Instructor’s Manual

for

RESOLVING AMBIVALENCE IN MOTIVATIONAL INTERVIEWING

with

CATHY COLE, LCSW

Manual by
Ali Miller, MFT

psychotherapy.net
The Instructor’s Manual accompanies the DVD Resolving Ambivalence in Motivational Interviewing with Cathy Cole, LCSW (Institutional/Instructor’s Version). Video available at www.psychotherapy.net.

Copyright © 2012, Psychotherapy.net, LLC. All rights reserved.

Published by Psychotherapy.net
150 Shoreline Highway, Building A, Suite 1
Mill Valley, CA 94941
Email: contact@psychotherapy.net
Phone: (800) 577-4762 (US & Canada)/(415) 332-3232

Teaching and Training: Instructors, training directors and facilitators using the Instructor’s Manual for the DVD Resolving Ambivalence in Motivational Interviewing with Cathy Cole, LCSW may reproduce parts of this manual in paper form for teaching and training purposes only. Otherwise, the text of this publication may not be reproduced, stored in a retrieval system, or transmitted in any form or by any means—electronic, mechanical, photocopying, recording or otherwise—without the prior written permission of the publisher, Psychotherapy.net. The DVD Resolving Ambivalence in Motivational Interviewing with Cathy Cole, LCSW (Institutional/Instructor’s Version) is licensed for group training and teaching purposes. Broadcasting or transmission of this video via satellite, Internet, video conferencing, streaming, distance learning courses or other means is prohibited without the prior written permission of the publisher.

Miller, Ali, MFT
Instructor’s Manual for Resolving Ambivalence in Motivational Interviewing with Cathy Cole, LCSW

Cover design by Julie Giles

Order Information and Continuing Education Credits:
For information on ordering and obtaining continuing education credits for this and other psychotherapy training videos, please visit us at www.psychotherapy.net or call 800-577-4762.
Table of Contents

Tips for Making the Best Use of the DVD 4
Summary of Motivational Interviewing Approach 6
Discussion Questions 12
Reaction Paper Guide for Classrooms and Training 17
Role-Plays 18
Related Websites, Videos and Further Readings 21
Video Transcript 23
Video Credits 72
Earn Continuing Education Credits for Watching Videos 73
About the Contributors 74
More Psychotherapy.net Videos 75
Tips for Making the Best Use of the DVD

1. USE THE TRANSCRIPTS
Make notes in the video Transcript for future reference; the next time you show the video you will have them available. Highlight or notate key moments in the video to better facilitate discussion during and after the video.

2. FACILITATE DISCUSSION
Pause the video at different points to elicit viewers’ observations and reactions to the concepts presented. The Discussion Questions section provides ideas about key points that can stimulate rich discussions and learning.

3. ENCOURAGE SHARING OF OPINIONS
Encourage viewers to voice their opinions; no therapy is perfect! What are viewers’ impressions of what works and does not work in the sessions? We learn as much from our mistakes as our successes; it is crucial for students and therapists to develop the ability to effectively critique this work as well as their own.

4. ASSIGN A REACTION PAPER
See suggestions in the Reaction Paper section.

5. CONDUCT A ROLE-PLAY
The Role-Play section guides you through exercises you can assign to your students in the classroom or training session.

6. SUGGEST READINGS TO ENRICH VIDEO MATERIAL
Assign readings from Related Websites, Videos and Further Reading prior to or after viewing.
PERSPECTIVE ON VIDEOS AND THE PERSONALITY OF THE THERAPIST

Psychotherapy portrayed in videos is less off-the-cuff than therapy in practice. Therapists may feel put on the spot to offer a good demonstration, and clients can be self-conscious in front of a camera. Therapists often move more quickly than they would in everyday practice to demonstrate a particular technique. Despite these factors, therapists and clients on video can engage in a realistic session that conveys a wealth of information not contained in books or therapy transcripts: body language, tone of voice, facial expression, rhythm of the interaction, quality of the alliance—all aspects of the therapeutic relationship that are unique to an interpersonal encounter.

Psychotherapy is an intensely private matter. Unlike the training in other professions, students and practitioners rarely have an opportunity to see their mentors at work. But watching therapy on video is the next best thing.

One more note: The personal style of therapists is often as important as their techniques and theories. Therapists are usually drawn to approaches that mesh well with their own personality. Thus, while we can certainly pick up ideas from master therapists, students and trainees must make the best use of relevant theory, technique and research that fits their own personal style and the needs of their clients.
Summary of Motivational Interviewing Approach *

Motivational Interviewing (MI) was developed by William R. Miller and Stephen Rollnick, and is defined as a collaborative, person-centered directive counseling method for addressing the common problem of ambivalence about behavior change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change, within an atmosphere of acceptance and compassion.

The concept of Motivational Interviewing evolved from experiences with problem drinkers and now is applied to a wide range of concerns such as health care improvement, high risk sexual behaviors, diabetes management, and mental health problems.

MI recognizes and accepts the fact that clients who need to make changes in their lives approach counseling at different levels of readiness to change their behavior. If the counseling is mandated, they may never have thought of changing the behavior in question. Some may have thought about it but not taken steps to change it. Others, especially those voluntarily seeking counseling, may be actively trying to change their behavior and may have been doing so unsuccessfully for years.

MI involves collaboration rather than confrontation, evocation rather than education, autonomy rather than authority, and exploration rather than explanation. Effective processes for positive change focus on goals that are small, important to the client, specific, realistic, and oriented in the present and/or future.

Spirit of Motivational Interviewing

While there are as many variations in technique as there are clinical encounters, the spirit of the method, however, is more enduring and can be characterized in a few key points:

1. Motivation to change is elicited from the client, and is not imposed from outside forces

2. It is the client’s task, not the counselor’s, to articulate and resolve his or her ambivalence
3. Direct persuasion is not an effective method for resolving ambivalence

4. The counseling style is generally quiet and elicits information from the client

5. The counselor is directive, in that they help the client to examine and resolve ambivalence

6. Readiness to change is not a trait of the client, but a fluctuating result of interpersonal interaction

7. The therapeutic relationship resembles a partnership or companionship

The style of the therapist using MI is non-judgmental, non-confrontational and non-adversarial. The approach attempts to increase the client’s awareness of the potential problems caused, consequences experienced, and risks faced as a result of the behavior in question. Therapists help clients envision a better future, and become increasingly motivated to achieve it. The MI approach seeks to help clients think differently about their behavior and ultimately to consider what might be gained through change. It is critical to meet clients where they are, and to refrain from forcing clients toward change when they have not expressed a desire to do so.

**Four principles of Motivational Interviewing**

Four key aspects of the MI approach are:

1) Express empathy:

   Empathy involves seeing the world through the client’s eyes, thinking about things as the client thinks about them, feeling things as the client feels them, sharing in the client’s experiences. Expression of empathy is critical to the MI approach. When clients feel that they are understood, they are more able to open up to their own experiences and share those experiences with others. In short, the counselor’s accurate understanding of the client’s experience facilitates change.

2) Develop discrepancy:

   This guides therapists to help clients appreciate the value of change by exploring the discrepancy between how clients want their lives to
be versus how they currently are (or between their deeply-held values and their day-to-day behavior). MI counselors work to develop this situation through helping clients examine the discrepancies between their current behavior and future goals. When clients perceive that their current behaviors are not leading toward some important future goal, they become more motivated to make important life changes.

3) Roll with resistance/Reflect discord:

A concept in MI that is evolving has to do with resistance. Whereas MI used to talk about “rolling with resistance,” which refers to not challenging client resistance, the concept of resistance is being reframed in terms of discord. From this new perspective, discord is a disturbance in the relationship and is the responsibility of the counselor to address, frequently by the use of a reflection. Discord often occurs when a client feels pushed in some way, and often stems from the “righting reflex” on the part of the counselor. The righting reflex is the natural inclination most people have to want to make things better, which often is characterized by an assumption that we have the answer and know what is right for the person we’re trying to help. Therefore, discord often occurs when clients are lectured to, given unsolicited advice, asked to move toward change before indicating readiness/willingness, blamed, shamed, etc. At times a person is already in a state of discord before entering the counseling session, because the idea for the encounter was not entirely theirs. The person was “pushed” in some way and anticipates that the counselor will continue to do the same. The goal when discord arises is to establish or re-establish a collaborative partnership with the client, remembering the spirit of MI. Reflecting the client’s experience is a primary way to do this.

4) Support self-efficacy:

This guides therapists to explicitly embrace client autonomy (even when clients choose to not change) and help clients move toward change successfully and with confidence. As clients are held responsible for choosing and carrying out actions to change in the MI approach, counselors focus their efforts on helping the clients stay motivated, and supporting clients’ sense of self-efficacy is one way to do that. One source of hope for clients using the MI approach
is that there is no “right way” to change, and if a given plan for change does not work, clients are only limited by their own creativity as to the number of other plans that might be tried.

**Listening for Change Talk**
Change talk is defined as statements by the client revealing consideration of, motivation for, or commitment to change. In MI, the therapist listens for these expressions of importance, confidence, and readiness/commitment and seeks to guide the client to elaborate on these expressions of change talk as the pathway to change. Research shows that the more someone talks about change, the more likely they are to change. Different types of change talk can be described using the mnemonic DARN-CATS:

**Preparatory Change Talk**
- Desire (I want to change)
- Ability (I can change)
- Reason (It’s important to change)
- Need (I should change)

**Implementing Change Talk**
- Commitment (I will make changes)
- Activation (I am ready, prepared, willing to change)
- Taking Steps (I am taking specific actions to change)

**MI Interviewing Skills and Strategies**
The practice of MI involves the skillful use of certain techniques for bringing to life the “MI spirit,” demonstrating the MI principles, and guiding the process toward eliciting client change talk and commitment for change.

**OARS**
OARS is a brief way to remember the basic approach used in MI. Open-ended questions, Affirmations, Reflections, and Summaries are core strategies used to move the process forward by establishing a therapeutic alliance and eliciting discussion about change.

**Open-ended questions** are those that are not easily answered with a “yes/no” or short answer containing only a specific, limited piece of information. Open-ended questions invite elaboration and thinking
more deeply about an issue. Open-ended questions create forward momentum used to help the client explore the reasons for and possibility of change.

**Affirmations** are statements that recognize client strengths. They assist in building rapport and in helping the client see themselves in a different, more positive light. To be effective they must be congruent and genuine. The use of affirmations can help clients feel that change is possible even when previous efforts have been unsuccessful. Affirmations often involve reframing behaviors or concerns as evidence of positive client qualities.

**Reflections** or reflective listening is perhaps the most crucial skill in MI. It has two primary purposes. First is to bring to life the principle of Expressing Empathy. By careful listening and reflective responses, the client comes to feel that the counselor understands the issues from their perspective. Beyond this, strategic use of reflective listening is a core intervention toward guiding the client toward change, supporting the goal-directed aspect of MI. In this use of reflections, the therapist guides the client towards resolving ambivalence by a focus on the negative aspects of the status quo and the positives of making change. There are several levels of reflection ranging from simple to more complex. Different types of reflections are skillfully used as clients demonstrate different levels of readiness for change.

**Summaries** are a special type of reflection where the therapist recaps what has occurred in all or part of a counseling session. Summaries communicate interest, understanding and call attention to important elements of the discussion. They may be used to shift attention or direction and prepare the client to “move on.” Summaries can highlight both sides of a client’s ambivalence about change and promote the development of discrepancy by strategically selecting what information should be included and what can be minimized or excluded.

When clients do express change talk, it is important to remember to stay in the stance of eliciting from clients how they want to go about changing, where they want to start, what that will look like for them, what barriers there might be, and how they need to work on addressing those barriers. A counselor might provide some information for clients
to consider that would help them with their choice, but ultimately the client is going to make the decision about what they’re going to do.

*Adapted from http://en.wikipedia.org/wiki/Motivational_interviewing,
http://www.motivationalinterview.org/Documents/1%20A%20MI%20Definition%20Principles%20&%20Approach%20V4%20012911.pdf,
http://www.cathycoletraining.com/newsletter/issue/121/,
and a lecture by Cathy Cole
Discussion Questions

Professors, training directors and facilitators may use some or all of these discussion questions, depending on what aspects of the video are most relevant to the audience.

*In the three scenarios of this DVD, the clients are uncertain about making changes, with the ability to argue both sides relatively equally. The primary goals are the full exploration of ambivalence, use of methods of eliciting change talk for considering change and fostering a next step.*

**SCENARIO ONE: JIM: GUIDING THE EXPLORATION**

00:00:30

Jim has been offered a new position in his company that would provide some advantages, and at the same time, impose some lifestyle changes. As there is no preferred outcome, the counselor is careful not to reinforce either side of the choice. Reflection, focus on values and looking forward are the main methods of this interview.

1. **Neutrality:** Would you say that Cole remained neutral in her session with Jim? Did you notice yourself having an opinion about what Jim should do? Do you think it would have been challenging for you to remain neutral with him? Why or why not? What do you tend to do when you have a strong opinion about what decision your client should make? How important do you think it is for counselors to remain neutral? When might it be better to offer your personal or professional opinion?

2. **Guiding, following, and directing:** Do these three conversational styles (guiding, following, and directing) seem distinct and clear to you? Do you find them to be helpful concepts in describing the counselor’s interventions? Where in the session with Jim did you see Cole engaging in each of these? Were there times when you would have been more or less directive than Cole? In your own work, do you tend to guide, follow, or direct more? Do you consciously think about your conversational style (however you define this) when you interact with clients? If so, how do you determine when to engage each style?
3. **Decisional balance**: What do you think of the decisional balance tool that Cole demonstrated with Jim? What are some other strategies you employ (with clients, friends, family, yourself) for resolving ambivalence and making difficult decisions? Are you a fan of pros and cons lists? Why or why not? What do you think is important when helping people resolve ambivalence?

4. **Just ask**: New counselors often believe that they should always have a clear sense of what would be helpful and what direction to take, but, as Cole stated, it is important to always partner with the client in determining this. What do you think of her strategy of asking Jim what might be a helpful way to discuss his concerns? Do you think it is the therapist’s responsibility to direct the session, or do you agree with Cole that it is a partnership? Is it easy for you just to ask clients what they think would be helpful, or does that go against your sense of being the expert in the therapeutic process?

5. **Reflections**: What do you like and dislike about Cole’s style of reflecting back what Jim said? Were there specific reflections (including complex reflections) that you thought were particularly helpful or unhelpful in moving the session forward? Were there times when you would have been inclined to offer something other than a reflection? If you reflect back clients’ comments (a la person-centered therapy), does this feel genuine and alive to you, or do you sometimes feel it comes across as a technique?

6. **Exploration**: How successful do you think Cole was in guiding an exploration of Jim’s options? Is there anything you would have done differently to further explore his dilemma, such as focus more on his feelings, needs, or childhood issues, or incorporate other modalities such as expressive arts? What are your favorite strategies for helping facilitate exploration?

7. **Single session counseling**: This vignette was in the context that the counselor might only have one opportunity to meet with the client for a single brief session. How well do you think Cole used the limited time frame to accomplish her and Jim’s goals? Do you have experience working with clients in a setting where you may likely only meet with them for a single session? If so, how have you
INCREASING IMPORTANCE IN MOTIVATIONAL INTERVIEWING WITH CATHY COLE, LCSW

adjusted your approach? What have you found to be helpful in such a setting? Do you think there are techniques of MI that could easily fit within the context of longer term counseling?

SCENARIO TWO: HOLLY: PROVIDING INFORMATION

00:27:30

Holly has returned for her son’s one-year-old checkup. There is a brief check-in on progress on her daughter Katie’s drinking juice. Following this, Holly initiates a discussion on when to stop breast feeding for her son, Jack. Exploring her desires and providing information for her to consider are utilized to foster Holly’s decision. Once again, there is no clear best choice outcome.

8. Discord: In the previous session with Holly, Cole had some concern that she came across as critical, and seemed to be working to repair that in this session. How successful do you think she was at engaging Holly and nurturing the alliance? What do you think about her asking about Jack’s birthday party—did her interest seem sincere to you? Do you think this small talk at the beginning helped strengthen their connection? When and why do you use small talk strategically with clients?

9. Reflecting before answering: When Holly asked Cole for her thoughts on breast-feeding, Cole started by reflecting what Holly expressed, rather than sharing her thoughts. What do you think of this? Would you have preferred she answer her sooner? Why do you think it is important to reflect before responding? Is this something you do with your clients as well, or are you more likely to answer clients’ questions upfront? How do you determine when you’ve reflected enough and when it’s time to answer client questions directly?

10. Giving information: What do you think about the way Cole gave Holly information about weaning? Do you think she achieved her goal of providing a reasonable amount of information but not so much that Holly would feel lectured to or overwhelmed?

11. Open questions: Cole used a lot of open questions to help Holly explore her own thoughts and feelings about her situation, rather than telling her what to do. If you were a patient of Cole’s, do
you think this style would work for you, or do you prefer health care consultants assume more of an expert role? As a therapist or counselor, are you more comfortable being the expert, and providing answers, or do you prefer asking questions to facilitate the patient finding their own answers?

12. **Nonjudgmental:** Do you think Cole was successful in creating an atmosphere free of judgment? If you were in Cole’s shoes, do you think it would have been difficult for you to remain nonjudgmental with Holly? How do you work with your own judgments when they arise in sessions with clients? Do you think it is so important to stay open and nonjudgmental, or do you think this is an impossible ideal? Why or why not?

**SCENARIO THREE: KATHY: PROVIDING INFORMATION/IMPORTANCE OF VALUES?**

00:43:30

At her yearly medical checkup, Kathy’s doctor has once again encouraged her to stop smoking. Kathy is reluctant to consider this, begins addressing possible importance, barriers, and finally embarks on a change plan. Trying to convince her is avoided while information to strengthen her confidence is provided.

13. **Sustain talk:** As Kathy engages in sustain talk in the beginning of the session, Cole stays with reflections and summaries, and does not try to convince Kathy to quit smoking. Do you think it would have been difficult for you to stay neutral like Cole did, and to simply reflect what you were hearing, especially given the dangers of smoking? What do you think of Cole’s decision to elicit further reasons Kathy has for not wanting to quit? Did you notice when Kathy shifted from sustain talk to change talk? Were you surprised, like Cole was, when Kathy made this sudden shift? What do you think Cole may have done to facilitate this?

14. **Transition to envisioning:** What do you think of Cole’s transition from reflecting to envisioning when she asked Kathy what she thinks it would be like to stop smoking? Do you think this was premature or well-timed? What do you think the advantages are of asking Kathy to imagine what it would be like to stop? Is this
a technique you use with your clients who are ambivalent about change? Why or why not?

15. **Exploring the fear:** What are your thoughts on how Cole helped Kathy explore her fears about withdrawal? Do you think they explored this sufficiently, or would you have spent more time exploring Kathy’s fears? What do you think of Cole’s question to Kathy about who in her life has quit smoking and made it through the withdrawal period? Why do you think she asked this?

16. **Elicit, provide, elicit:** Cole demonstrated a MI technique called elicit, provide, elicit during the conversation about withdrawal. What are your thoughts on this technique? Do you think it is an effective way of honoring the client’s autonomy while still providing information? Do you think Kathy would have decided to pursue trying to stop smoking if Cole had simply provided information as opposed to eliciting Kathy’s thoughts, feelings, and concerns?

**GENERAL DISCUSSION QUESTIONS**

17. **Personal reactions to clients:** Of the three vignettes on this video, which client do you think would be most challenging for you to work with? Which client most triggered your “righting reflex” -- the natural tendency counselors have to make things better that leads them to tell clients what to do?

18. **The model:** What are your overall thoughts about Motivational Interviewing? What aspects of this approach can you see yourself incorporating into your work? Are there some components of MI that seem incompatible with how you work? Are there certain clients you think MI wouldn’t work with?

19. **Personal reactions to counselor:** How do you think you would feel about having Cole as your counselor? Do you think she could build a solid therapeutic alliance with you? Would she be effective with you? Why or why not?
Reaction Paper for Classes and Training

Video: Resolving Ambivalence in Motivational Interviewing with Cathy Cole, LCSW

- **Assignment:** Complete this reaction paper and return it by the date noted by the facilitator.

- **Suggestions for Viewers:** Take notes on these questions while viewing the video and complete the reaction paper afterwards. Respond to each question below.

- **Length and Style:** 2-4 pages double-spaced. Be brief and concise. Do NOT provide a full synopsis of the video. This is meant to be a brief reaction paper that you write soon after watching the video—we want your ideas and reactions.

**What to Write:** Respond to the following questions in your reaction paper:

1. **Key points:** What important points did you learn about Motivational Interviewing in general and resolving ambivalence in particular? What stands out to you about how Cole works?

2. **What I found most helpful:** What was most beneficial to you about the model presented? What tools or perspectives did you find helpful and might you use in your own work? What challenged you to think about something in a new way?

3. **What does not make sense:** What principles/techniques/interventions did not make sense to you? Did anything push your buttons or bring about a sense of resistance in you, or just not fit with your own style of working?

4. **How I would do it differently:** What might you do differently from Cole when working with clients? Be specific about what different approaches, interventions and techniques you would apply.

5. **Other Questions/Reactions:** What questions or reactions did you have as you viewed the sessions with Cole? Other comments, thoughts or feelings?
Role-Plays

After watching the video and reviewing *Summary of Motivational Interviewing Approach* in this manual, break participants into groups of two and have them role-play two different sessions so they can get a feel for the difference between the MI approach and a more confrontational approach. This is also an opportunity to practice 1) fully exploring ambivalence, 2) using MI tools for eliciting change talk, and 3) fostering a next step.

In both sessions, clients will role-play someone who is faced with a dilemma and ambivalent about making a particular decision. Clients should choose a specific life change they are considering, where there is no obvious preferred outcome, such as moving or changing jobs. Students can play themselves, a client they have worked with, or someone they know personally; they can also base their character on Jim in the video, or completely make it up.

First, have counselors embody a non-MI approach; that is, one characterized by confrontation, persuasion, explanation, and authority. They should try to convince the clients to make a particular decision, offering advice and opinions, and giving clients reasons for why they should do what the counselor thinks is best. Both the counselor and client should avoid the tendency to overact; try to make this as realistic as possible. Then have the dyad debrief the experience: How did clients and counselors feel during this exchange?

Next, have counselors practice both the technique and spirit of Motivational Interviewing, remembering that the counselor’s role is not to try to influence the client in a particular direction, but to remain neutral and help them thoroughly explore the dilemma and come to their own conclusion. Experiment with the techniques of Motivational Interviewing, such as Open Questions, Affirmations, Reflections, and Summaries.

The MI counselor should focus first on establishing a therapeutic relationship characterized by acceptance, respect, and partnership with the client, remembering the importance of honoring the client’s autonomy. Counselors should pay particular attention to the “righting
reflex” in themselves—the tendency to want to give advice or lecture the client, and, as much as possible, to offer a reflection instead of following that impulse. Counselors may need to exert extra care to conduct the conversation in a way that does not sway toward personal preference. Particular focus should be placed at first on using a following conversational style and mostly utilizing reflections as clients sort out the dilemma for themselves. This allows clients to set the direction for the conversation and reinforces their autonomy. Then, shift to a more directing style, eliciting change talk by using the decisional balance tool. To do this, ask clients to talk about the pros and cons of making the change they are considering, responding with reflections. Then, invite clients to envision what the outcome of both decisions might be in the future. Finally, end by asking clients what they think the next step might be for them in terms of making the decision.

After both sessions are complete, have participants switch roles, so that each gets to try out being the counselor and the client.

After the role-plays, have the groups come together to discuss their experiences. First, have the clients talk about what each session was like for them. What differences did they notice between the two approaches? Do they feel they got to fully explore their ambivalence? Do they feel clearer about a particular decision after either of the sessions? Did they experience the counselor as remaining neutral? Was the decisional balance tool helpful? How about envisioning the future and naming a next step? What do they think are the benefits and risks of an MI approach and a non-MI approach? Then have the counselors talk about their experiences. Which approach felt more natural for them? What do they like and dislike about the MI approach? Do they have the sense that they helped the client resolve their ambivalence? How was it to work with the client’s ambivalence—did they feel impatient, frustrated, tempted to give their opinion? Did it take a lot of effort to remain neutral? What did they like and dislike about the decisional balance tool and directing the client to envision the future and name a next step? Did any of these techniques seem to elicit change talk? Were they more comfortable following or directing? Which approach seemed more effective for resolving ambivalence?
Finally, open up a general discussion of the strengths and the challenges in employing a Motivational Interviewing approach.

Alternatively, you may have the exercise done in a triad, with one counselor, one client and one observer, with each party sharing during the debriefing. Observers can pay particular attention to the “righting reflex” in themselves and note when counselors follow this impulse and when they stay neutral. Observers can also stay attuned to the therapeutic relationship and notice what seems to be helpful and unhelpful in terms of resolving ambivalence. When and why might they have done something differently from the counselor?

A third alternative is to do these role-plays in front of the whole group with one counselor and one client; the entire group can observe, acting as the advising team to the counselor. Before the end of each session, have the counselor take a break, get feedback from the observation team, and bring it back into the session with the client. Other observers might jump in if the counselor gets stuck. Follow up with a discussion on what participants learned about using Motivational Interviewing to resolve ambivalence.
Related Websites, Videos and Further Reading

WEB RESOURCES
Website of Cathy Cole Training, Inc.
   www.cathycoletraining.com
Motivational Interviewing
   www.motivationalinterview.org
William R. Miller’s website
   www.williamrmiller.net
Stephen Rollnick
   www.stephenrollnick.com

RELATED VIDEOS AVAILABLE AT WWW.PSYCHOTHERAPY.NET
Motivational Interviewing with William R. Miller
William Miller on Motivational Interviewing
7 Skills for Addiction-Free Living (7-DVD Series)
Brief Therapy for Addictions (7-DVD Series)
Harm Reduction Therapy for Addictions with G. Alan Marlatt
Stages of Change for Addictions with John C. Norcross
Treating Alcoholism in Psychotherapy (2 Volume Set) with Stephanie Brown
Person-Centered Expressive Arts Therapy with Natalie Rogers
Carl Rogers on Person-Centered Therapy with Carl Rogers and Natalie Rogers

RECOMMENDED READINGS

What the science shows, and what we should do about it, New York: Guilford.


Video Transcript

FOR RESOLVING AMBIVALENCE IN MOTIVATIONAL INTERVIEWING

Yalom: Hello, I’m Victor Yalom and I’m pleased to be here today with Cathy Cole. She’s been training professionals in the field of Motivational Interviewing for over 15 years. Good to have you here, Cathy.

Cole: Thank you. It’s nice to be here.

Yalom: In this video, we’re going to tackle the important issue of resolving ambivalence, which I know is a really a central concept in Motivational Interviewing. I’d encourage viewers who aren’t familiar with Motivational Interviewing, or MI, to watch the prior videos in this series. But for those who haven’t or want a refresher, can you just briefly say what exactly is Motivational Interviewing?

Cole: Sure. Motivational Interviewing is a counseling approach. But importantly, we talk about it as a conversational style, a way that we talk with the client to help that client carefully consider the issue of change, first addressing whether they think it’s important to change, and then also resolving that ongoing ambivalence that all of us have around making change. And we’re working to elicit the client’s own ideas, their own reasons for change, and, importantly, how they uniquely would go about it.

Yalom: So even though they’re coming to you, in most cases voluntarily, to get some help, making change is not always so clear cut.

Cole: It’s very non-clear cut. For most of us, if we think about that, that we are considering it, but often, we just are not certain. And we’re not certain for any number of reasons.

Yalom: And that’s the essence of ambivalence, right?

Cole: Exactly. That’s right.

Yalom: So what are some of the reasons that people are ambivalent about making changes, especially those changes which, from our perspective as counselors, or from an outsider, it seems like, gee, that would naturally be a good thing to do?
Cole: Sometimes ambivalence is tied to just not knowing what is the right answer. Should I do this or should I do that? Should I decide it’s time to become a parent or not? Should I decide that it’s time to change jobs or not? There’s not a clear-cut answer, so it’s hard for us to step off, essentially, into the unknown.

Yalom: Right. So in many cases, there’s no preferred solution, and we’ll see some examples of that in this video.

Cole: Exactly. Sometimes there’s no preferred direction, which can make it harder for us. Other times, we just don’t have the information that we need to help us make the decision, so we don’t know if there is a particular answer and a particular way that we should go about addressing whatever the issue is. So we just remain uncertain. We remain ambivalent. So that’s another dimension. And sometimes, our ambivalence is tied to our worries about what it would be like to actually make the change. So in Motivational Interviewing, what we’re doing is helping the client explore that ambivalence toward making their own informed choice.

Yalom: And we’re going to see you work with three clients on this video, all who are ambivalent in one way or other about some potential changes. But before we jump into this, can you say a little bit about, in general, how does Motivational Interviewing see itself help clients with ambivalence?

Cole: Again, because we really work in partnership, really work the spirit of Motivational Interviewing where I’m a partner with the client. I’m there to help them explore their own thoughts. So we’re collaborating to get the client to be able to take what’s in the mind already and put words to it, to be able to more carefully examine it. We’re also really working to reinforce client autonomy. But ultimately, the client has to make the decision that’s going to be the right decision for the client at that point in time. So we very carefully don’t tell people what they have to do and how they have to do it. We want them to determine that.

Yalom: But people are coming to you for help. I mean, if they knew how to make that decision, maybe they would have made it already.

Cole: That’s right. If they knew to make the decision, they would have
made it already. So again, our responsibility in this is not to say, “Well, this seems pretty clear cut to me. I think you ought to do this or you ought to do that. Our responsibility is to help them explore what it might be like if they did make this change, what information they might need that we have that we can offer that could be helpful, or perhaps helping them brainstorm some plans around it.

Yalom: Which may lead to them making a change.

Cole: Make a decision.

Yalom: Or not.

Cole: Exactly. That’s right. Ultimately, the client will make the choice.

Yalom: Okay. Let’s move to the next phase of this video. We’re going to see you working with clients, and we’re going to see how you help them in resolving their ambivalence.

Cole: Okay.

JIM: GUIDING THE EXPLORATION

Yalom: In the first vignette, we’re going to see you working with Jim. And Jim is an employee, a supervisor at a company and you are in the role of employee assistance counselor at an EAP Program. I’m not sure all our viewers would know what an EAP program is, an Employee Assistance Program. Can you say what that is?

Cole: Sure. In many companies, large businesses, there is a setting in which the employee can come and discuss a particular problem that might be happening. Or, at times, people may be having problems on the job and so they’re sent to EAP to discuss what they might be going on. It’s generally considered a very confidential way of working with people. Information is not shared, or if it’s going to be shared, what has to be shared is negotiated through the company and with the client.

Yalom: And it’s important to state that because sometimes employees are fearful that, since it’s part of the company, it’s not going to be fully confidential, or that you’re going to side with management.

Cole: Exactly. So you have to be very clear that you’re there for the client, for the client to be able to talk about the issue in whatever way
that they need to.

**Yalom:** One of the aspects of this vignette is that he’s dealing with a situation in which there’s not preferred outcome. We have a later vignette in this video with Kathy who’s deciding whether or not to quit smoking, and it seems like there is a preferred outcome there, whereas, in this case, he’s deciding whether to take this job offer or not, and you or he don’t know whether there’s any advantage to one or the other. How does Motivational Interviewing conceptualize these kinds of situations?

**Cole:** We talk about this as a situation of neutrality, as you’ve said before, where there is no clearly preferred or correct outcome. And that actually can be very challenging in a counseling situation because, as the counselor, I have to be very careful that I don’t influence Jim in one direction or the other. And it’s particularly challenging, let’s say, if I have a particular preference that starts to surface, I think, “Oh, yes, if you were offered a job opportunity where you can advance, of course you should take it.” Perhaps that’s my personal value. I have to be very careful to keep that out of the way with Jim. It can be very challenging to work in situations of neutrality.

**Yalom:** Anything else we should watch for, in terms of how you conduct this session?

**Cole:** I think it’s important to watch for how I use the tool of decisional balance with Jim. Decisional balance is where we have the client examine both sides of the issue, so in Jim’s case, whether to take the new job. So it would be taking a look at not taking the new job—what would be the pros and cons, the advantages/disadvantages of staying the same?—and then, on the other side of the issue, the pros and cons of taking the new job. And this allows Jim to more fully explore all the dimensions. At the end, we summarize this, and I come back and ask him, where does this leave him now? So we have to have forward momentum with that. So it’s a tool that is particularly used in situations of the client being, maybe yes, maybe no, maybe yes, maybe no, where they can debate that over and over again.

**Yalom:** Now, by the end of the session, he hasn’t fully made a decision, but it seems like he’s really moving in that direction. How common is
that in Motivational Interviewing, that you can see progress within a session?

Cole: I think it’s relatively common, that by the end of a session, people at least have a sense of what the next step is going to be. One of the things that helped Jim move to what the next step would be was my beginning to use two other methods in Motivational Interviewing which are very similar—envisioning and looking forward. And both of these allow the client to try on what that change might be like. So what would it be like if you look ahead and you have made this decision, or you have not?

Yalom: What’s the difference between envisioning and looking forward? They sound similar.

Cole: They’re similar. Envisioning is just saying, “If I made this change, what would that be like? What do I think it would be like, feel like, look like?” Just hypothesizing about it. Looking forward has the client taking both sides of the decision and carefully examining, “What would it mean to me if I decide to change in the job, or what would it look like for me if I decided not to?” So it’s a slightly different way of looking into the future. Comparing and contrasting.

Yalom: I’m not sure I quite understand.

Cole: I think if you hear it in the video, it will become clearer. I think if viewers listen for that, they’ll hear what happens when I employ the technique of looking ahead with Jim.

Yalom: Okay. Let’s look ahead to that.

**JIM SESSION**

Cole: Hi, Jim. I’m Cathy, and I’m one of the counselors here at the employment assistance program that’s part of the company. And as you know, we’re available for folks who have something of concern they want to talk about. So I would like to hear what it is you have on your mind today.

Jim: Well, I’ve worked for the company for several years. I’m now in a supervisory position. And times are tough these days. I could always use some more money and so forth, just like everyone else.
I think I want to continue to stay with the company and grow with them, continue. And, well, I guess my prayers, in a way, have been answered because my boss came to me recently and said, “We’d like to promote you to a managerial post.” So I thought, “Great, you know, this would be good.” And he said, “There is something about it, though, that I would like to talk to you about, and that is it would involve traveling. And it would be at least three times a week, three weeks out of the month.”

And I said, “Oh, okay.” And luckily something came up, and we will talk about it later, continue. So that was good because I didn’t think that was going to happen. I’m having trouble grappling with that situation.

**Cole:** Yes, it left you feeling really uncertain all of a sudden about what to do.

**Jim:** Yeah.

**Cole:** Before we go on, I just want to clarify something I should have in the beginning. Our conversations are confidential here. In fact, I don’t even disclose whether people have come into the counseling center. Particularly since you’re thinking about this with a job, I just want to really make that clear, that this is completely confidential.

**Commentary:** The interview has started off well, and I have mostly listened and done a few reflections. However, I sensed some hesitancy from Jim and realized that I had not fully attended to agenda setting, and that I had not addressed confidentiality. If your agency setting has particular policies around confidentiality, or expectations for compliance, as in attendance, these need to be clarified at the outset. Doing this is an example of partnering and engaging in the context of agenda setting. Notice, when I do this with Jim, that he relaxes, and the interview begins to flow.

**Jim:** Well, good, because that was something I wanted to ask you about. I thought about that and thought, “This is a company sponsored thing.” I thought, was this was going to be recorded and shown to my boss or something, or you were going to tell?” So good, because, in fact, I was wondering about that.
Cole: That almost made you not come thinking that this might not—no, this is completely confidential.

Jim: Okay. Good.

Cole: So at any rate, yeah, this has left you really uncertain. On the one hand, you’re excited thinking, “Great, more money,” but then it’s got this other part going on to it.

Commentary: I use a double-sided reflection that brings us back to the stated reason for the conversation.

Jim: Yeah. And I don’t know. I have my wife and my kids to think about. And on the other hand, this is what I would like. This is what I have been waiting for. So then it’s left me with more choices of if I kind of turn this down to wait for another position that doesn’t involve a lot of travel, will that ever happen? First, do I tell my boss that or not?

And then will that have just repercussions for me?

Cole: Yeah. Is it safe to say, “No, and I want to wait for something else”? You really don’t known about that. It left you really up in the air about that. Yeah.

Jim: It’s just tough.

Cole: So in terms of this offer, what about it seems the most difficult for you in terms of not just jumping at it and saying, “I’ll take it”?

Commentary: We have a focus, so now I move to evoking, using open questions to have Jim expand on the dilemma.

Jim: The travel.

Cole: Okay.

Jim: It’s the travel. Everything else is good. The pay rate, I think the other conditions of when I would be not traveling are good. It’s just that traveling part. I don’t want to say that I’m a homebody or anything. But my kids now are growing and getting involved in activities and stuff, and that’s something that I want to be a part of.

Cole: Yeah, so, being away from them and being away from that parenting role is something that’s hard for you to think about. That’s
the biggest consideration in there for you.

Jim: Exactly.

Cole: Yeah. And what does your wife think about it?

Jim: I don’t know. I haven’t talked to her yet.

Cole: Okay. Some hesitancy in bringing this up with her.

Commentary: I use a complex reflection to pick up on his tone of voice and body language. Complex reflections capture meaning and deepen the client’s perspective of the issue.

Jim: Yeah. I just am concerned that it could go either way.

She’s liable to say, “Why don’t you go ahead and take it? We’ll make do. This is a great opportunity”—to do that. I don’t know. See, then I’m hesitating at the same time, that I just want to be around for the kids and stuff. It’s just really bothering me.

Cole: Yeah, like you’d be compromising some things that are important to you. Being a parent is very important to you and you’d be compromising that in some ways.

Jim: Mm-hmm. So no, I haven’t brought it up to her. Maybe I’m putting words in her mouth, I don’t know. But it’s just made me—I was going to tell her. It wasn’t, eventually, but I wanted to think about it more first.

And also, if she doesn’t want me to do it, then we’d also have to discuss what that means in terms of finances and stuff, of not doing that, and what it could mean with my future in the company.

Cole: Yeah. So either answer that she gives you has its difficulties in it.

It’s not like one is really going to make the difference. They each have different trails involved with it.

Jim: Yeah.

Cole: Yeah. How would you like to go about talking about this today? Do you have some gut sense of what might be a helpful way to discuss this? Or do you want to add some direction to that? What’s your sense of that?
Commentary: I have highlighted the ambivalence, noting that is not simple. It is important to avoid minimizing a client’s concern. And now, I want to avoid deciding for Jim how the interview should proceed, so I just ask. It is important to always partner with the client in what might be helpful. The counselor is responsible for keeping the focus and direction that the client has set.

Jim: I don’t know. I guess just trying to figure out what would be best for my kids.

And for me traveling. I don’t mind having to do that, but then that means living out of a hotel a lot, that whole situation and I feel like I’m going to be on the road all the time and going to different places. Being there and not really being able to visit them, but just have to stay there and do work the whole time is kind of a drag, too.

Cole: You don’t really see in any pleasure out of it in terms of actually saying, “Oh, I get to go to this town or that town. I’d be there for work.”

Yeah. So right now, as I kind of think of the list of things that don’t seem so good about it, I hear having to be away from your wife and your children and that parenting role that’s very important to you, being a part of their lives; being on the road, living in strange places, hotels, living out of a suitcase; just kind of being anywhere almost like, “I’m in some town, I don’t even really quite know where I am on that.”

Jim: Yeah.

Cole: Other things that seem like they’re on the not so good side of the list? Anything else?

Commentary: This is the beginning of using the tool of decisional balance, which allows the client to discuss the pros and cons of a decision at hand. This is a useful tool in Motivational Interviewing. When both sides of the issue are explored, a summary is done, and the client is asked some sort of open question, such as, “Where does this leave you now?”

Jim: On the other little addition to that would be airports, too. Some of them, I would drive, but a lot would also be dealing with airports and having to deal with that constantly. That’s not the way it used to
be. So it’s another level of frustration.

**Cole:** Okay.

**Jim:** What else would be so bad? It just keeps coming back to being away from my family, my kids so much, like that.

**Cole:** Yeah. Okay. Then if we were going to take that and put it to the side for a second and then look at the other side of it with the possible advantages of that, what might be on that list? Because, again, you’re the one that ultimately is going to have to—I’m not going to make a decision for you, but still, what’s on that other side of the list?

**Commentary:** Here, I clearly emphasize client autonomy. This is important because Jim is the one who has to make this decision. I need to remain perfectly neutral.

**Jim:** Well, one of my goals has been to advance in the company and be a manager. Also, there is a big difference in the company between being a supervisor and a manager. When you need things or want things, if it comes from a supervisor, it’s one thing, but if it comes from a manager, it’s something else. It’s much more likely to be listened to and much more likely to happen.

And there have been some things I’ve wanted to improve and stuff, but as a supervisor, it’s a lot harder to get the funds for that. It certainly is more in the budget for a manager than it is for a supervisor. So that’s one thing that would be nice, is to be able to have that title since it brings I feel like more change in good to your department and your people.

Certainly, more money would be great. We’re just like everybody else. We can always use more, and it could maybe realize more things. This is a good time not necessarily to sell, but to buy a home, for example. We can take a look at that, and also put more into saving for college funds. We’re not bad on that. We started to do that, but that can always use more, too.

**Cole:** Sure.

**Jim:** Let’s see, what else? Those things come to mind. And then you’d be recognized more in the managerial level as a peer. And there is
personal satisfaction in that for me, too, to know that I’ve done well and have been recognized for my work.

**Cole:** So on the advantage side, then, you’ve got that you would be able to make a difference because the things you bring up are things that need improvement. And perhaps resources behind them are listened to in a different way if you’re a manager. It could help you and your wife towards some of the family goals that you have. And, as you say, everybody is looking for a little more economic security these days. And you like the fact that you’ve been recognized as somebody who is capable and can be moved up into a different level of that organization. Yeah.

So you’ve got things on both sides of the list.

**Commentary:** This is the summary at the end of decisional balance, which will be followed by a key question to continue the process of evoking from the client. This is the time that the counselor might get drawn into pushing a decision in one way or the other, and again, it is important to remain neutral. It is really the client’s decision.

**Jim:** And I guess you’re helping the kids both ways, too, even with more funding to help them do things, too, and to realize, with college funding and other things, too, that can benefit from that resource.

**Cole:** Okay. So you got both sides here. You got a list over here and a list over there. So what does that do for you in terms of making this decision? That may not be the final kind of way that you do it? Where does that kind of put you at looking at both sides of the issue?

**Jim:** Well, I guess I realize that there are pluses and minus to both, and where I see things that have a minus, those things could have also have a plus. And another thing too, we really haven’t talked about is, and yet another reason to talk to my wife about it, is I don’t know what that will do also to our marriage with me gone a lot.

That’s the other. There’s the kids, but then there is her too. And that’s another reason I haven’t said anything to her about it because I know that’s what we’re going to have to get addressed. And I want that to be—

**Cole:** You have some worries in that area?
Jim: Well, nothing specific. It’s just that when you have that situation, I just hate having that situation. I don’t want to be away anyway.

Cole: Gotcha.

Jim: I don’t think she would, either.

It could put a stress there that we don’t have now.

Cole: Right.

Jim: And that’s another thing that could, you know, create stress.

Cole: Yeah. I have a sense that if you were a single man, this wouldn’t have the same weight for you. It would be a little easier for you to make a decision.

Jim: Yeah.

Cole: But you’re not. You’re a man who is very pleased to be in his family, and be a husband and be a dad.

Commentary: I am emphasizing values because change based on values can be more solid and have more meaning. I move to values now, as that is the thing that was consistently coming up for Jim, as he talked about the possible impact of his decision on his family. Exploring decisions in regard to values is a tool in MI, and is done in an explicit way—either by reflecting the values being heard, as I did here, or by actively exploring values. Had Jim not moved in that direction, I could have asked him to talk to me about his values with family, work, leisure life, and other areas. Then I could have asked him to consider how the decision in either direction would impact living consistently with those values.

Cole: So that adds an extra part to that. And something else that you brought up earlier is that you have a worry that if you pass this up and talk to your boss about definitely wanting more responsibility and wanting to move into that managerial area, but not this way, that that would create a problem for you in the company.

Jim: Yeah. I was just thinking if somebody came to me and said, “Well, maybe not this time, but the next time, if these conditions are right,” it kind of makes you feel like, “Well, you can’t guarantee that. Who knows when that is going to happen? Here is the opportunity.
Don’t you recognize that opportunity for what it is? Who knows what could happen? The next time may be years away or not at all, or something could change. We could get bought and other things move in. Something could happen. Here it is. Can’t you see that for the opportunity for what it is? Why don’t you take it?”

**Cole:** Yeah. It’s kind of like can’t really turn this down, is almost a feeling you have there.

**Jim:** Yeah. And not just the annoyance, if I’m offering this to you—”Here it is, why can’t you take it?” But that other sense of, “Hmm, can’t you see this opportunity for what it is and there may not be another one coming soon or not. Don’t you have that sense of knowing to jump when the time is here?”

**Commentary:** After the first level of decisional balance in the key question, Jim had much more to say. I avoided premature focus on just the issue of travel and family, and Jim was able to add more complexity to his understanding of the issue at hand.

**Cole:** When the time is here. Yeah, when we’re giving you this golden opportunity here.

**Jim:** So I could see that from coming in.

**Cole:** Yeah. Let’s say that you’ve decided that you’re going to do this. Again, only you can decide this. But let’s say you’ve decided, and you now really need to attend to those concerns that you have about your wife, your marriage, and your family. How would you see needing to work with that?

**Commentary:** I moved to envisioning because Jim has now pretty fully outlined the issue. Envisioning is the first step toward planning, but is done in a way that allows the client to brainstorm a plan without having to fully commit.

**Jim:** Well, if I were to go ahead and do that, I would definitely want to stay in touch with them the times I was gone. I want to, excuse me, talk to them every day.

And I know they have a laptop, and you can put a camera on that, and at least see them. That would be helpful. And also the times that I’m there and around, I would have to make sure that I put that to good
use. If there are things to do then, to go ahead and make sure I do them. So it could actually make sure I wouldn’t get lazy in that respect or take it for granted.

**Cole:** Okay. So you can see that you would have to work harder at it. You would have to put some real effort into it, but that in some ways it could help you be really accountable as being a dad with that.

**Jim:** Yeah.

**Cole:** Okay. What about the relationship with your wife?

**Jim:** Well, that too. We’d have to make an effort to talk about things. We would have to talk every day as well. It would be nice to see each other camera-wise. Also when I’m there with her, we could also make sure that we have time alone. We try to do that now, but I think it would be even more important at that point since we have time apart, we also have time together, so we don’t miss that.

**Cole:** Right. And your sense was, you said a few minutes ago, that if you brought this up with her, she might just say, “Oh, go ahead and we can make do.”

And as you’ve talked about it more, what sense do you have about—if you were going to have that conversation with her, how would you even have the conversation?

**Jim:** I would maybe have us go out to dinner at a restaurant. There is somewhere that we like where we can stay for a while and talk and have a nice atmosphere. And I would just bring it up, I guess tell her that I’ve had this opportunity presented to me, and just ask her what she thinks about that. And go from there. I’d tell her what I thought and we’d just talk it out and see what happens.

**Cole:** Yeah. How do the two of you go about making decisions in general in your relationship?

**Jim:** Minor things we can trust enough. Our 10-year-old knows to first ask mommy and then ask daddy.

**Cole:** They got that one down.

**Jim:** But we’ve gotten to where we know what the other one is going to say. Sometimes you can tell, “You know, you have to go ask Mommy
on that one.” Or, “I know what she is going to say, but…”

It’s worked out that way, so it’s good. Major things we’ll get together on it and talk about it. Certainly bringing this up to her in that setting would be fine and normal and how we would do that. This one just has a lot of personal implications for me that I’ve thought about. I want to have myself sorted out first.

Cole: Yeah. You’d like to feel a little steadier within yourself about what you think before you would bring it there.

Jim: Yeah.

Cole: So let’s say that it’s a year out from now, and look at it in terms of it’s a year out from now, and you’ve made the decision to go with this. Take that step out there into this unknown. What do you think that will look like? What do you think that will look like?

Commentary: I now move to using the tool of looking forward to move Jim from the present moment to considering what the future might look like, based on either decision. In using looking forward, we present each decision separately. The client is asked to look ahead and consider what the future might look like if he makes the decision to take the promotion, and conversely, if he does not. The goal is to help the client move out of the current moment and envision the future based on either decision.

Jim: Well, if I’m going to do something, then I’m going to do it and I’m going to do my best to make it work.

So I can see myself—I think I would get used to it, but I think also I would be watching things to see if, perhaps, now that I would be a manager, I could either see if it’s not necessary to do that anymore, where I’d think it would be better you don’t have to travel, then I could recommend that.

I would do that if that was the right thing to do. I wouldn’t just get into it and say, “Oh, we shouldn’t do this. We shouldn’t do this.” That’s not going to get anywhere. Or perhaps, too, finding that maybe somebody could do it and delegate it to somebody else if that’s the right thing to do. By that point, I would have the experience with the job to know what it entails, what it involves. And I could see it going
that way. If, at that point, I felt like it was going great and I could do this longer, I would continue to do that. But I think I would have it in mind after getting familiar with it for a while to see. I think that would be a good time for a review to see about the position.

**Cole:** Okay. So you would go out, and you wouldn’t just get into it and do it as they’ve said. You would actually go, and you would take a manager’s eye to it and be looking it over to see if the way the job is currently structured with the travel and those kinds of things is what it needs to be, or if perhaps there are recommendations you can make to shift that a little bit. Or perhaps there is somebody else who could pick up some of those responsibilities.

**Jim:** Yeah. There is somebody who could come along or that I may see who is single, for instance, or, you know, has qualities that would do really well with it and continue. Because if it’s something that needs to be done, I wouldn’t want to turn it over to somebody who isn’t going to do what needs to be done and have it fail.

**Cole:** Right.

**Jim:** I’m not going to bail on it and then have it fail or something. That’s another thing that could happen too.

**Cole:** Okay. So your work personality, it sounds like, is to take charge with it. That’s how you’ve gotten to be where you are and why you’re being recognized, I guess, is that you’ve got those talents of looking things over and taking charge.

**Jim:** Yeah.

**Cole:** Okay. So let’s go to the other part of the question, then. Let’s say it’s a year out and you’ve decided not to do it. You’re just doing the same job you’re doing now. What might that seem like for you?

**Commentary:** Here’s the question about the other side of the decision. Both sides of the decision have to be explicitly explored for the client to have the full opportunity to consider the issue. Focusing on just one side would not let him fully examine the decision.

**Jim:** Well, odds are I would still be doing that job. I would see my kids. I guess the other thing then I’m weighing the fact that if another
position hasn’t come along and moved up that I’ve felt like I’ve let my boss down.

If I had skills that were going to help the company in that direction, I didn’t use them. That would weigh on me. Of course, that could weigh also on the situation at home that if I’m not happy that I’ve not helped the company as a resource, used my full potential.

**Cole:** You’re a person with very strong personal, professional, and family and parent standards, and it’s very important to you to be living consistently with those. In some ways, that’s what creates the rub, because you want to live consistently in all those areas. Yeah. But I hear in that—and again, I’m not trying to sway you one way or the other, because you really have to feel solid in this yourself. I hear, though, that it would almost feel like a little regret on that side.

**Commentary:** This part felt tricky to me, in that I wanted to summarize the value conflict, capture the affect in a complex reflection on regret, emotion Jim was conveying, while at the same time, honoring autonomy and neutrality. This is a good illustration of the thoughtfulness of doing Motivational Interviewing.

**Jim:** Yeah. And that could impact things at home negatively. Or things could get worse with the economy and stuff, and just knowing that we could have had that funding available and now we don’t.

**Cole:** Yes. It’s a lot there. Well, our time for talking today is getting closer, and we certainly can talk again. There is no problem. But I’m wondering where this leaves you right now in what you think the next step might be for you, in terms of making this kind of decision.

**Commentary:** I ask a key question to give Jim the opportunity to leave with some kind of next step.

**Jim:** Well, it’s funny. I think it’s helped me see both sides more of this. I tended to think that taking the job was going to just leave me with bunch of negatives. But I think in talking today, I’ve seen that there is more positives there, and that there are positives to both, and that also, doing the job, I could make it work and that I may not be stuck in it for years. There are options there with that. And it could grow to something even greater in an amount of time. You never know what
could happen. In two months, they could say, “We’re not doing that. You’ll just be here all the time as a manager.”

And I guess it’s made me realize, talking today, that if you have an opportunity, you should take it and see where it goes. I think I can make it work. So I think the next step now would probably be to talk to my wife about it. I feel much more confident in talking to her now.

**Cole**: Okay. Great. Anything else before we finish?

**Jim**: No. But I’m just really glad that I came today, because I really hadn’t seen all the positives and negatives to both sides or had them clarified until now. So that’s good. Thank you very much for doing that.

**Cole**: You’re welcome. And should you decide you’d like to talk again, I’d be happy to talk with you. And I would like to hear whatever decision you make when you make it.

**Jim**: Great. Okay.

**Cole**: Thanks, Jim.

**Jim**: Thank you.

**Cole**: Take care.

**00:40:53**

**JIM DEBRIEF**

**Yalom**: What struck me about that session is, as we said before, there was no preferred outcome. You really stayed in the neutral role of reflecting back what he was saying to you. And yet, in doing so, it really allowed him to get a deeper understanding of the situation and of the possibilities.

**Cole**: Exactly. And as I reflected back to him, I was really attending to the experience Jim was having as he was struggling with this decision. And then I began to pick up on the importance of his family values to him—the importance of being a father, the importance of being a good spouse—and really reflected those back as he continued to explore, how would he fulfill those very important roles for himself if he did change jobs? And also, if he made a decision not to take this
new responsibility, how would that play out in terms of his values? So it really allowed Jim to go beyond the superficial exploration of take the new job or not, and move deeper into what’s important to him in his life.

Yalom: I know values has a really central role in Motivational Interviewing. Can you say a little bit more about that?

Cole: Sure. Values do play a very important part in the decisions that all of us to make. So as we begin to examine whether we’re going to make a change or do something different in a particular area, it can be helpful for us to take a look at that in terms of, how does that connect to what is important to us in our lives, in terms of our roles as parents, our views about ourselves in terms of being healthy, well people? How does our behavior or the decisions we’re making, how does that work with it, and how is consistent with our values?

Yalom: Yeah. I don’t recall exactly the specifics, but my sense was, when you reflected that back to him, he really resonated with it. It seemed powerful to him.

Cole: Exactly. He resonated with it, and he both talked about how hard it would be for him, with his children and being away from his wife and he started to creatively problem-solve about, “If I did this, this is what I need to pay attention to.” And he started to generate some ideas and solutions for himself that, again, allowed him to start to get a better picture of the reality of this in his life, should he make that decision.

Victor Yalom: And it was a nice demonstration of how simply exploring, simply reflecting back—you weren’t providing information—it really allowed him to come up with more information on his own, information about what’s important to him, information about what the future possibilities were. And he clearly reflected that at the end of the session, that this was extremely helpful to him.

Cole: Right. He actually came and in the beginning, to me, seemed a little downtrodden, a little discouraged and defeated and overwhelmed by this. You heard him say he was glad when his boss was called away and he didn’t have to answer on the spot.
**Yalom:** And the fact that he hadn’t even told his wife yet.

**Cole:** Hadn’t even told his wife. And by the end, there’s a certain excitement on Jim’s part. And he has not made his final decision, but he does know what he’s going to do next, and that’s to take it to his wife and talk with her. So he’s really excited in the end, and not so much caught in this, “I don’t know what to do.” And that’s a goal for us in Motivational Interviewing, to help people out of that “I don’t know what to do” state.

**Yalom:** And I think the fear is—fear, maybe something else—if you keep in this neutral role, if you don’t tell him what to do or push him in one way or another, if you simply reflect back, that you’ll just be caught in this endless loop of indecision. And in fact, that wasn’t the case here.

**Cole:** Exactly. And a very strategic thing that I did that helped not be in that loop is, after we had done decisional balance and Jim was still, “Maybe yes, maybe no,” I then moved into that looking forward technique, and I asked him to think ahead. “So it’s six months out and you’ve decided that you are going to take this job. What do you think that would be like?” Or, “It’s six months out and you’ve decided not to take this job. What do you think that would be like?” So it took him out of that current moment, again, “I can’t see the forest for the trees,” and helped him think out to the future. And that helped tip the balance for Jim to decide what the next step would be, which was to talk to his wife.

**HOLLY: PROVIDING INFORMATION**

**Yalom:** In the next vignette, we’re going to see you working with Holly. Now, this was a woman you worked with in the previous video in this series. And in that vignette, you were talking with her about her three-year-old daughter, and you were bringing up some concerns about the daughter’s weight. And that created discord, she was defensive. I think that’s relevant in terms of, both of you were in an extricational*** set, coming into this session. Now, this session is different in that she’s coming in to see you at the same time as her check-up of her one-year-old son. And she’s bringing up the issue. So there’s no discord that’s being introduced. Can you say a little bit
about this scene here?

**Cole:** Sure. Holly is, again, in a check-up for her son, Jack. There are no particular concerns that I have in my role, so I want to turn to Holly and see if there’s anything that she’s bringing in that she has a question about, either in terms of development or any other things around parenting. So I’m basically eliciting the agenda from her. I allow her to establish what it is that we’re going to talk about today.

**Yalom:** Right. Then she brings up, basically, a question and concern about how long she should continue to breastfeed her son.

**Cole:** Exactly. So we talk about that for a bit. And Holly is uncertain about what to do because she just doesn’t have the information that she feels she needs to make that decision. She doesn’t know if there’s any particular time frame, any one way that’s more correct than others, and she’s getting a little pressure from other people in her life, her mother and her friends. She likes breastfeeding. So she just is unclear about what to do. And there’s no preferred answer to this. There’s not one right answer. It has to be what Holly decides. But again, she has a gap in her information here.

**Yalom:** So one of the things you do as a healthcare educator is simply to provide that information to her.

**Cole:** Exactly.

**Yalom:** In terms of how you provide it, or what information to provide or whether you provide information before asking her permission, any thoughts about that?

**Cole:** Actually, there are very specific ways that I talk about this, in terms of using Motivational Interviewing. I don’t ever want to provide information to the client before I first ask them, what do they know already? And that’s just efficient. One, it supports client autonomy. And if the client tells me she knows or does not know already, then that informs me what would be valuable to share with the client.

So first, I’m going to check that out. And I’m always going to ask permission before I provide information. So I’m going to say, “If it’s okay with you, I can share some information for you to take into consideration.”
Yalom: Why do you do that?
Cole: It’s a little bit different than just saying, “Okay, so you don’t know anything. So let me just tell you these things.” That’s a little abrupt and it shifts the balance. I want to stay in this partnership-collaborative style. So I am always thinking about where am I in terms of my partnership, my alliance with this client. Just subtly asking permission makes a huge difference. And clients will actually say, “Wow, I really liked it when you asked me permission.” They notice it.

Yalom: Anything else we should watch for?
Cole: I think we should just watch for what happens when I give Holly the information, and how it frees her up to actually start talking about what she’s been thinking about already, herself, that’s she’s really kept under wraps—her own true, honest feelings about breastfeeding.

Yalom: Okay. Let’s take a look.

**HOLLY SESSION**
Cole: Hey, Holly. How goes it?
Holly: It goes fine. How about you, Cathy?
Cole: I’m doing good.
Holly: Good.
Cole: So Jack’s just turned one.
Holly: He did. It happened.
Cole: It happened. Yeah. Did you do any particular kind of celebration or anything?
Holly: We had a party. We had a couple of the other little babies around. We had a cake. My mom made a cake. We sang. It was fun.
Cole: Fun.

**Commentary:** The initial conversation is an example of engaging. I would have done this anyway, but in light of a previous conversation I had with Holly, where she felt somewhat pushed about her daughter and her weight, I feel this initial chat to be very essential in engaging.

Cole: Good. Well, I want to—I looked through all of the information
on Jack in terms of his growth and development and all those little questionnaires you fill out around whether he’s doing this, that, or the other in terms of his development things. Everything looks right on target.

**Holly:** Oh, good. Okay.

**Cole:** Yeah. So you’re like, “Okay. So she’s not going to jump me on something today, here.” Before we go over and talk about anything that you would like to talk about in terms of this one-year development phase and things for the future, I wanted to just check in on how things have been going with Katie.

**Holly:** Since we last talked?

**Cole:** Mm-hmm.

**Holly:** Well, I did cut down with the juice. I’m still doing, and I know it’s been a couple months, but I’m doing the mix of the whole and two percent. But I feel good that I just did something and I feel like it’s working. She didn’t have a big temper tantrum, you know, because I just mixed them. So she didn’t really notice as much as if I had—I can’t get the words out.

**Cole:** That’s okay. Just work with it.

**Holly:** If I had just gone straight to two percent, I feel like she would have had a fit.

**Cole:** Okay.

**Holly:** So I feel like we’re doing pretty good.

**Cole:** Super.

**Commentary:** This is an affirmation of Holly’s efforts, because I want to recognize that she has worked on changes. If I wait, I have lost the impact of the moment.

**Holly:** I guess she’ll be coming in, you know, next—

**Cole:** She should be coming in, let’s see, in the next couple of—well, we check her again when she’s three and a half. So we got another few more months.

**Holly:** So I guess we’ll get the official—
Cole: Right. I’ll come over to the stuff with Jack, but what about looking at that information as well?

Commentary: I am pushing Holly somewhat in a different direction here, and probably trying to accomplish too much at once. I run the risk of her being reluctant to be open with me. It would have been safer to stop and just focus on Jack and the issue at hand.

Cole: I just wanted to see if you looked at that, if you had any questions about it. Is there anything I could answer on that?

Holly: No, I’m trying to get more of those, like rather than doing the canned vegetables, I’m trying to be more the fresh vegetables like it says. So I’ve started to try to do that. But, again, like what you said last time, I’m not trying to make myself crazy over it.

Cole: Exactly. And this is just information. One of the things we know with kids is that it’s important to just introduce things. Give them the opportunity to try them, not make any big deal about them. And for a lot of kids, they might try something new. Like, she might get into carrots and really like carrots for a week and then decide she doesn’t like carrots right now.

Holly: Right.

Cole: So you just keep introducing and trying. I think all of us eventually probably learn to eat our vegetables.

Holly: Right, at some point.

Cole: Well, let’s move over to Jack. Whatever might be important to you to talk about in terms of where both of you are now with him being one.

Commentary: I move back to the agenda for today, which is to let Holly tell me how she wants to use the interview in terms of Jack’s development.

Holly: I think things are going pretty well. I’m glad everything came back okay. I guess I was kind of wondering about, because I’m breastfeeding him. My mom doesn’t think I should be. Some of the girls at work are like, “Why is he still doing that?” So I don’t know. I just kind of wanted to ask you and see what you thought.
Cole: Okay. So it something that other people are giving you pressure about, and you’re not feeling any pressure to go ahead and stop breastfeeding or weaning.

Holly: Well, I don’t know. I don’t want to do something wrong. I don’t want to do something bad for him, but I kind of like it and I kind of think he likes it, too.

Cole: Sure.

Holly: Maybe it’s good for him. Like, with Katie, she seemed to know when it was time to stop. So I’m kind of waiting for him to let me know, and he’s not letting me know.

Cole: Okay. When did Katie stop?

Holly: It was about eight months.

Cole: So she was actually earlier. She decided a little bit earlier. And some kids do that. They make a decision about it.

Holly: Yes. So I don’t know. If some kids do that, then maybe I’m supposed to be the one to say, “No more.” I guess that what my mom thinks I should.

Cole: So she thinks that, and what are you thinking? You said, “I’m really enjoying this.”

Commentary: Holly is asking early for what I think, and I want to be careful not to sway her, as this decision needs to be hers. So I simply reflect back to her what I have heard from her thus far, in terms of the two conflicting viewpoints on this—her mother’s advice versus her experience.

Holly: I do. And I don’t really plan on having any more kids. So he’s my last baby. And I love it. But I don’t want to do it because I love it, and harm him or have people thinking I’m crazy in the process.

Cole: Got you. It’s really special for you.

Holly: Yeah, it is.

Cole: Tell me about that.

Holly: Well, he’s just so sweet, and it’s just a time when we are just connected and close. I feel really peaceful and calm and I think he
does. It’s like, that can’t be bad, right?

**Cole:** Right. Yeah. You say it’s a time that’s just the two of you, nobody else could really be a part of that. It’s just special between the two of you.

**Holly:** Exactly.

*Commentary: I use a summary reflection. A summary reflection is bringing together what the client has expressed thus far. It allows for the client to consider what has been said, say more if desired, and for us to continue to move ahead.*

**Cole:** Yeah. Well, I can just give you a little information about it, and then we can talk from that point. There is no magic cutoff date.

*Commentary: I added information here, because to continue to reflect would have been going over what she had already said and would have us in a loop, a conversation going nowhere. But I am careful when I am giving her information to let her know that I am doing so, so that it is not mistaken for my opinion.*

**Cole:** Like, “Okay, you have to wean by a certain time,” although a lot of people certainly have opinions about it. Your mom, other people have opinions about it.

**Holly:** Right.

**Cole:** What we do know is that by the time a child is one year old, the child has gotten the major benefit that comes from breastfeeding in terms of any protection around allergies, those kinds of things, and also in terms of the major nutrition.

**Holly:** Okay.

**Cole:** So that after a child turns one, we don’t see the breastfeeding as providing the major part of his calories during the day. It just supplements it. But there is not any magic age by which both of you need to stop.

It really needs to be based on how the two of you do this together.

**Holly:** Okay.

*Commentary: I provide sufficient information for Holly to continue*
to think about the issue. In providing information, I want to provide a reasonable amount, but not so much that the client feels lectured to or hears so much that she can’t take it in. Holly is explicitly wanting to know if there is a specific cut-off time, and I give her the information.

Holly: So it’s not wrong or bad?
Cole: No.

Holly: When would it be?
Cole: Well, what would seem weird to you about, “Oh, I’m still breastfeeding Jack.” At what point would you say, “Oh, I think this is long enough. That just feels a little too strange to me.” What did you have in mind? Because with Katie, she didn’t give you—Katie made her own decision.

Commentary: Here is an open question to further evoke Holly’s thoughts and let her explore her own ideas.

Holly: And she does. She will do that. I don’t know, a year and a half?
Cole: A year and a half. So you just think, “Okay, by a year and a half this would feel like we should—

Holly: A little bit strange.
Cole: Yeah. “This is about the outside point for me.”

Holly: Yeah.
Cole: Okay. So that’s the driver. That’s the important thing, of what you feel like that could work for you.

Holly: So what do I tell my mom when she says, “You need to stop. What are you doing?” How do I respond to that?

Cole: Well, she’s your mom. So what are your thoughts on it? I’m giving you this information that there is really not any magic number, and you’re saying you feel comfortable with about a year and a half. So you’re looking at maybe another five to six months. So how do you think you would handle that with your mom?

Commentary: I avoid telling her what to do, how to handle her mother. I am reinforcing autonomy and her ability to solve the
**problem.**

**Holly:** Well, if you’re telling me that there is nothing wrong with it, then I’ll tell her that you told me that.

**Cole:** You can use me. That’s okay. How do you think she’ll respond to that?

**Holly:** I can just see her rolling—no offense to you, but I can see her rolling her eyes and saying you’re crazy.

**Cole:** Those people.

**Holly:** Right. Exactly. But I’ll feel better knowing—I mean, you guys do this for a living. I don’t know.

**Cole:** Okay. So you feel like that’s the response you’ll give back to her.

**Holly:** She’ll probably roll her eyes. But if she knows that the people here are saying it, she won’t give me as much grief.

**Cole:** So what else would be helpful to you, then, around this? Because if you’re saying, “Okay, I’m thinking maybe another six months,” what else would be helpful to you then in terms of starting to move toward that transition eventually?

**Commentary:** Holly has made one decision regarding how to handle her mother and is moving toward a plan that will work for her. I continue with open questions that will assist her in moving ahead.

**Holly:** I don’t know. Should I cut down now?

**Cole:** Again, what’s the sense that you’re getting from Jack?

**Holly:** Oh, he would just do it all day, every day.

**Cole:** So he’s not saying, “I’m too busy for this.”

**Holly:** No.

**Cole:** Okay. Well, this is the way that we talk with moms about starting to make a gradual shift. And one thing you have to take into account is that—and you know this already—as you start to nurse less, then eventually you’re going to have less, because you’re just going to produce less.

**Holly:** Okay.
Cole: So one of the things that we talk about is if you’re wanting to start shifting back a little bit and start getting Jack used to the idea. Because we don’t want it to be an abrupt shift to him.

Holly: Okay.

Cole: Again, I want to give you a huge amount of information here, but we’re looking for Jack being able to continue in his own independent development, but the breastfeeding at this point has shifted away really from the nutrition into that bond and comfort. So to abruptly stop would be disruptive for both of you. Certainly for him.

Holly: Okay.

Cole: So given that, what moms often do is they start cutting out maybe one of the breastfeedings during the day. And they might cut out one in the mornings. Because the way you’ve explained it to me is what’s happened is that your mom has actually been able to bring him by your work, right?

Commentary: Once again, information is helpful for Holly, as she does not have any ideas about how to approach this. She has not had this experience before and is focused on doing it right. Not providing more information would be nonpartnering, but again, notice that I did not tell her how she has to do this. Providing information falls under directing, but then immediately, I move back to a guiding style because I want to keep Holly exploring this for herself.

Holly: Right.

Cole: And that’s been great.

Holly: Right. Which is why some of the girls are looking at me funny.

Cole: What are you doing here?

Holly: Right.

Cole: So one thing that some moms do, then, is they decide maybe to cut out the morning feeding. And rather than just cut it out and have nothing occur, maybe he would come by the shop, and rather than doing the morning feeding, he’s drinking some out of his sippy cup now, right?
Holly: Yeah.

Cole: You would maybe have a little morning snack with him with his sippy cup, and the two of you spend the time that you would have nursing doing something special. It might be playing a game or going for a walk—something that is him still having you in the contact, but is not the breastfeeding.

Holly: Okay. I can see that would be a nice way to do it so it wouldn’t be so drastic.

Cole: Right. And then just gradually, over time, make him—

Holly: One less.

Cole: Yeah, one less, one less, and, again, paying attention to how he’s responding to it. And always, at the times that you are not breastfeeding him, adding something in there that has a connection with him. Let’s say, certainly after he’s starting to get teeth, we always recommend that even if you’re breastfeeding him at night that it not be right at bedtime, because now we’re really wanting to start to get his mouth cleaned out a lot more.

Holly: Okay.

Cole: So it’s, again, shifting and adding something special there rather than just taking it away.

Holly: Okay. So maybe, you said take away the morning one, but maybe the one before bed would be a good one.

Cole: So if you took the one before bed away, what’s his normal bedtime routine now?

Holly: Well, let’s see, we do the breastfeeding, and I usually read him a little book. And that’s it.

Cole: Okay. So if you were not going to do the evening, certainly to keep the book. And what else do you think might be helpful to him to still have that bond before you get him into bed?

Holly: Maybe I could do just rubbing his back or something.

Cole: Yeah, rubbing his back, singing a song, whatever. That continues to have the click because it’s the close contact.
Holly: Right.
Cole: Yeah. And not make it a real big deal about it.
Holly: Right. Okay.
Cole: So how does all that seem?
Holly: Actually, it seems good to me.

Commentary: After Holly and I talk more, she decides on a plan that she thinks will work for her.

Holly: I’m kind of relieved.
Cole: Okay. What is relieving about it?
Holly: I thought you were going to say something like, “What are you doing? You’re still breastfeeding?”
Cole: Oh, okay. So the fact that I didn’t go, “Oh, wow.”
Holly: Right. You’re just saying, “You’re fine. It’s normal. It’s okay.” I also really like the idea of just doing something me and him that’s not that, but still doing something at that time. That feels like that would be good for me and for him. So yeah.
Cole: So really it’s up to you when you would want to start this routine. It’s totally left up to you when you’d want to do that.
Holly: Okay. I guess I’ll just see. I don’t know. I’ll just play it by ear.
Cole: Just play it by ear, and, again, just remembering that as you do this you’re going to be attending to your milk supply and realizing that it will gradually decrease. So you’re just kind of noting that. You’ve got your marker out here, just to take that into account as well.
Holly: Right.
Cole: Anything else?
Holly: I don’t think so. I was just curious about that, so I’m glad I got to talk to you about it. I actually feel better.

Commentary: This section demonstrates the importance of being in a nonjudgmental stance with the client. Holly lets me know her worry that I would judge her. She’s able to relax, approach this
situation in her own way.

Cole: Good. Well, again, when Katie comes back in and we’re going to check in with her and weigh her, I can hear how this is going for you with Jack as well.

Holly: Okay. That would be good.

Cole: Well, thanks. It’s good to see you.

Holly: It’s good to see you too.

Cole: And I look forward to seeing you again.

Holly: Okay. Thank you very much.

Cole: Take care, Holly.

Holly: Bye.

Cole: Bye.

HOLLY DEBRIEF

Yalom: This interview or session went a lot more easily than the last one you did with Holly. In your role as health educator, you provide a lot of information to her, which certainly seems appropriate in that context. How does that work in other settings, if you’re an addiction counselor, a parole officer, or whatever?

Cole: Well, the information that we provide is certainly both client- as well as setting-specific. So say, in an addictions setting, or perhaps in a criminal justice setting, if a client is saying, “I don’t want to go along with what you’re recommending,” or, “I don’t want to do this program,” something of that nature, providing information there would be that I clarify to the client what the outcomes might be if they don’t go along with what the recommendations might be, certainly from court or a judge. To me, this is only ethical on my part. It’s a part of informed consent, because the client needs to have the information on the table before they make their final decision. So I would just first ask the client, “What do you know might happen if you don’t do what’s recommended? Let me just provide you the information about that so that when you make your final decision, you have all the information that you need.”
So that’s supporting autonomy.

**Yalom:** That’s very different than how I imagine how some folks think about it. Like, “This is what you have to do.”

**Cole:** Right. Exactly. And while there may be something that the client is being told that they have to do, ultimately, the client is going to make the decision about whether they’re going to do it or not. And I want them to make an informed decision.

**Yalom:** So they can break parole?

**Cole:** Exactly. They just have to make certain that they understand what might happen if they do break parole.

**Yalom:** If they don’t go through a DUI outlaw program, they may go to jail.

**Cole:** I’ll tell you a lovely story, if you like, about that, that I heard from someone in training. A young man who kept having some not huge infractions, some possession charges, I think, or something, who was in and out of a fairly low-level prison system. But every time he would go in, he would stay for the prescribed amount of time, he would go back out, they would talk about him about all the things he needed to do to stay out, and lo and behold, he would be back in again. Somebody finally asked him why. And he said, “You don’t let me stay in here long enough to finish my GED, and that’s my goal.” It was the only way for him to finish his GED. It just took a simple question to understand. That’s the essence of Motivational Interviewing—understanding the reasoning that the client has for the behavior that they’re demonstrating. So I thought it was a really elegant little story.

**Yalom:** Yeah. Simple information you can get with a question.

**Cole:** That’s right. You just have to ask.

**Yalom:** And you train lots of professionals in a variety of fields with this. What’s hardest for them to grasp about that?

**Cole:** Well, I think the thing that’s hardest for people to grasp is that, if there is a negative outcome for the client, that the client still has the right to choose and that we really don’t have the power to force
anybody to do anything. They might go along with us, they might just passively say, “Okay,” and go along with us, but ultimately, they’re not really connected to what it is that you’re asking them—telling them—that they have to do. That’s hard for people. It’s hard, because again, we want the best for people and we have this tendency to think that we know what is the best for people.

Yalom: Good. Let’s move on to the final vignette in this video.

KATHY: LOWERING ANXIETY

Yalom: Here, we’re going to see you work with another Kathy. You’re in the role of a health educator in a doctor’s office, and her doctor has again warned about the perils of her smoking. And you’re going to engage in a discussion with her about that.

Cole: Exactly.

Yalom: Okay. What are your thoughts coming into something like this?

Cole: Well, coming into it, I want to be careful that I don’t just automatically jump in and say, “Of course you have to stop smoking, it’s not good for you,” and move into a lecture about this. I really want to find out, where is Kathy, in terms of her desire to stop smoking, and actually say that very explicitly. “Where are you in terms of your desire to stop smoking?” So from the very beginning, I start to probe with her with what we call the ingredients of change. Does she want to stop? Is there the desire? And we focus on whether we think she’s able to, her ability. She talks some about the explicit reasons that a person might stop smoking in general health issues. Then she personalizes that to her own need, in terms of what she wants to prevent for herself that happened to her own father. Then we move ahead, and finally, Kathy is making an extremely strong commitment to going into a stopping smoking program. And it comes about because I address the anxiety that she has about her greatest concern, which is withdrawal.

Yalom: And we see examples of sustain talk and change talk, which are important concepts in MI.

Cole: Absolutely. In the beginning, there’s a lot of sustain talk from Kathy. “I don’t want to do this.” Sustain talk is maintaining the status
Psychotherapy.net

quo, staying with things as they are. In the beginning, there’s a lot of, “This is too hard, I don’t want to do this,” even though she said, “I never thought I would get to this place. The idea of stopping smoking is more than I think I can handle.” So she talks about that. And as I am exploring this, and I encourage the listeners to pay attention to this, there’s a subtle place in here where Kathy, all of a sudden, says, “I don’t think that there are any good things about smoking.” And I can recall in the interview, my ears perked up, because, all of a sudden, she’s saying the opposite of what she had been saying before. So I immediately start to focus on this because it’s the beginning of her change talk. I shift gears and start to pick up on that.

Yalom: When you shift gears? What do you do?

Cole: I shift gears. Rather than continuing to explore the reasons that she has for not doing anything about her smoking, I immediately shift and start to explore this different point of view that she’s now presenting—that there aren’t any good things about smoking. And from there, we proceed, and Kathy moves toward a plan by the end of the session.

Victory Yalom: So that sounds like a really key idea in Motivational Interviewing, is being able to pick up on that shift between sustain talk and change talk.

Cole: Absolutely. The moment change talk starts, we shift and we begin to strategically focus on change talk by using reflections and open questions that will allow the client to continue to explore making change.

Yalom: What is hard for counselors about learning that? I’m a psychologist, and therapists often tend to focus and get drawn into problems.

Cole: That’s right.

Yalom: Here, you’re asking us to pay attention to the problems, but not to get caught up in them, and to be ready to shift when people are talking about changes.

Cole: Exactly. It’s really something that we have to train ourselves to listen for. And I don’t know that it’s the easiest skill in Motivational
Interviewing. It really does require this sensitivity to what does change talk even sound like? And in this, it could have been easy for me to miss. Kathy just says, “I don’t think there are any good things about smoking.”

**Yalom:** When I watched that a few times, it’s like I think she’s misspeaking.

**Cole:** Exactly. And as the counselor, there was that moment when I thought, “Maybe she’s misspeaking,” but I needed to check it out. Had she been misspeaking, she would have just taken me right back over into the sustain talk, but she wasn’t. And if I had not paid attention to that, Kathy would have perhaps not continued on with the change talk, or she would have had to work a lot harder to get my attention about it. And she should not have to work hard to get my attention around her momentum for change. It’s my job to pick up on that and help her continue to talk about it.

**Yalom:** Good. Let’s watch as you do that.

**Cole:** Okay.

**KATHY SESSION**

**Cole:** Kathy—may I call you Kathy?

**Kathy:** Sure.

**Cole:** Hi. I’m a Cathy as well.

**Kathy:** I know.

**Cole:** You came in for your regular physical today with Dr. Jones, and he suggested that you and I talk afterwards. I’m in a health educator role here. So I’ll start by finding out, what is it that he wanted us to talk about today?

**Kathy:** Well, not only this time, but this time last year, he told me I needed to stop smoking. And I didn’t adhere to it too well during the year. Today, he told me that smoking can cause a lot of diseases, one being heart disease, acid reflux, and many others that I really didn’t want to retain because they sounded so horrible.

But I have a lot of friends, and they all smoke. And that’s the one thing
we do when we get together, when we socialize. We’re smoking. I have one good friend who is constantly saying to me, not rudely, but in a nice way that she would love to see me stop smoking, that my hair smells like smoke, my clothes smell like smoke, even my house smells like smoke. She says that’s very offensive to people that come to visit. They just don’t like to come because they don’t smoke, so they don’t want to smell that dead smoke and dead butts sitting around.

Cole: Yeah.

Commentary: Kathy is giving reasons to stop, objective information, but has yet to personalize them into her need. Reasons are facts that a person might state, but Kathy has not yet said that they matter to her personally, moving them to her need to do something different.

Kathy: So I told her that I would try. I did try one time. I want you to tell me what you think of this. I lit a cigarette, took two puffs and put it out. Well, by the end of the day, I was jittery. Now, could I have done any better? I just went back to smoking again.

Cole: So you said by the end of the day, you were jittery after you tried just going with two puffs on one cigarette for the day. So you had some really negative outcome the time that you tried.

Kathy: I did.

Commentary: This last statement is an example of an amplified reflection, as I emphasized the word “negative.” I also avoided answering Kathy’s question about her one attempt. To do so would have led me into a discussion about withdrawal, would have constituted premature focus, as I do not know where Kathy stands on wanting to quit. Also note that my reflection was short and did not summarize all that she had thus far. I just want to capture what Kathy has said to move us toward her goal of saying more.

Cole: And you have a lot of people in your life who smoke, and that’s how you socialize together. And you have this one friend who is really on your back and giving you a lot of negative feedback about your smoking.

Kathy: Exactly. As well as my doctor.

Cole: As well as your doctor. Yeah, today he gave you a lot of
information about health things that could be really, really horrible for you around smoking. So where does that leave you right now in terms of how much you desire to stop smoking? Because it has to be your decision.

**Commentary:** Now comes a more comprehensive summary, combined with a key question to emphasize her autonomy.

**Kathy:** I know. I know nobody can actually make me do it.

**Cole:** Right.

**Kathy:** I’ve got to do it myself. I have smoked since I was a teenager, off and on. And I really don’t have the desire to quit. I just can’t imagine going through life not smoking.

**Cole:** Okay.

**Commentary:** This is some strong sustain talk from Kathy. She lays out what the arguments against change are, and I am just letting her express it. However, listen for how I then bring her back to the downside of smoking. And then, right after that, I take her back to her objective.

**Kathy:** But, say, in the mornings when I wake up, the first thing I reach for is a cigarette on my night table. I know that’s not good. I said, “If I ever did that”—many years ago—”If I ever did that, I would quit smoking.” But I didn’t. I just kept on smoking.

**Cole:** So that was something you said, “Well, I’ll know I’m way beyond what I would want to see with my smoking if I pick up that cigarette before I even get out of bed.”

**Kathy:** Exactly.

**Cole:** And you’ve actually crossed over and find yourself doing that now.

**Commentary:** I use a complex reflection to deepen Kathy’s recognition of her dilemma.

**Kathy:** Mm-hmm. And, too, many people have told me if I quit smoking, I’m going to gain weight. Well, food really doesn’t taste good, but they say it tastes much better if you quit smoking. Now,
the downside to that is I’m going to gain weight. That means a new wardrobe, which I’d like to have, but I can’t afford.

Commentary: More sustain talk from Kathy. I just summarize what she has said thus far, and continue the conversation.

Cole: Okay. So right now, you’re seeing that it’s a part of your life. It’s been a part of your life off and on for 18 years. It’s become a more important part in your life as you found yourself smoking at times that you thought, “I’ll never smoke then.”

Kathy: Right.

Cole: Yeah. And your worry is that if you stop, you will end up gaining weight. So I’m hearing this list of things that don’t feel so positive about stopping. I’m wondering what else might be on that list.

Commentary: This is a variation on pros and cons. I’m pursuing this as the client began the conversation in this direction. I use pros and cons when the client clearly states some advantages or disadvantages to making a change. I want to hear all of that, and then the possible advantages of changing.

Kathy: Withdrawal. They say it’s awful. Being cranky. And if I do go through this, I just hope my friends understand and will support me in what I’m trying to do.

Cole: Yeah. So added to the other list is having to go through the withdrawal, the unpleasantness of that. Okay. What else might be on the not-so-good side about smoking, about stopping?

Kathy: I think everything is on the bad side about smoking. But I’ve just smoked so long. I just can’t imagine going through life without smoking. I know I’ve got to stop. I’m having no health problems from cigarettes at present.

But when the doctor told me this morning what could be waiting for me in the future, that made me rethink everything.

Commentary: Here it is—the sudden shift—and I am surprised by this. She has moved from sustain talk to change talk. She clearly states, “I know I have to stop.” A common mistake is to have the client continue focusing on the cons of making a change. But pay
attention to what I do next, to stay with this shift.

Cole: What out of that got your attention the most? That was kind of a wakeup call, it feels like, for you.

Kathy: It was. Heart disease, because my dad died of heart disease. And he was a heavy smoker. So I’m beginning to put two and two together. And it’s making four.

Commentary: Now her change talk moves to need, a more personalized view of change. If I had persisted in having her list the cons about stopping smoking, the change momentum would have been lost. Instead, I intentionally highlighted her change talk when it occurred, beginning to ask open questions to have her say more about why she has to stop.

Cole: Okay. On the one hand, you would really not like to have to take a look at this in your life. On the other hand, you’re beginning to creep up on this idea that you need to do something about this.

Kathy: Yeah. I know I’ve got to.

Commentary: This is the double-sided reflection, ending on the positive change, in order to reinforce Kathy’s change talk.

Kathy: I’ve got to. My grandparents were tobacco farmers. We lived about 50 miles from them. And in my day and time, tobacco farming was the big thing. That’s how everybody made their living was tobacco farming, and everybody smoked then. I guess that’s how I get started smoking, was everybody smoked. And tobacco farming paid for my education.

Cole: Yeah. It’s been a huge part of your life. It’s been a part of your heritage, really.

Kathy: Exactly.

Cole: So in some ways it like turning your back on your heritage, although, you’re saying, “I really feel like I need to do this.”

Kathy: Yeah.

Cole: It really is, it’s turning your back on something that was important to your family and has been important to you in terms of
things that you gained from tobacco.

**Kathy:** It was a very strong support system monetarily for my entire family. My granddad’s family too.

**Cole:** And then, as you look back and you think about your dad and his heart disease, you’re beginning to say, “Obviously, the smoking had some effect on that for him. And I don’t really want that same outcome for me. Even though I’m in good health, I don’t want to have this heart disease become a factor for me because I’m doing something like smoking.”

**Commentary:** This was a tricky part of the interview, to honor the heritage, the values, while at the same time bringing the focus back to Kathy’s need to address her smoking. I honored it by noting the role of tobacco in her family, but took it right back to the thing that got her attention—her father’s heart disease and her desire to have that not happen to her.

**Kathy:** Mm-hmm. Of course, he’s dead now, and I wish that he could see me get to the point where I stopped smoking. I think that would make him very happy.

**Cole:** What did he think about your smoking?

**Kathy:** He didn’t say too much.

**Cole:** He didn’t say much. So let’s just say—again, only you’re going to decide on this. Let’s just say that you’ve decided to step across that line and tackle not smoking. What do you think that would be like? What kinds of things would be important to pay attention to?

**Commentary:** Now, we move into envisioning this change. Kathy is saying that she wants to do something, and I want to hear what she is thinking about in order to be able to reinforce her autonomy and get any ideas of where it might be useful for us to go next. The only pitfall would be her saying that she can’t envision the change. If this were to happen, I could just ask permission to offer some suggestions I have heard from other clients, and then see what ideas this brings up for her. This method is called, “elicit, provide, elicit.” Ask what the client knows, with permission add information and ideas, elicit what the client thinks.
**Kathy:** Well, it’s going to be hard. I do know that. And I really think, if I’m strong enough, I can get someone to help me with the food intake so that I can choose the right foods, the foods that are healthy for me, and not the foods that are full of sugar.

**Cole:** Right.

**Kathy:** That will put the weight on you. I think it’s going to be a good thing. I just want to get started, but then I’m scared to get started.

**Cole:** Sure. Exactly. That’s a very normal thing, that while you’d like this, there is some anxiety about making a big change in your life, something that’s been a constant companion for you for—

**Kathy:** You just brought up the right word: anxiety.

**Cole:** Okay. Let’s talk about the anxiety part a little bit in terms of being kind of afraid to step out into this.

*Commentary: I did not want to assume what she meant by “anxiety,” so I just asked. Remember, we never have to assume in Motivational Interviewing. We always ask the client and we learn what we need to know.*

**Kathy:** Well, I’ve already tried it once and the shakes got me by the afternoon.

**Cole:** Okay.

**Kathy:** Yeah. The morning time, I did pretty good, but when the evening came, I kind of get fidgety.

**Cole:** Okay.

**Kathy:** And even not trying to quit smoking, a lot of times if I get fidgety, I’ll pick up a cigarette.

**Cole:** Right. And that kind of calms you down when you do that.

**Kathy:** Yes.

**Cole:** Okay. So you’ve got an idea about dealing with the food part, to really get some help with that. That’s certainly something we can give you all the information you would want around healthy foods and those kinds of things.
Kathy: Wonderful.
Cole: And how people deal with—because it is true, your food is going to taste better when you’re not smoking. You can taste it.
Kathy: That’s what I’m told.
Cole: Yeah. So we can give you lots of information that can support you in eating in a healthy way, because you don’t have to gain weight. It’s not an automatic that people gain weight. It’s because they tend to eat in a different way.
Kathy: Yeah.
Cole: So we can give you information about that. But it’s the dealing with the withdrawal that seems like a really big issue for you.
Kathy: I haven’t heard anything good about withdrawals. It’s all pretty scary.
Cole: Okay. Tell me—now, your friend, who is encouraging you to not smoke, has she been a smoker herself?
Kathy: No, she was never a smoker.
Cole: Okay. Tell me who, if anyone, who has stopped smoking and who has gotten through the whole withdrawal thing.
Kathy: Quite a few of the people that are in my social circle.
Cole: Okay.
Kathy: And I would say there are more still smoking than not smoking, but they had to quit because of health concerns.
Cole: Now, how does that go for them? They’re still in your social circle and they’re not smoking. So how does that work for them?
Kathy: They have a hard time with it. They want to start back.
Cole: So it’s tempting.
Kathy: I don’t want to get in that situation. I want to get through with this smoking and be able to be in a group that smokes and enjoy the people and not the cigarette.
Cole: Okay. But there are a group of people who at least have stopped.
So it’s not like you’d be the only person in that group.

**Kathy:** Right.

**Cole:** Okay. Did they talk with you at all about what they did to get through their withdrawal?

**Kathy:** I haven’t told anybody except for my best friend that I’m going to do this.

**Cole:** Okay. So you sound pretty resolved. Even before you got in here today, you were already thinking about this, and then the doctor adding this other information has moved you across the line.

**Kathy:** Right.

*Commentary: This is consistent with “elicit, provide, elicit.” Listen to what occurs next and what shift this creates for Kathy.*

**Cole:** Well, if it’s okay with you, I can give you some information about withdrawal things.

**Kathy:** Oh, yes, please do.

**Cole:** One of the things that we can work with you on is that we’re able to give you both a patch, which is a nicotine patch that can help you with the withdrawal, and we can also give you a very mild medication that helps you deal with the withdrawal. These are things that you use just for a period of time as you’re stopping smoking. Now, different people go about this in different ways. But one of the ways that people do go about stopping smoking is to come into a structured program that helps you gradually cut down. And that allows your body to start dealing with the withdrawal, because there is truly a physiological withdrawal from stopping smoking from the nicotine.

**Kathy:** What do you mean by patch? What does the patch do? I don’t understand.

**Cole:** A patch is just a way of your body continuing to get a small amount of nicotine while you are cutting down on your smoking. It’s something that you wear on your body. You just put it on and it lasts for a certain amount of time. Then as you gradually cut down, we also cut down on the nicotine. But it lets your body taper off from the nicotine as opposed to just stopping abruptly. Some people just stop
abruptly as well, and just kind of white knuckle it through or just get through the withdrawal. But the patch can help you with that.

**Kathy:** Are you saying I’m still smoking while I have the patch on?

**Cole:** You still are getting some nicotine in your system. You’re not getting it the same way as you are by inhaling.

**Kathy:** But I’m not smoking at the time.

**Cole:** No.

**Kathy:** Oh, I stop the cigarettes altogether.

**Cole:** One of the ways that people do this is to cut down, so that you’d say that tomorrow you’re going to cut down to this many cigarettes a day, and you actually set a quit date out in the future. And you say that “by three weeks I will have stopped smoking altogether.” So you make a plan about how much to cut down each day in the meantime. And the patch helps you get through the withdrawal, and eventually you’re not using the patch either.

**Kathy:** Does it work?

**Cole:** That is a way that has worked for a lot of people. Again, there is no absolute guarantee about anything because it’s every individual. But it certainly has been helpful to a lot of people. That, combined with being in a supportive atmosphere with other people who are trying to do the same thing, has been very effective for many people.

**Kathy:** And do I still continue to work with you?

**Cole:** Absolutely, you can continue to work with me if you like. I’m happy to be a support person. Actually, I co-lead one of the support groups that we have here in the clinic. And we have a very specific protocol that we follow. We give you more education about what to expect. All of you talk together about what’s working, what are your challenges, how are you getting through those, and come through the program together.

**Kathy:** So I’m understanding, you just said this was a group and not one on one.

**Cole:** This is a group. I do it in a group.
Kathy: Okay.

Cole: We’ve found that doing it in a support group is really helpful to people because you’re hearing what other people are going through at the same time.

Kathy: Yeah.

Cole: So what does that—I’ve given you a whole bunch of information all of a sudden. So let me back up and see. That can be overwhelming in and of itself.

Kathy: No, it really isn’t overwhelming. It’s kind of exciting to me to think that all of this is available to me and then I can stop smoking. Yeah. That’s very exciting to me.

Cole: Yeah. It’s available and you don’t have to go out looking for it. It’s right here. We offer it in this office. Yeah. And we have a new group that starts next week.

Kathy: Wonderful. I’m not sure I’ll be ready by next week. I might still be smoking somewhat by next week.

Cole: Well, you don’t have to quit by next week. Next week is just that you start.

Kathy: Okay.

Cole: It’s from there that you move into the program and set that quit date out in the future. So for the next week you can approach that in any way you want. You can see if you want to cut down some. You can say, “I’m still going to smoke at the same amount.” It’s really whatever you want to do.

Kathy: Oh, that’s sounds wonderful. I look forward to that. I really do look forward to that.

Cole: Okay. Fantastic. Then the group meets on Thursday evenings at 7:00. Would that work for you?

Kathy: Thursday, yeah. Oh, I’ll make it work for me.

Cole: Okay. And we usually meet at least an hour and a half. Sometime we’re up to two hours. We give ourselves from 7:00 to 9:00 just to make sure we have plenty of time to talk and have people’s
questions answered and spend time in the group. We usually have some things around. We might have some coffee, decaf coffee, and some things like that around for people. It’s just a very informal time, but we provide a very specific program on stopping smoking.

Kathy: I’m looking forward to this.

Cole: Fantastic.

Kathy: You are marvelous. Thank you so much.

Cole: Well, I will see you next week at 7:00.

And if there is anything that comes up in the meantime, you certainly are welcome to give me a call.

Kathy: Wonderful.

Cole: If you start to feel a little bit like, “Can I make it?” Call and we’ll get you back on track.

Kathy: Okay. Thank you so much.

Cole: Thank you, Kathy.

Kathy: This is wonderful.

Cole: Super. And I look forward to seeing you next week.

Kathy: Yes, you will see me next week.


KATHY DEBRIEF

Yalom: I thought that was a nice piece of work, there. It really showed the subtlety, complexity, the heart of Motivational Interviewing.

Cole: Thank you. She surprised me all of a sudden. I really thought we were going to spend the interview with her saying, “Yeah, I should do this, but I really don’t think that I’m going to do it.” And she surprised me when she moved into this momentum about, “I really need to do something about this.” Yeah, it was very surprising, very exciting.

Yalom: Yeah. Was there anything else you did that made it effective?

Cole: I think the most critical piece in this particular interview was my providing Kathy very specific information on how she could deal
with withdrawal. That was her greatest fear. When she said that she was really anxious about this, I asked her what that anxiety was about, and she said withdrawal. Had I just said, “Well, yup, withdrawal is really hard for a lot of people. Good luck,” Kathy would have done nothing. She would have probably walked out the door and had a cigarette as soon as she could possibly have one. But I came in and I first asked her what she knew about dealing with withdrawal. She knew nothing about that. And I came and I provided her very specific information on how we, at this particular office, could help her with that. And she became excited about it and made a very, very strong commitment to begin the smoking cessation program with us.

Yalom: And you clarified, again. She thought, “Well, maybe I have to stop smoking before I even begin the program.”

Cole: Absolutely. So that’s one of the things for us to pay attention to when we’re providing information, is to make sure that the client really understands the information.

Yalom: You’ve shown us some really nice examples of Motivational Interviewing in these three vignettes and provided us with the theoretical background of this very important central phase of Motivational Interviewing, which is resolving ambivalence. So I want to thank you for offering that.

Cole: You’re very welcome.

Yalom: And now, the final step, if someone really resolves their ambivalence about making change, is what?

Cole: For them to address whether they think they’re actually able to do it. So, I’ve decided it’s important. Now do I have the confidence that I’m now able to do it? And from there, that helps me move into making a specific plan about doing it.
Yalom: Fortunately, we address that issue of building confidence in the final video of our series, and we encourage viewers who want to learn about that to watch it.
Video Credits

Special Thanks to:

Copyright © 2012, Psychotherapy.net, LLC
Earn Continuing Education Credits for Watching Videos

Psychotherapy.net offers continuing education credits for watching this and other training videos. It is a simple, economical way for psychotherapists—both instructors and viewers—to earn CE credits, and a wonderful opportunity to build on workshop and classroom learning experiences.

* Visit our Continuing Education section at www.psychotherapy.net to register for courses and download supplementary reading material.

* After passing a brief online post-test you will be able to access and print your Certificate of Completion on our website. Voilà!

* **CE Approvals:** Psychotherapy.net is approved to offer CE courses for psychologists, counselors, social workers, addiction treatment specialists, and other mental health professionals.

* **CE Available for your Organization:** Our CE courses can be used for staff training; contact us for details.

Psychotherapy.net also offers CE Credits for reading online psychotherapy articles and in-depth interviews with master psychotherapists and the leading thinkers of our times.

To find out more, visit our website, www.psychotherapy.net, and click on the CE Credits link. Check back often, as new courses are added frequently.
About the Contributors

VIDEO PARTICIPANTS

Cathy Cole, LCSW, is a Licensed Clinical Social Worker and President of cathycoletraining, inc. Ms. Cole is an active member of the Motivational Interviewing Network of Trainers, Inc. (MINT, Inc). She has provided training in Motivational Interviewing since 1995. In addition to MI training, Ms. Cole maintains an active clinical practice in Durham, North Carolina.

Victor Yalom, PhD, Interviewer, is the founder, president, and resident cartoonist of Psychotherapy.net. He also maintains a part-time psychotherapy practice in San Francisco and Mill Valley, CA. He has conducted workshops in existential-humanistic and group therapy in the U.S., Mexico, and China, and also leads ongoing consultation group for therapists.

MANUAL AUTHORS

Ali Miller, MA, MFT, is a writer for Psychotherapy.net as well as a psychotherapist in private practice in San Francisco and Berkeley, CA. She works with individuals, couples, and families and facilitates therapy groups for women. You can learn more about her practice at www.AliMillerMFT.com.
More Psychotherapy.net Videos

We have videos covering a wide range of experts, approaches, therapeutic issues and populations.

We continually add new titles to our catalogue. Visit us at www.psychotherapy.net or call (800) 577-4762 for more information.

**Approaches**

- Adlerian Therapy
- Art Therapy
- Body-Oriented Therapy
- Brief Therapy
- Child Therapy
- Cognitive Behavioral Therapy
- Consultation/ Supervision
- Couples Therapy
- Existential-Humanistic Therapy
- Family Therapy/ Family Systems
- Gestalt Therapy
- Group Therapy
- Integrative Therapy
- Motivational Therapy
- Multicultural Therapy
- Narrative Therapy
- Object Relations Therapy
- Person-Centered Therapy
- Positive Psychology
- Psychodrama
- Psychodrama Therapy
- REBT
- Solutions-Focused Therapy

**Experts**

- Ellyn Bader
- Judith Beck
- Insoo Kim Berg
- James Bugental
- Albert Ellis
- Kenneth Hardy
- Sue Johnson
- Otto Kernberg
- Monica McGoldrick
- Donald Meichenbaum
- Salvador Minuchin
- William Miller
- Jacob & Zerka Moreno
- John Norcross
- Violet Oaklander
- Erving Polster
Arnold Lazarus
Peter Levine
Rollo May
…..and more

Therapeutic Issues
Addiction
Anger Management
Alcoholism
ADD/ADHD
Anxiety
Beginning Therapists
Child Abuse
Culture & Diversity
Death & Dying
Depression
Dissociation
Divorce
Domestic Violence

Grief/Loss
Happiness
Infertility
Intellectualizing
Law & Ethics
Medical Illness
Parenting
PTSD
Relationships
Sexuality
Suicidality
Trauma
Weight Management

Population
Adolescents
African-American
Children
Couples
Families
GLBT
Inpatient Clients

Men
Military/Veterans
Parents
Prisoners
Step Families
Therapeutic Communities
Women