes and prior records, i.e., case analysis;
3. Objectively identifying the top criminogenic and non-criminogenic case factors;
4. Identifying the related possible lowest precursors to change for the priority target behavior and what some of the related strategies are for engaging that precursor might be with your respective client;
5. Consider and select the best timing considerations for introducing feedback and related possible case focusing.

Once the interviewer has re-engaged the client and finished clarifying insufficiently probed items, it’s time to score the assessment. This may also be the time to set a follow-up appointment, thank the client and excuse them. Sometimes, for many intake officers, this may be the last time they will see the client and, therefore, they may have the client wait nearby while they finish scoring. Regardless, the scoring should take place soon after the interviewer completes the interview. This will enable the interviewer to capitalize on his or her immediate memory capacity and avoid having the case details blur with subsequent intervening other cases.

The complexity for assessment scoring and recording varies of course, depending on the assessment tools that are utilized. Most corrections systems rely upon what are referred to as ‘3rd generation risk/need tools’. These kinds of tools (e.g., LSI-R, Compass, SDRRC, SPIN, LS/CMI, etc.) minimally provide summary risk measures and a profile of the criminogenic needs factors currently in the client’s life. Some systems require the use of multiple tools, wherein the information tapped through an interview-driven protocol is complicated by knowledge gained through a self-administered survey tool. In order to analyze the case and prepare for giving the client feedback, it’s important to score and complete all the necessary tools and review their various components.

This case review needn’t take more than a few minutes. It should include any assessment notes, the resulting assessment scores, and the rap sheet or criminal records as well as prior treatment and/or supervision records. These documents should enable the interviewer to piece together some of the larger patterns in their client’s life and begin to assess where the most promising one or two change target areas are.

When documents or information from different sources converge, or indicate the same thing, they might need to be taken more seriously. For example, if a client states things in the interview that causes the interviewer to score a particular subscale rather high, and in the case analysis the officer discovers that the client’s self-report on a survey tool also score unusually high in this area, one can probably have more confidence to conclude that the respective area is significant in the client’s life.

Be sure to consider non-criminogenic case factors or issues as well as the criminogenic ones. Sometimes certain non-criminogenic issues (e.g., needs for psych meds, recently blacklisted at the local shelter, serious tooth infection, etc.) have a way of trumping any other change targets until the issue is addressed. This isn’t to say there shouldn’t be some attention towards addressing the more criminogenic factors but just not necessarily to the exclusion of possible deal-breaking, non-criminogenic areas.

After reviewing the above assessment and case materials, the officer should be in a more informed place to determine what the top criminogenic factor is – the one that most likely currently has the most influence on the respective client’s on-going criminal behavior. This factor or domain tentatively becomes one of the two top case priorities; the other being whatever domain is most important to the client. In some cases there may be so much ambiguity and/or ambivalence on the
part of the client’s perspective it may not be productive to plan further until the feedback has been presented and processed with client. In other cases it may be relatively clear however, what the top criminogenic factor is and/or what the client’s preferred change targets are. To the degree that either of the latter are true, the final step in preparing can be taken.

There is now considerable research support that recommends that officers should focus with their clients on the more criminogenic change targets. For example, amongst the central eight factors this would be: antisocial peers; antisocial attitudes, history of antisocial behavior (aka low self-control); and, antisocial pattern or personality. The latter factors, sometimes referred to as the ‘Big Four’ because of their prominence in the meta-analysis research, are likely to have a more potent influence on criminal behavior than other factors. But this does not mean that other factors should not be considered.

Sometimes other so-called non-criminogenic factors such as mental or physical health, living situation, and clothing can become deal-breakers if not addressed upfront. Sorting criminogenic and non-criminogenic factors requires a high degree of discrimination and ability to navigate and negotiate what are sometimes very grey areas. Officers who maintain a balanced commitment to fulfilling both the need and the responsivity principles are less likely to sort in a rigid fashion.

When there are reasonably safe assumptions about what some of the future change targets might be, reviewing the client’s possible precursor strengths is an excellent last step in preparing for providing feedback. The precursor model developed by Fred Hanna represents a potential breakthrough in methods for working with challenging clients. Hanna and his colleagues have identified seven distinct personal change enablers or precursors to change. When these precursors are not ‘onboard’ or present in someone they represent obstacles that interfere with an individual’s ability to make any fundamental change:

**Precursors of Change** (Hanna, 2002)

1. **Sense of Necessity for Change** – expresses desire for change and feels a sense of urgency;
2. **Willing to Experience Anxiety** – open to experiencing emotion and more likely to take risks;
3. **Awareness** – able to identify problems and sort thoughts and feelings;
4. **Confronting the Problem** – courageously faces the problem with sustained attention towards the issues;
5. **Effort Toward Change** – eagerly does homework, high energy; active cooperation;
6. **Hope for Change** – positive outlook; open to future; high coping; therapeutic humor;
7. **Social Support for Change** – wide network of friends, family; many confiding relationships.

The seven precursors of change can be used as a scale (see Readiness Scale, Appendix A) to assess their presence within a client. This can be an invaluable aid with higher risk and potentially difficult clients. After reviewing the precursors for a particular client on a specific change target, officers that have some sense of which precursors are weakest can prepare themselves further by reviewing the techniques and strategies associated with those specific precursors\(^4\). This enables the client and officer to get the maximum alliance in the impending normative feedback session.
The last piece in preparing to provide assessment feedback is identifying some options for exactly how you are going to provide feedback. The key to normative feedback is providing personal information to someone in a manner that appears objective and unbiased. Therefore we often find it useful to share total scores for risk and protective measures and subscale scores and profiles. While it’s quite appropriate to use the scored assessment tools themselves, sometimes it more helpful to refer to what are called norming charts or profile documents that sometimes can make things a bit more clear to clients and still come across as objective.

Below is an example of a norming chart for one commonly used assessment, note that men and women are normed separately, something that is now considered best practice in the assessment process. Norm charts typically show the client how their specific risk score falls into a range of all possible scores, for a representative sample of other clients. The client then can see what percent are more or less at risk.
Another format for providing feedback is to profile the various subscales in assessment so that they convey a sense for which subscale areas have more influence on a respective client’s life. There are two ways to convey this. One approach is showing the proportion of items that scored as risk factors – this would be the intensity of the factor. The other is to depict the relative potency of the factors. For example, within the ‘Central Eight’ criminogenic factors, repeated meta-analysis results reinforces that certain factors, sometimes referred to as the ‘Big Four’ are much more influential on criminal behavior – at least two times more impactful – than other factors. Thus authors tend to emphasize these areas (i.e., history of criminal behavior aka, low self-control, anti-social attitudes, anti-social peers, anti-social personality or pattern). These facts can be indicated readily by color-coding that denote the more potent factors in red, the next in orange and the weakest factors in yellow. The chart below uses both methods. Can you tell from the shaded profile which areas are the strongest factors for the hypothetical client depicted?

LS/CMI Profile: High Risk / High Needs

<table>
<thead>
<tr>
<th>CH</th>
<th>EE</th>
<th>Fam</th>
<th>Leis</th>
<th>Peers</th>
<th>AlcOrg</th>
<th>Attitude</th>
<th>Anti-social Pattern</th>
<th>Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very High</td>
<td>8</td>
<td>8-9</td>
<td>4</td>
<td>---</td>
<td>4</td>
<td>7-8</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>High</td>
<td>6-7</td>
<td>6-7</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>5-6</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Medium</td>
<td>4-5</td>
<td>4-5</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>3-4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Low</td>
<td>2-3</td>
<td>2-3</td>
<td>1</td>
<td>---</td>
<td>1</td>
<td>1-2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Very Low</td>
<td>0-1</td>
<td>0-1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
</tbody>
</table>

Risk Level = 33 – 36 (Very High)

If you chose Criminal History (CH), a proxy for low-self control, we would have agreed with you. While not as salient or high-scoring as Employment, Family and Alcohol & Drug Problem subscales, it is still quite high, and, it is coded red or higher potency in terms of its influence on criminal behavior. These are all some of the things that can be discussed in the course of providing feedback on the assessment results.

One last format example for giving feedback is the use of legos. Since the whole idea behind the use of feedback is to help clients get aroused and involved with looking at the discrepancies in how they experience their lives, using a game like legos can be a useful fit. Legos can be used in several ways. One is after a quick explanation on the Central Eight criminogenic factors, ask the client to select and assemble a wall or fort made of legos that represents their biggest challenges.
to getting out of and staying out of the CJS. Whatever they come up with will usually provide an excellent set of reference points for the subsequent discussion. If at some point the client is interested in what obstacles the assessment indicated, then the officer can build a parallel wall alongside the client’s, to compare and contrast in the conversation.

**Legos Format for Feedback**

![Legos Format for Feedback Image]

**Providing Normative Feedback**

Thanks to research and the ever-expanding communities of MI adherents there is a well-established initial formula for providing and exploring feedback and information sharing. The rhythm or steps for providing feedback and advice are: 1) Elicit whether they are interested or not; 2) Provide the information succinctly; and, 3) Elicit what they make of that information, or what they need to make more sense of it. Thus the acronym E-P-E is often referenced for this process.

It turns out that asking someone if they would actually like to get some feedback is a respectful way to begin. It acknowledges the other person’s autonomy and values his or her ability to self-regulate and make good decisions. It just so also happens that most clients or people, are fundamentally curious and they rarely turn down this offer. (When they do, fine, but just leave the door open if possible, for looking at this later, should they change their mind).

Some keys to presenting assessment feedback are: 1) use the KISS principle (keep it simple stupid); 2) tailor your language level to the client’s; 3) remain open and ready to puzzle with the client what it might mean to them. The task when presenting feedback is to engage and partner with them, the residing expert on client, more than to educate.

It’s often very helpful to not push or promote a particular point of view too much, but instead take a neutral position. If they are ready to learn anything from you, it will become evident as you go.
Finally, the last part of providing feedback/advice is exploring with the client how it ‘lands on them’ and what meaning do they give to it. This step is where active listening skills can really pay off for the interviewer. To be flexible and client-centered while the client sorts out the new information or perspective can be very effective. Let the client soak in whatever possible insights they might be processing and at the same time, be willing to really listen to them, often through the chorus of their defenses. If and when change talk emerges, massage and reinforce some of this with reflective listening.

4. Agenda Mapping:

When trying to set a practical course of change with a client Miller & Rollnick describe three common scenarios: 1) the client knows exactly what’s eating his or her lunch and what steps they need to take to change and improve the situation; 2) the client is torn between 2-3 change targets and isn’t sure of how to prioritize them or resolve the ambiguity and/or their ambivalence; and, 3) the client is overwhelmed by the magnitude of possible change and his or her perspective is very global and stuck. An interviewer might adopt very different agenda mapping strategies, depending on which scenario her client is presenting.

In case number one, where the client has a relatively good idea where he or she needs to be heading in terms of personal change, the segue from the focusing to the evoking process seems barely necessary. However, it still might not be a bad idea to review the possible targets to eliminate any lose ends with the client, before engaging the client in a way that draws out change talk for their targeted change and strengthens his or her commitment.

The second case is probably much more common for higher risk clients. They have multiple criminogenic factors present in their lives and the initial challenge is helping them sort out which one (or two) are the most important to them to change. There are various techniques to help clients with this sorting. One of them is to facilitate some decisional-balance or SWOT analysis work to the various contenders. Another approach might be to return to the precursor model and teach the client how to assess each possible target area for the presence of precursors, and consider starting the change process for success, with the area that has the greatest amount of precursors present.

In the third case, where an individual is confused and at best very global about what they would like to be different, a third strategy is recommended. When someone is so overwhelmed by the degree and variety of demanding change agendas confronting them that they find it is hard to focus, taking some steps ‘backwards’ can pay dividends. Just as attempting to untie a stubborn knot by randomly pulling hard on the strands can be quite unproductive, so too, fishing for priorities with a client that is stuck before many, many possible change options can be counterproductive. In this case, encouraging the client to back-up for a bit and look at their life from a less constrained view may get better results.

Rather than diving into prioritizing and problem-solving, support this last type of client in detaching a bit, so they can discuss their problems more broadly and begin to articulate how they might be related. Once some of these larger patterns become more clear to the client it can become more
productive for them to begin sorting their priorities. Out of the three strategies for focusing this last one often requires more equipoise and self-restraint of the officer’s ‘righting reflexes’.

Regardless of the strategy that is ultimately effective, the preferred result will be arriving at a mutually satisfactory change target or two, which become the on-going center of attention in the supervision process. What kind of attention depends on the stage of readiness the client is in. When a client remains essentially in the Contemplation stage, even though some agreement exists about the change objective, the primary goal is helping the client build the necessary commitment and resolve for change.

The MI Evoking Process in Assessment

In MI, evoking is a process that involves deliberately eliciting and reinforcing what is called change and commitment talk from the client’s deeper well of resources and perspective. Client change talk consists of things a person might say when he or she is giving voice to desires, abilities, reasons and needs for change. Commitment talk continues and extends these same types of statements (e.g., I would love to be able to spend that money on other things besides…; If I could do it before, I’m pretty sure I can do it…; etc.) into a less abstract, more immediate, personal and volitional context (e.g., I will use that money to pay the back rent; Starting today, I am changing and not using any more). The goal with evoking is to encourage the client to both surface and settle into a clear and different cost-benefit understanding regarding the behavior or change area.

5. Refining the Focus:

Throughout the assessment process, starting with role clarification, there often can be many opportunities to elicit and strengthen change talk and commitment. However, until the client and agent have arrived at mutually understood change goals, facilitating change talk can: a) distract from the immediate task at hand; b) be premature; c) be ineffective; and, d) all the above. The best time, therefore, to place a premium on the client’s change talk is once there is a rather sound agreement about the direction the client is headed. Once the client has acknowledged it’s time for him or her to move beyond the fork(s) in the road and possibly take some action in a given direction, that’s the time to start paying attention to how one is structuring the conversation relative to change talk.

There usually is quite a little journey involved when anyone moves from a natural and understandable ambivalence about changing and achieving a targeted behavior, to a full-on commitment, with no ‘hole cards’ or reservations. Within the framework of the stages of change model, this is tantamount to traveling from the Contemplation stage, through Preparation, and into the Action stage. Moving through the Preparation stage is sometimes discussed as a relatively brief passage (compared to the time navigating Contemplation and Action can require). However, this does not mean it isn’t a significant change, quite the contrary. The headset or mental model for someone in Action no longer revolves around talking or thinking about a change in the abstract, but taking active behavior-changing steps. The key to this journey is forging commitment.
Two main ingredients are necessary for fostering commitment: desire for the outcome and belief in one’s ability to achieve it. Serious gaps in either of these commodities will undermine the growth of commitment. The term desire can be confusing because it is also referred to as a component of change talk (desires, abilities, reasons, needs). As an essential ingredient however, what is meant by the term is an overarching desire, comparable to importance. Many reasons, needs and smaller desires contribute to the relative importance of an objective – and determine whether or not it is an overarching desire. So it is that change talk builds towards and into commitment. However, while desire is essential or necessary, it may not be sufficient, for without belief in one’s ability to accomplish the task, desire will often flicker and fail.

Belief in one’s abilities to complete a specific task or objective has been termed self-efficacy by Albert Bandura\(^15\), a leader in developing social learning theory. According to Bandura, self-efficacy is strongly associated with the probability of someone initiating a new behavior. When someone believes they cannot accomplish a specific task there is a low probability for them either initiating or striving to complete it. A person must believe the objective is actually possible in order to have a commitment to it.

### Using Techniques and Strategies to Develop Precursors (Readiness)

Earlier, in the context of preparing to provide normative feedback, we discussed the value of inventorying a generic set of seven precursors to change\(^16\). To the degree that someone has all these precursors fully ‘on-board’ regarding a specific change enterprise, the more likely they are to forge a real and successful commitment to change. Conversely, if certain precursors are negligible or non-existent, it can spell a very protracted, if not unsuccessful struggle to change. Therefore, with difficult clients it is very important to use some methods that help the person specifically engage his or her weakest precursors. Fortunately, a clearly defined set of techniques and strategies exists\(^17\) for helping clients develop each of the seven precursors.

Over 70 strategies and techniques for developing specific precursors are provided not only in Hanna’s book, “Doing Therapy With Difficult Clients” but they are readily accessible in certain case management software as well as rolodex card prompts, to enable this urgent developmental process on-the-spot i.e., in real time. For example, if an officer were to determine that a client had only a trace of the precursor, ‘Sense of Necessity’ for changing a priority change target (e.g., tapering substance abuse out of their life, terminating fist-fighting, obtaining a GED, finding some prosocial friends, etc.), they might refer to a pull down in the software, or use the rolodex prompts and select one of the following:

**A SENSE OF NECESSITY: Techniques & Strategies**

1. Align Client Values with Therapy
2. Reality Therapy Approach
3. Answer the “What’s-in-it-for-me?” Question
4. Subpersonality Approach
5. Increase Client Anxiety Levels
6. Explore if the Client Feels Deserving of Positive Change
7. Identify Secondary Gains
8. Scaling Necessity from 1 to 10
9. Identify and Refute Possible Core Beliefs that Inhibit Necessity

For the sake of convenience, supposing the officer selects #1 above, Align Client Values with Therapy. The coaching prompt that would follow, either in a dropdown in an automated application or rolodex or hardcopy guide for a manual application, would look something like the steps that follow below. It would be a simple set of reference points regarding the specific technique that the officer can readily use to guide them when initially engaging that particular technique.

1. **Align Client Values with Therapy**
   A. Find out what is important to client
   B. Reframe it in terms of the target change behavior and coaching/counseling
   C. Point out that coaching/counseling can provide it
      1. For example, substance abuse seeks same goals as coaching/counseling
         a) Find out what the person is trying to change drugs/alcohol
            (1) Change in feelings
               (a) narcotics
               (b) benzodiazepines
            (2) Change in beliefs
               (a) cocaine
               (b) crystal meth
            (3) Change in behaviors
               (a) alcohol
            (4) Change in relationships
               (a) marijuana
               (b) ecstasy
         b) Show how coaching/counseling can provide what drugs cannot

The above process of employing precursor strategies will be greatly enhanced if in keeping with strong engagement with non-voluntary clients the tenets listed below are adhered to. More detail on these tenets can be found in Appendix B, Techniques for Motivating Difficult Clients: The Precursors Model of Change as well as in the book, “Therapy With Difficult Clients.”

**Relationship Building Strategies**

1. Prior to using these techniques the officer and client have spent a minute or two clarifying their roles (with the officer emphasizing their role as potential coach);
2. The officer is engaging his or her MI spirit;
3. The officer has strong precursors – all seven – for themselves engaging the client and working with the client’s precursors;
4. The officer ready, willing and able to “empathize, even when it hurts or sickens”;
5. Attention is given to the metalog (what is being thought in the conversation but not given voice);
6. Courtesy and permission are exercised – the officer is MI adherent and utilizes the rhythm of Elicit – Provide – Elicit as much as possible;
7. Empathy is established before confronting (a la reality therapy, not critical judgment);
8. Boundaries are set that further positive change and are referred to in subsequent role clarification;
9. Find the connection with the client – it’s not something one has to necessarily wait for…;
10. Develop the ability to see through situations, read between the lines and don’t take just any old bait;
11. Leave your ego at the door, avoid taking things personally; 12) validate the client’s abilities;
13. Admire negative behaviors and attitudes – adjust to the client’s world and sense the value and utility re: negative client behaviors and attitudes, before reframing or helping the client pivot the skill toward the positive;
14. Give the client plenty of options for telling you to back-off.

Refining the focus for change involves fully appreciating what it’s really going to take for the client to develop and finish forging a commitment to change. Working more closely with the precursors to change quickly enables this process to become very granular and real. Discussing precursors eliminates the risk, vagueness and ambiguity of talking about things in the abstract and keeps the focus in room, on the kid and upon one’s relationship with the client.

The use of MI and coaching around the precursors go a long, long way towards helping clients find the desire and courage to change. With practice, officers can readily access and use various MI skills for structuring conversations to promote the client’s change talk. This activity alone can account for significant shifts in the importance a client places on a particular change target. In a similar fashion, engaging the client around their weaker precursors for change translates into a very straightforward method for drawing out and enhancing the client’s confidence for making the change. As a person’s desire (importance) and courage (confidence) move up, so does resolve or commitment and probability for success. Planning out how a change can be made becomes less problematic once an individual has made a commitment to change something.

6. Developing a Change/Case Plan:

Once an individual is ready to commit to a change behavior the energy he or she has around that particular target begins to shift and increase making it much easier for the person to move and be open to new possibilities. A frequently used analogy is swooshing downslope on skis through 3-4 gates or stages of change planning. According to Miller & Rollnick and other MI trainers there are four sets of considerations inherent in change planning:
1. Setting goal(s);
2. Sorting options or strategies for change;
3. Formulating a plan, and;
4. Reinforcing commitment.

The above four steps form a natural or logical sequential order that makes guiding people through the ‘gates’ of change planning relatively simple. Setting goals is often just a matter of formalizing what has already been occurring in the conversation regarding the target behavior. Typically the interviewer might nudge the person by asking how things need to be different or what, specific goals might the client now have. Without being overly directive (and detracting from the client’s sense of agency) the goal here is to get a better picture of the goal by getting everything on the table.

Sorting through the options can begin easily with some brainstorming for other possibilities that might not have surfaced thus far in the conversation. It might also be helpful during this step to make sure that all the client’s relevant current strengths, attributes and resources (e.g., social network capital, available family and organizational support, etc.) are taken into consideration.

The segue into the next step, formulating the plan is often best proceeded by a certain type of structuring statement that suggests to the client that plans that are more complete and have some aspects of a SMART format can often help in terms of successfully achieving goals. If the client is open to suggestions, indicating how some of the following things can contribute and be useful is recommended:

- Putting the plan in writing
- Making the plan specific and concrete instead of abstract
- Setting objectives that are not too far out time-wise
- Putting the goal in positive terms of what you would like (and not emphasizing so much what you won’t be doing)
- Identifying people that will support your goal-achieving efforts
- Identifying possible goal barriers and quick remedies ahead of time
- Sharing your plan with others and posting in conspicuously anywhere you hang-out

Such a structuring statement can then be followed with an invitation to begin drafting the plan: “What do you think about us trying to throw something together in writing?”

In this way one can begin a very collaborative process of generating a plan. Ideally this produces a written draft that can be subsequently refined by the individual. However, in some cases, especially when a person has an aversion to writing things down, this might start out by only verbalizing the plan – let the client drive the process and the format when possible!

Finally, look at ways the client can pick up extra reinforcement for his or her plan along the way. Who can they share the plan with that is almost certain to give them support? What milestones can be built into the plan for easy recognition and opportunities for self-reinforcement as well as positive reinforcement from the officer? Processes that are reinforced lead to completion and
more successful outcomes. If the reader is interested in more detailed information regarding change planning please see Attachment C.

Conclusion

The above thought piece has been an effort in making sense of the wonderful intersecting research-supported strategies that field of community corrections has available for integrating into the first few sessions with our clients. The early sessions are so critical for forming effective relationships with our clients. The cognitive scientists like to tell us these days how people run on impressions and not necessarily facts. Sales people, on the other hand, are quick to point out that it’s the first and last impressions that matter. Regardless getting off to an effective start can’t be oversold.

Part of the inspiration for this inquiry unquestionably has been the emergence of practice models, that deliberately integrate combinations of EBP into the space of typical case management sessions. These models are showing tremendous efficacy for reducing recidivism, underlying the good news that that officer can, after all, be the best possible intervention the system has. However, as straightforward as these practice replacement strategies are, they require enormous work of the individual officer, the supervisor and upper management to be effectively implemented. This piece was written to help us all better understand how the various moving parts of any practice model can be initiated, harmoniously, from the very start at assessment.
### SDRRC-R Readiness Scale
(Predicting & Enhancing Change)
Precursors Assessment Form

**Problem or Issue:**

<table>
<thead>
<tr>
<th>Precursor &amp; Its Markers</th>
<th>None (0)</th>
<th>Trace (1)</th>
<th>Small (2)</th>
<th>Adequate (3)</th>
<th>Abundant (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sense of Necessity for Change</td>
<td></td>
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<tr>
<td>Expresses desire for change</td>
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<td>Feels a sense of urgency</td>
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<td>Willing to Experience Anxiety</td>
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<td>Open to experiencing emotion</td>
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<td>Likely to take risks</td>
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<td>Awareness</td>
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<td>Able to identify problems</td>
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<td>Identifies thoughts, feelings</td>
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<td>Confronting the Problem</td>
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<td>Courageously faces the problem</td>
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<td>Sustained attention toward issue</td>
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<td>Effort Toward Change</td>
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<td>Eagerly does homework</td>
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<td>High energy; active cooperation</td>
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<td>Hope for Change</td>
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<td>Positive outlook; open to future;</td>
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<td>High coping; therapeutic humor</td>
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<td>Social Support for Change</td>
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<td>Wide network of friends, family</td>
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<td>Many confiding relationships</td>
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**Total Precursor Score:** [ ]

### Scoring Guide*

* Scoring is intended only as a general guide to a complex process: Some precursors may be more potent than others.

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-6</td>
<td>Change unlikely; Educate client on change; Focus on precursors with lowest rating.</td>
</tr>
<tr>
<td>7-14</td>
<td>Change limited or erratic; Educate client and focus on precursors with lowest rating.</td>
</tr>
<tr>
<td>15-21</td>
<td>Change is steady and noticeable; Increase the lowest rated precursors to stay on track</td>
</tr>
<tr>
<td>22-28</td>
<td>Highly motivated to inspired client; Change occurs easily; Standard approaches work well.</td>
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</tbody>
</table>

### Stage of Readiness

Circle the appropriate stage for a given problem or issue

- PreContemplation
- Contemplation
- Determination
- Action/Maint.

Precursor 1. Sense of Necessity = 0, and Total Precursor Score is < 6, then Stage of Readiness =

Precursor 1. Sense of Necessity = 1/2, and Total Precursor Score is 7-14, then Stage of Readiness =

Precursor 1. Sense of Necessity = 2/3, and Total Precursor Score is 15-21, then Stage of Readiness =

Precursor 1. Sense of Necessity = 3/4, and Total Precursor Score is 22-28, then Stage of Readiness =

(Other combinations than above require more discussion in order to identify stage.)

Endnotes


