

CHAPTER 14

Responding to Change Talk

It takes two to speak truth—One to speak, and another to hear.

—HENRY DAVID THOREAU

After all, when you seek advice from someone it's certainly not because you want them to give it. You just want them to be there while you talk to yourself.

—TERRY PRATCHETT

Whenever you hear change talk, don't just sit there. Within the style of MI there are particular ways of responding to change talk in order to strengthen it. If you only collect change talk (“What else? . . . What else?”) you're missing important opportunities to consolidate motivation for change.

A first step, of course, is to recognize change talk when you hear it and not let it pass unnoticed ([Chapter 12](#)). There are particular things you can do to evoke change talk ([Chapter 13](#)), but how you respond when it occurs can also make a big difference in the amount and quality of change talk you hear.

OARS: FOUR RESPONSES TO CHANGE TALK

In reviewing MI sessions we listen for four particular counselor responses to change talk. The acronym for these is the same one introduced in [Chapter 3](#): OARS

Open question

Affirmation

Reflection

Summary

Responding in one of these ways will often yield additional or more detailed change talk.

Open Question

When responding to change talk, ask a particular kind of open question: one that asks for elaboration or an example. When you hear change talk, ask more about it. Become interested in and curious about it. You want to know more. Ask for more detail or examples. This can apply to both the downside of the status quo and to the advantages of change.

CLIENT: Well, sometimes when I wake up in the morning after drinking I don't feel so good.

ELABORATION: *In what ways* do you feel bad?

EXAMPLE: Tell me about the last time that happened to you. Whether you are getting more detail or are hearing a specific example, the client is giving you more change talk.

CLIENT: I think my family would be happier if I spent less time at work.

ELABORATION: How do you think it would be better?

EXAMPLE: Tell me about a time when you really enjoyed being with your family.

In essence, ask an open question the answer to which is more change talk.

Affirmation

A second good way to respond to change talk is with affirmation. You recognize and prize what the person is saying about change. It's as simple as commenting positively on what the person has said.

CLIENT: I plan to go to the gym twice this week for some exercise. [Commitment]

AFFIRM: Good for you!

CLIENT: I think my family would be happier if I stayed home more. [Reason]

AFFIRM: You really care about them.

CLIENT: I've got to do something about my weight. [Need]

AFFIRM: Your health is important to you.

CLIENT: I think I could quit smoking if I really decided to. [Ability]

AFFIRM: Once you make up your mind to do something, you get it done.

Reflection

The mainstay skill of MI, reflective listening, is another good way to strengthen change talk. It can be a simple or a complex reflection.

CLIENT: I wish I didn't feel so anxious all the time. [Desire]

REFLECT: You'd like that. [Simple]

CLIENT: I could find a better job if I really tried. [Ability]

REFLECT: And you have some ideas about how to do it.
[Complex, continuing the paragraph]

CLIENT: I'm going to stop trying to outdo my brother.
[Commitment]

REFLECT: You've decided. [Simple]

When you reflect change talk, what the client is most likely to say next is more change talk. Here is an example of an interview with a gambler integrating O, A, and R responses to change talk.

INTERVIEWER: What kind of troubles has gambling caused for you?

CLIENT: One obvious place is money.

INTERVIEWER: In what ways is that a concern for you? [O]

CLIENT: Well, I just spend a lot of money on gambling, and I'm not always paying my bills.

INTERVIEWER: Tell me about the last time that happened. [O]

CLIENT: Just last week I went through about \$600. I start out setting a limit for myself, but then when I lose that amount I decide to try to win it back.

INTERVIEWER: Over time it really adds up. [R]

CLIENT: I'll say. I've lost about \$20,000 over the last 6 months.

INTERVIEWER: And that's a lot for you. [R]

CLIENT: I'll say! We don't have that kind of money. At least we don't now.

INTERVIEWER: You've lost a lot. [R] How much does this money issue concern you? [O]

CLIENT: It's getting to be a big problem, and I worry about it all the time. I've got people knocking on my door, calling on the telephone, sending nasty letters. I've got to do something.

INTERVIEWER: You're a person who wants to be responsible, to pay your bills. [A]

CLIENT: That's how I was brought up.

INTERVIEWER: And in what specific ways does it affect you, to lose so much? [O]

CLIENT: Nobody will give us credit any more, except the casinos. My husband finally noticed all the cash withdrawals, and he's hardly talking to me.

INTERVIEWER: So that's a big stress in your relationship. [R] What else? [O]

CLIENT: He's worried about our retirement, of course. And I can't buy things I want.

INTERVIEWER: Such as . . . [O]

CLIENT: The other day I saw this nice dress in just my size, and I couldn't afford it. My credit cards have all been canceled. Then I get mad and do stupid things.

When you hear change talk, reflect it. It is also possible to reflect change talk that *might* be there but has not quite been spoken. This is a particular form of continuing the paragraph ([Chapter 5](#)) that Theresa Moyers calls "lending change talk." Consider this snippet of dialogue with a heavy drinker:

INTERVIEWER: You've been drinking quite a bit. [Reflecting what the client has just said]

CLIENT: I don't really think it's all that much. I can drink a lot and not feel it.

INTERVIEWER: More than most people. [R]

CLIENT: Yes. I can drink most people under the table.

INTERVIEWER: *And that's what worries you.* [R, continuing the paragraph with change talk]

CLIENT: Well, that and how I feel; the next morning I'm usually in bad shape. I feel jittery and I can't think straight through most of the morning.

INTERVIEWER: *That doesn't seem right to you.* [R, continuing the paragraph with change talk]

The italicized responses are reflections that lend change talk. The client hasn't directly voiced it yet, but change talk is one possible guess about what is being said. The client may concur and follow your interpretation with more change talk. If you guess wrong and the client corrects it, you can immediately reflect what the client did mean, or even apologize for missing. As with other reflections in MI, it is vital not to add a tone of skepticism or sarcasm or to try to be too clever. Retaining genuine curiosity and compassion is the raft upon which all else floats.

Another reflective skill is what we call "snatching change talk from the jaws of ambivalence." It is normal to hear change talk embedded in the same sentence or paragraph with sustain talk. Suppose, for example, that you were having a conversation with someone about their inactivity:

"By the time I get home from work I'm already tired. I get supper ready and help the kids with their homework, and by the time I get them to bed I'm exhausted. I know I need to get more exercise, but there's just no time to fit it in!"

The helper's righting reflex would be to explain how important physical activity is or to make suggestions about how to fit exercise into the day. The expected response to this would be more sustain talk. But notice that an argument for change is already there in the paragraph. Both pros and cons are already represented on this person's committee. A key is to hear the embedded change talk and reflect it: "Getting more exercise is important for you." It's also possible to ask for elaboration of the change talk ("When you think about needing more exercise, what do you imagine yourself doing?") or to affirm ("Your health is really important to you"). The point is to hear the change talk within the ambivalence and shine a light on it.

Here are some other examples. For each one we give three possible reflections: two that emphasize the sustain talk (ST) and one that highlights change talk (CT).

CLIENT: I was worried there at first, but I don't think I really have diabetes. The doctor said it was "borderline" or something like that, and I feel fine.

ST: You feel fine.

ST: You don't think you really have diabetes.

CT: You don't want to develop diabetes; that worries you.

CLIENT: Well sure, I'd like to be as healthy as I can, but I'm 68, for heaven's sake. I figure I can get away with some bad habits now. They won't have time to catch up with me.

ST: You have nothing to lose at this point.

ST: At 68 it's time to just enjoy life.

CT: You want to stay as healthy as you can.

CLIENT: I wasn't doing anything wrong! I just went along for the ride, and I didn't know they were going to grab that lady's purse. Now they're saying that I violated my probation. I guess it's not smart to be cruising around at 2 in the morning, but it happened so fast, there was nothing I could do about it. I didn't break any laws, and I'm not going back to jail for this.

ST: It wasn't your fault.

ST: You didn't do anything wrong.

CT: Cruising at 2 in the morning wasn't such a good idea.

CLIENT: It's just such a hassle to take all those pills. I'm supposed to remember to take them four times a day, and half the time I don't even have them with me. And I hate how they make me feel. I guess there's a good reason for it, but it's just not possible for me.

ST: There's no way for you to do it.

ST: Having to take all that medicine is a real hassle.

CT: You know it's important to take them.

In general, you will get more of whatever you reflect. If you reflect sustain talk you are likely to hear more sustain talk (although sometimes people do respond with change talk). Reflect change talk and you get more change talk. In a [double-sided reflection](#) (on the one hand . . . and on the other hand . . .) you're likely to hear more of whatever element you placed last.

There are times when reflecting sustain talk can be helpful, and in [Chapter 15](#) we explore ways to do this strategically. Sometimes clients respond to the reflection of sustain talk with counterbalancing change talk. Just be sure to *hear* the change talk even when it is surrounded by sustain talk, because it represents the person's own arguments for change. When you hear an ambivalence sandwich (ST/CT/ST) try reflecting the change talk.

Summaries

One of the core counseling skills in MI is providing reflective summaries of what the person has said. In client-centered counseling, however, there is often very little guidance about what to include in summaries and what to leave out. Obviously you can't recount everything your client has said. In forming a summary you necessarily choose, from among all that the person has said, what specific content to include.

Bear with us through a longer discussion here, for there is a lot of technique and art to MI-consistent summaries. We first provide some dialogue from an initial MI session and consider several different ways in which it might be summarized.

Dr. Clark's Referral

Here is an example of a clinical consultation in an MI style, based on an actual case.¹ Following a routine physical examination, Dr. Clark referred Sylvia to a behavioral health counselor to discuss her drinking. The referral indicates that the physician smelled alcohol on her breath during the examination and added an alcohol screen to the panel of lab tests ordered. The lab report indicated a blood alcohol level of 90 mg%, and also a slightly elevated liver enzyme. After you read the transcript we will consider different possible summaries of the same dialogue.

INTERVIEWER: There's not much information on this referral, Sylvia. Perhaps you could tell me how you understand why Dr. Clark wanted you to talk with me.

CLIENT: I was surprised to hear from her. She called me on the phone after my physical, and said she wanted me to see you because she was concerned about me.

INTERVIEWER: Dr. Clark called you personally.

CLIENT: Uh-huh. Actually it kind of scared me. I thought maybe it was bad news from my tests.

INTERVIEWER: So what did she tell you?

CLIENT: Well, that morning, when I went in for my physical, while she was examining me she mentioned that she smelled alcohol. I thought it was probably the mouthwash that I use, and that's what I told her. She didn't say anything more about it.

INTERVIEWER: But then she called you back.

CLIENT: I guess she had them test me for alcohol. I didn't know she was going to do that. Anyhow she told me that I was over the legal limit for driving. But I swear I didn't have anything to drink.

INTERVIEWER: That took you by surprise.

CLIENT: Yes. I never drink in the morning. She also told me that one of the other tests was abnormal—for liver, I think—and that's why she wanted me to talk to you.

INTERVIEWER: I'm sure this has been on your mind in the meantime. What are you thinking at this point about what she told you?

CLIENT: Well, frankly, I don't like being here. I didn't like her checking up on me like that, and I feel like this is none of her business, or yours either, for that matter. I didn't really want to come.

INTERVIEWER: And yet you did.

CLIENT: It did scare me a little. She didn't really explain the lab test to me, except that it might mean I was drinking too much. Did she explain it to you?

INTERVIEWER: She did send me the result, and the one she mentioned is called GGT. It's a liver function test—you're right about that—and it is one that goes up when a person drinks a fair amount. It's like a warning light going on in your car. What do you make of that?

CLIENT: I don't like it. I guess that's what she was worried about. I know she means well.

INTERVIEWER: She cares about you. And she must have been concerned about the alcohol in your system, too. What time did you go in for your physical?

CLIENT: It was first thing in the morning, on my way to work. I just got up, showered, got ready, and went in. I didn't even have breakfast because of the blood tests.

INTERVIEWER: So that's a puzzle for you, how the alcohol got there in the morning.

CLIENT: I guess it must have been left over. Can that happen? I don't really drink all that much.

INTERVIEWER: Sure. It takes some time for the liver to break down alcohol, so it can stay in the body for a while.

CLIENT: But she said I was legally drunk! I live way over on the west side and I work downtown, so I drive in that awful traffic every morning. I felt perfectly fine.

INTERVIEWER: Nothing out of the ordinary.

CLIENT: No. But she said if I had been pulled over, I could have been arrested.

INTERVIEWER: That kind of shocked you.

CLIENT: I work for the city, for the mayor's office, and if that happened—well, I could lose my job.

INTERVIEWER: All right. Well, I can see why you came in, and I'm glad that you did. All of this is new to you, and you're not happy to be here, but Dr. Clark got your attention. So shall we talk about this a bit?

CLIENT: OK, but I don't want to be lectured about drinking.

INTERVIEWER: I won't lecture you, I promise. Now if it's all right with you, perhaps you could tell me some about how alcohol fits into your life, into an ordinary day.

CLIENT: An ordinary day. I work a long day, and by the time I get home I'm exhausted and ready to relax. I'll usually have some wine while I'm making dinner. If I don't have the kids, I just fix something quick, and then kick back.

INTERVIEWER: It makes a difference if the kids are there or not.

CLIENT: Well, I'll usually have wine with dinner anyhow, and while I'm cooking, but I mean I make something a little nicer when they are there. I'm divorced. Most of the time he has the kids. That's not how it's supposed to be, but he's always been a control freak.

INTERVIEWER: And then after dinner you kick back and relax.

CLIENT: Right. I usually just watch television. I don't have energy for much more than that.

INTERVIEWER: And how does alcohol fit in there?

CLIENT: It helps me relax and just kind of turn off. I'll have some more wine, maybe a martini while I'm watching programs. Then I get tired, go to bed, get up, and do it all over again. That's when the kids aren't with me.

INTERVIEWER: And when they are . . .

CLIENT: We'll watch TV together unless they have some homework, and then I help them with that. I guess I don't drink as much when they're there. Then in the morning I have to get them to school before work, and it gets pretty hectic. I like it when they're with me, though.

INTERVIEWER: You have an arrangement with your ex.

CLIENT: We have joint custody, and I'm supposed to have them Monday through Wednesday and every other weekend, but it doesn't happen. Like I said, he's a control freak. He always dominates me—has to have it his way. If he says they don't come over, they don't. So a lot of the time I don't get them.

INTERVIEWER: It's not happening the way the court ordered it.

CLIENT: Right. But I can't take him to court. I can't afford a good lawyer, and he says if I complain he'll say I'm a drunk and file for sole custody. I can't afford to fight him. (*pause, some tearfulness*) I love my kids, and I feel so much better when they're with me. They belong with me.

INTERVIEWER: In what ways do you feel better when they're there?

CLIENT: I just feel more cheerful. I have something to do. Usually when I wake up in the morning I feel terrible, nervous, exhausted, like I don't want to get out of bed, but I

still do. When the kids are there, it's like I have a reason to get up.

INTERVIEWER: And those are also days on which you drink somewhat less, when they are with you.

CLIENT: Oh, I see what you're getting at. You think one reason I feel worse on other mornings is that I'm drinking too much.

INTERVIEWER: Just a possibility.

CLIENT: Well, there's probably something to that, but I also miss my kids.

INTERVIEWER: It hurts you, too, when they're not with you. And at the same time, you wonder if maybe you feel worse some mornings because of drinking the night before.

CLIENT: I don't think I'm really hung over or anything, but I do feel pretty bad. Headache and so forth. Maybe so. But I'm not an alcoholic or anything like that.

Because forming MI-consistent summaries is challenging to do well, here is something to try. Before reading any further, consider how you might summarize what has happened thus far in this interview. If you were to offer Sylvia a collecting summary, what would you choose to include, and why? Write no more than seven sentences, and then end your summary with a question to move the process forward. Then after you have constructed your own summary, read the examples below.

Summary 1

This is the first of four example summaries of the above dialogue, all intended to be helpful to Sylvia. As you read each one, consider what is being emphasized. What seems to have guided the interviewer in choosing what to include and not include? How consistent is each summary with the spirit and style of MI? Why? Consider also how the client is likely to feel and respond to each summary.

“Well, it sounds like your life is pretty stressful. When you wake up in the morning you often feel bad. You have a stressful commute in traffic in the morning, and you put in a lot of time at work. By the time you get home, you're exhausted. You're a single mom now, and there's a constant

battle with your ex about getting time with your kids. You really miss them when they're not with you, but you also feel kind of helpless to do anything about it. Mostly what you do in the evening is watch TV, and alcohol helps you to relax. Have I got it right?"

From a client-centered perspective this is a good summary that focuses on the feelings Sylvia has expressed. Counselors are often trained to focus on the client's emotions. This summary emphasizes her (predominantly negative) feelings, perhaps with a goal of helping her to become more aware and accepting of her current experience. This kind of summary also has a function of joining with the client, communicating understanding and acceptance. For these reasons, this summary is compatible with the engaging process in MI, but it lacks the important goal-oriented component of the evoking process and is not likely to create movement in the direction of change. Our guess is that at the end of this summary, Sylvia would still be feeling discouraged.

Summary 2

"Let me tell you what I hear so far. Because of some lab tests, Dr. Clark is concerned that you are drinking too much, and asked you to talk to me. You're wondering what the lab test means, and you don't understand how you could still have been legally drunk that morning. Some mornings you do feel pretty bad, though. On the other hand, alcohol helps you to relax, and you don't think you really drink all that much. You don't drink in the morning, and you certainly don't think you're an alcoholic. You weren't too happy to come here, and you don't want to be lectured about drinking. Is that about right?"

Here is another very reasonable client-centered summary. In this case rather than focusing primarily on feelings the counselor seems to be trying to capture both sides of Sylvia's ambivalence in the manner of a decisional balance, beginning with the change talk and ending with the sustain talk. The counselor seeks to summarize both the pros and the cons of change that Sylvia has expressed, giving them approximately equal emphasis. Placing

the sustain talk last gives it the greater emphasis of recency, leaving the client to respond to that thought. The underlying mental model is that people need to see clearly and explore both sides of their dilemma. This is an appropriate type of summary when the counselor is not seeking to move the client in a particular direction; for example, when the client is trying to make a choice and the counselor wishes to maintain neutrality, not advocating for one side or the other (see [Chapter 17](#)). Like Summary 1, it lacks the directional movement of MI that is needed in the evoking process. The expected outcome of such a summary would be continued ambivalence.

Summary 3

“Well, I’d say you have a serious problem with alcohol. You say you don’t drink that much, but you’re drinking enough at night that you’re still legally intoxicated in the morning when you’re driving to work or taking your kids to school. The way you’re feeling bad in the morning sounds a lot like alcohol withdrawal to me. You’re using alcohol like a drug to relax you and help you forget about the stresses in your life. Your ex-husband thinks you have a problem and doesn’t want the children to be with you. So you watch television and drink, and deny that you have a problem. Sure sounds like alcoholism to me! How about you?”

A client-centered counselor would be unlikely to offer a summary like this, although it is characteristic of how many people with alcohol problems were counseled for decades (White & Miller, 2007). It is a confrontational summary and is inconsistent with MI. The apparent assumption is a deficit model, that the client is not perceiving reality and needs to be strongly persuaded. The predictable client response to this summary would be defensiveness, sustain talk, and discord.

Summary 4

“So here’s what you’ve told me so far. Dr. Clark noticed a blood test elevated that often is a warning about drinking too much, and she was concerned enough to call you personally. That scared you a little. You were also surprised that there was still enough alcohol in your bloodstream for you to be arrested for drunk driving if you had been stopped, even though you had not had anything to drink in the morning. If that happened, you could lose your job. When you wake up in the morning you often feel pretty bad—headache, tired, nervous. That seems to happen more when the kids aren’t with you, and you drink more at night. What else have you noticed?”

This is a quintessential MI summary. It pulls together most of the change talk that Sylvia has offered. There is something powerful about hearing all of one’s change talk collected, and such a summary is strategic, consciously directed toward change. This collecting summary ends with an open question intended to elicit further change talk. The normal client response to this summary would be to continue exploring change talk.

All four of these summaries are seven sentences long and end with a question, but what different impacts they are likely to have! Within the evoking process of MI there is a strategic rationale for what to include in a summary. Each bit of change talk is like a flower, and the interviewer collects them into a growing **bouquet**. With a few flowers in hand, the counselor offers the bouquet to the client and asks for more flowers. A collecting summary like this can be offered periodically throughout the evoking process, and the final big bouquet has a special function in the transition to planning (see [Chapter 19](#)).

KEY POINTS

- ✓ When a client offers change talk, the interviewer’s next response should be one that recognizes and strengthens it,

such as asking for elaboration, affirming, reflecting, or summarizing.

- ✓ A summary tends to reinforce what it contains, whether that be demoralization, ambivalence, defensiveness, or motivation for change.
- ✓ The normal structure of an MI-consistent summary is a “bouquet” of the client’s own change talk.

¹As with other case examples in this book, the client’s name and identifying details have been altered to protect anonymity and confidentiality, and some details represent composites from many cases.

CHAPTER 15

Responding to Sustain Talk and Discord

Where did all the sages get the idea that a man's desires must be normal and virtuous? Why did they imagine that he must inevitably will what is reasonable and profitable? What a man needs simply and solely is *independent* volition, whatever that independence may cost and wherever it may lead.

—FYODOR DOSTOYEVSKY

Out of clutter, find simplicity. From discord, find harmony. In the middle of difficulty lies opportunity.

—ALBERT EINSTEIN

Difficulties do arise, of course, in consultations about change. People may minimize concerns: “I really don’t think it’s that bad.” Disagreements can arise. Sometimes the clinician’s credibility is questioned: “Who are you to tell me what to do?” A conversation can start to feel like a polarized power struggle: “I’m not going to do it, and no one can make me!”

We have found that such tensions are far less likely to arise when the interviewer follows the spirit and practices of MI as described in preceding chapters. Nevertheless, they do happen naturally when discussing difficult change issues, and it is helpful to respond to them in an MI-consistent manner. That is the focus of this chapter.

DECONSTRUCTING “RESISTANCE”

When writing the first edition of this book we chose the term *resistance* to characterize any apparent client movement away from change. By the time of our second edition we were already uncomfortable with this term, but were not fully clear why, nor did we find a reasonable synonym to substitute.

In the intervening decade our discomfort with the concept of resistance has continued to grow, particularly because it seems to place the locus and responsibility for the phenomenon within the

client. It is as though one were blaming the client for “being difficult.” Even if it is not seen as intentional but rather as arising from unconscious defenses, the concept of resistance nevertheless focuses on client pathology, underemphasizing interpersonal determinants. The phenomena we were trying to describe are a product of, or at least highly responsive to, counseling style. They rise and fall in reaction to what the counselor is doing.

A helpful distinction emerged from Theresa Moyers’s research examining interactive processes within MI. She pointed out that we had lumped within “resistance” what we now call sustain talk—the client’s own motivations and verbalizations favoring the status quo. There is nothing inherently pathological or oppositional about sustain talk. It is simply one side of ambivalence. Listen to an ambivalent person and you are likely to hear both change talk and sustain talk intermingled. When ambivalent, people *naturally* voice sustain talk in response to their own or others’ arguments for change. To call this “resistance” is to pathologize what is a perfectly natural part of the process of change.

If we subtract sustain talk from what we were previously calling resistance, what is left? The remainder has a different quality from sustain talk and it more resembles disagreement, not being “on the same wavelength,” talking at cross-purposes, or a disturbance in the relationship. This phenomenon we decided to call *discord*. You can experience discord, for example, when a client is arguing with you, interrupting you, ignoring, or discounting you.

Note the presence of the word “you” here. Sustain talk is about the target behavior or change. Discord is about you or more precisely about your relationship with the client—signals of discord in your working alliance. In music as in relationships, discord requires at least two participants. A single voice cannot yield dissonance. Discord is like a fire (or at least smoke) in the therapeutic relationship. So with this edition we intentionally take leave of the concept of resistance and propose instead two important but different phenomena: sustain talk and discord.

SUSTAIN TALK

Sustain talk is about the target behavior or change and reflects one side of ambivalence. This means that, like change talk, sustain talk cannot be recognized as such unless you know the change target(s). By definition, then, sustain talk cannot occur without first identifying a focus.

In itself, sustain talk is not discordant, although the counselor's response can quickly make it so. Nevertheless, sustain talk matters. The more people verbalize and explore sustain talk, the more they talk themselves out of changing. Because it's a normal part of ambivalence, don't expect an absence of sustain talk or be unnecessarily alarmed by it. What typically happens over the course of an MI session is that the ratio of change talk (pros) to sustain talk (cons) increases. Early on, pros and cons may be evenly balanced in a 1-to-1 ratio, which is one working definition of ambivalence. The cons of change may even outweigh the pros. As MI proceeds, pros typically increase and cons diminish, so that later in the session change talk statements may counterbalance sustain talk by a 2- or 3-to-1 ratio. That is the trajectory associated with subsequent behavior change.

So how, then, should one respond to sustain talk? First of all, don't go fishing for it. It is not necessary or even desirable in MI to evoke and explore all of the client's possible reasons for persisting in the present course. If reasons for reluctance are important the client will tell you so. The likely outcome if you were to thoroughly and equally explore both pros and cons of change would be continued or even reinforced ambivalence. A "decisional balance" strategy is a reasonable approach when you *don't* want to promote change in a particular direction (see [Chapter 17](#)), but it is logically contraindicated in MI.

Reflective Responses to Sustain Talk

One type of MI response to sustain talk involves reflective listening ([Chapter 5](#)). We consider here straightforward reflection and two variations: amplified and double-sided reflection.

Straight Reflection

Within MI the most common response to sustain talk is to reflect it in one of three ways. The first of these is to offer a simple or complex reflection of what the person has said. Sometimes this in itself will evoke change talk, the other side of the client's ambivalence. Expect and wait for change talk to follow, and it will often come.

CLIENT: I don't think that anger is really my problem.

INTERVIEWER: Your anger hasn't caused any real difficulties for you.

CLIENT: Well, sure it has. Anyone who gets into scraps as much as I do is bound to have some consequences.

Amplified Reflection

A second reflective response to sustain talk is to offer an amplified reflection. This essentially turns up the volume a bit on the client's statement. It accurately reflects what the person has said, adding to its intensity or certitude. The intent behind such overstatement is to evoke the other side of ambivalence: change talk.

CLIENT: I think things are just fine in our marriage the way they are.

INTERVIEWER: There's really no room for improvement.

CLIENT: Well, I mean things aren't *perfect*, but I'm happy enough as it is.

INTERVIEWER: Things just couldn't possibly be any better in your marriage than they are right now.

CLIENT: I'm pretty satisfied, but I guess both of us aren't.

An amplified reflection not only acknowledges what the person is saying, but also takes it up a notch in search of the other side of ambivalence.

Double-Sided Reflection

A third way for responding is with a double-sided reflection. This type acknowledges the sustain talk and integrates it with previously expressed change talk.

There are two artful subtleties to suggest here. The first has to do with the conjunction between the two elements of a double-sided reflection. Should it be *but* or *and*, which serve different functions? *And* highlights ambivalence, giving equal credence to both elements. *But* is more like an eraser, diminishing what has gone before. Have you ever had a work performance evaluation that began like this?

“You’ve generally done a good job this year. You’ve been fairly productive, and the quality of your work has been pretty good, *but* . . .”

Or imagine a lover who told you:

“I really care about you and I think you’re a terrific person and all, *but* . . .”

Somehow the *but* says “Never mind what I just told you. Here comes the important information.” For this reason we recommend *and* as the default conjunction in double-sided reflections, acknowledging the both/and nature of ambivalence. The person thinks or feels *X and Y* simultaneously. The person wants it and doesn’t want it at the same time, and that’s normal. Use *but* if you intend strategically to deemphasize the first element of a double-sided reflection.

Second, in either case (*but* or *and*), we think it is better to state the sustain talk first before the conjunction (thus immediately acknowledging it), and then the change talk, giving it the salience of recency and thus inviting the person to respond to it.

“You think it’s going to be a real challenge to change the way you cook and eat, and you also know how important it is to keep your blood sugar level regulated.”

“It’s so easy and comfortable to sit on the couch and watch television, especially the programs you really like, and at the same time you want to figure out how to be more active and fit in some exercise.”

Don’t fret too much about these subtleties. You can use either “but” or “and” and put the sustain talk either first or second and still have a good double-sided reflection. The client will tell you

whether you did it well. If the client's response happens to head off into more sustain talk or discord you can always recover. Just avoid falling into continued evoking and exploring of sustain talk, as happened in this example:

CLIENT: I really don't want to make any big changes in how I eat.

INTERVIEWER: You like the freedom of eating whatever you want. What do you like to eat?

CLIENT: Ice cream. McDonald's burgers and fries. Fresh bread with lots of butter. All the things that I'm not supposed to eat with diabetes.

INTERVIEWER: Those foods are really important to you.

CLIENT: Yes! They taste so good, and they're easy. I don't like to cook.

INTERVIEWER: It's a lot of hassle, cooking for yourself; not worth it. What else do you like about your current diet?

CLIENT: It's not a diet at all. Like you said, I feel free to have whatever I want whenever I want.

It seems obvious that in focusing on sustain talk this conversation is not headed in the direction of change, at least not so far.

Strategic Responses

There are other helpful ways of responding to sustain talk besides the three types of reflection. The intent is the same as with reflective responses: to acknowledge clearly what the person is saying and not push against it in a way that is likely to entrench sustain talk. Reflection itself will go a long way in this regard, but here are some other options.

Emphasizing Autonomy

CLIENT: I really don't want to exercise.

INTERVIEWER: And it's certainly your choice. No one can make you do it.

What's going on here? The counselor is simply telling the truth. It really *is* up to the person whether or not to make a change.

Nobody else gets to decide that. This response specifically acknowledges and honors personal autonomy.

“It’s really up to you.”

“I wonder what you’ll decide to do!”

“You’re right. What you choose to do is your business. You could quit, cut back, keep on as you are, or do it even more if you want to.”

“Even if I wanted to decide for you, I can’t.”

These are spoken with no sarcasm. Add a little cynical attitude in your tone and you’ll get a whole different response. A paternalistic or dismissive lilt can instantly turn one of these into a confrontation. Try saying one of them with various inflections that convey different attitudes and meaning, and hear how different it can sound, even though on a transcript the words might be the same.

Emphasizing that people do have a choice seems to make it more possible for them to choose change. As discussed in [Chapter 11](#) in relation to coercive language, telling people (inaccurately) that they “must” or “have to” or “can’t” is a recipe for reactance.

Reframing

Familiar to cognitive therapists is the idea of reframing: suggesting a different meaning or perspective for what the person is describing.

CLIENT: I don’t know if I can do it.

INTERVIEWER: It would be quite a challenge for you—hard work!

CLIENT: My wife is always nagging me about this.

INTERVIEWER: She must really care about you.

CLIENT: Everybody I know drinks as much as I do.

INTERVIEWER: You really drink with the champions!

CLIENT: I’ve been through so much lately. I don’t know if I want to take this on, too.

INTERVIEWER: You’re quite a survivor.

What is the common theme in such offerings? They invite another way of perceiving the situation. Uncertainty becomes a

challenge, almost a dare. Nagging bespeaks love. The normal becomes the exceptional. Adversity reflects strength. Reframing is not a matter of arguing about the correct perception—just inviting the person to consider a different angle of view.

Agreeing with a Twist

The impact of a reframe may be increased by prefacing it with a reflection that acknowledges and essentially sides with what the person is saying. It's hard to argue with someone who is agreeing with you. The twist, the suggested reframe, is mentioned without particular emphasis, almost in passing, and again without any hint of sarcasm.

CLIENT: I can't imagine myself not smoking. It's part of who I am, part of everything I do.

INTERVIEWER: You just wouldn't be you without it! It's so important that you may just have to keep on smoking no matter what the cost.

CLIENT: I can really hold my liquor. It just doesn't affect me the way it does other people. I'm still standing when everyone else is passed out.

INTERVIEWER: You don't show or feel the effects of alcohol the way other people do. I can see how that would be a concern. What else?

The balance of language is very sensitive here. We sympathize with our translators because the subtleties differ so much across languages and cultures. The center is truth-telling. The smoker or drinker really can persist in defiance of the consequences. High tolerance truly is a risk factor for alcohol dependence. Agreeing with a twist contains the benefits of reflection and of inviting the person to consider things in a different light.

Running Head Start

What if you're having a hard time finding any change talk and all you hear is sustain talk? One strategy here is to get a running head start toward the pros of change by listening to the cons. If this sounds a bit like decisional balance, it is, but the strategy is

to gain access to the change talk by first hearing out the motivations for status quo. This is specifically for the situation in which change talk seems to be scarce. If you already have good change talk to explore, there's no point in going fishing for sustain talk like this:

CLIENT: I really need to get a job. It's time.

INTERVIEWER: Yes, but what have you enjoyed about being unemployed?

It just doesn't make sense to go asking for trouble. The essence of a running head start is to hear out the main motivations for reluctance when change talk seems hard to come by, and *then* to ask about the downside of the status quo and the advantages of change:

INTERVIEWER: I hear loud and clear that you really don't want to be here.

CLIENT: I just want my kids back. The judge had no right to take them away.

INTERVIEWER: It's a puzzle to you why the judge did that.

CLIENT: We got into a fight, but it wasn't a big deal. It was all blown out of proportion.

INTERVIEWER: Nothing serious from your perspective.

CLIENT: We were doing fine. How I run my family is my business.

INTERVIEWER: You certainly don't like anyone else in your business. And now you're supposed to come here and talk to me, when there's nothing wrong as far as you can see.

CLIENT: That's right. It's not fair.

INTERVIEWER: So the things you don't like about this situation are being ordered around, talking to people about your family matters, things being blown all out of proportion, and other people making decisions for you. Anything else?

CLIENT: That's about it, I guess.

INTERVIEWER: And on the other hand, how might coming here be useful to you?

CLIENT: I'm here to get my kids back. I want my family together again.

INTERVIEWER: That's really important to you. What else?

CLIENT: I want to get the judge off my back, to get her out of my private life.

INTERVIEWER: Being here might also help get things back to normal. Maybe even a little better than normal?

CLIENT: Maybe.

In case we haven't been clear enough, we do not recommend the running head start as a routine procedure in MI. It is useful when someone seems reluctant to discuss reasons for change. It is also possible that the absence of change talk indicates that the client truly is *not* ambivalent about change. [Chapter 18](#) addresses the situation where your task is to create ambivalence.

Coming Alongside

When all else fails to yield change talk, try [coming alongside](#). This is essentially agreement without a twist. Joining with the person's sustain talk, even with a bit of amplification, will sometimes trigger some change talk.

CLIENT: I've tried this "exposure" stuff myself, and it doesn't work for me. I just get too anxious. I start to confront my fear, and then I feel like I'm going to die and I back off. It's not for me.

INTERVIEWER: It really may be too difficult for you. It's not everyone's cup of tea, even though it's effective. Exposure means experiencing and getting through the fear, and it may not be worth the discomfort. Perhaps it's better to stay as you are.

DISCORD

Now we turn to the phenomenon of discord, signals of disharmony in your collaborative relationship. What are the signs of a fire in your working alliance?

Smoke Alarms

Just as a [smoke alarm](#) alerts you to a change in the air, tune your ear to hear signals of dissonance and recognize them as important.

Defending

One sign that something is amiss is when clients appear to feel the need to defend themselves. This can take many forms such as:

- Blaming—“It’s not my fault.”
- Minimizing—“It’s not that bad.”
- Justifying—“What I’m doing makes sense.”

These may be about “it”—the change target, and thus overlap with sustain talk—but they also have a definite overlay of defending one’s integrity, autonomy, or self-esteem. People defend, of course, in response to perceived attack or threat. A more than passing presence of signs such as these is information that the client is feeling personally threatened at present.

Squaring Off

A sure sign of fire in the working alliance is an oppositional stance, which signals that you are perceived as an adversary rather than an advocate. These have more of a “you” quality to them:

- “You don’t care about me.”
- “Who are you to tell me what to do?”
- “You don’t know what you’re talking about.”
- “You have no idea what it’s like for me.”
- “You’re wrong about that.”

Here is an invitation to a power struggle, to argue or persuade. Because the topic of conversation is personal change, however, the client holds most of the power.

Interrupting

Another sign of discord is when a client talks over you, interrupting while you are speaking. It’s not necessarily the

content but the fact of interrupting that is a signal. What might this communicate? Interrupting might mean:

“You don’t understand.”

“You’re not hearing me.”

“You’re talking too much. Listen to me.”

“I don’t agree.”

Some people do this frequently as a characteristic style: to listen (if at all) just long enough to decide what to say next and then start talking; but consider the possibility that it’s a signal of discord, particularly if it’s a change from the prior rhythm of the conversation.

Disengagement

A fourth smoke alarm is apparent disengagement from your conversation. The person seems to be inattentive, distracted, or ignoring you. Perhaps the client changes the subject and goes off on a tangent. The eyes glaze over or glance at a clock.

Don’t worry about which particular signal of discord something is. A client statement might convey two, three, or even all four of these themes. Attend to the smoke that signals a fire in your relationship.

Why is discord a concern? Some might even regard signals like this to be a good sign that you are “getting to them.” Discord is a concern because it signals a breakdown in working alliance and is inversely related to subsequent change (Miller et al., 1993; Patterson & Chamberlain, 1994; Safran, Crocker, McMain, & Murray, 1990).

We also hasten to add that signs of discord are culturally relative. What signals a breakdown of collaboration in one culture or subculture may not be important in another. This can be a problem when counseling across cultural differences, where reflection is a particularly good tool to check on meaning.

Your Own Contribution

Discord can also arise from the clinician's mood or approach. It may be more likely to occur when you are feeling tired, under stress or distracted, or even just very concerned to help someone solve an urgent problem. Perhaps you stop listening or your righting reflex twitches. You begin arguing for change and providing solutions, elicit the complementary reaction from the client, and the rapport between you is in jeopardy.

INTERVIEWER: I think it's time for you to take this seriously and do something about it.

CLIENT: It's just not a priority for me right now. I think I'll be all right.

INTERVIEWER: It's difficult for me to see how you're going to be all right if you don't change anything. You keep on doing the same thing and expect a different result!

CLIENT: Look, I'm just fine. I can take care of myself, OK? Can I go now?

Notice how the discord in this instance also takes the form of sustain talk, and it's clearly not the result of the refined listening that lies at the heart of MI. The clinician has become restless to push on and has left the client behind.

You may also experience some signals of discord within yourself. Perhaps it's physical: a tight feeling in the stomach or a flushing in the face. Perhaps it's silent self-talk: "I can't believe she is sitting here and telling me this isn't a problem. What's the matter with her? How many times have we talked about this?" The inner chatter can also arise from anxiety: "What will happen to her if she doesn't change? Will it be my fault?" Of course, when you're attending to this internal monologue you have probably stopped listening to the client.

Sources of Discord

Discord can occur for different reasons across the four processes of MI. Here is a brief discussion of different contexts in which it may be manifest.

Discord in Engaging

Some people come in the door angry and defensive even before the counselor speaks a word. Discord can thus emerge quite early as an obstacle to initial engagement. This can be the product of prior experience such as coercion, expectations, or how the person was treated by others previously. The good news is that in MI, change is predicted not by the client's level of commitment at the start, but rather by the pattern of change in motivation over the course of the session (Amrhein et al., 2003). You're not responsible for the client's starting point, but you do have considerable influence over what happens next. MI has been found to be a particularly effective approach for working with people who are angry and defensive at the outset (Karno & Longabaugh, 2004; Waldron, Miller, & Tonigan, 2001).

There are many factors within treatment contexts that can promote client disengagement. One of us, about to receive a painful medical procedure and potentially a fearful diagnosis, was greeted by a practitioner who fell right into the assessment trap: "Good morning. I need to ask you some questions and you just tell me 'yes' or 'no,' " and into the litany of closed questions we plunged. Disengagement and passivity were assured.

One can unwittingly contribute to discord in more subtle ways than this. Labeling and blaming (see [Chapter 4](#)) are likely to promote alienation. When initially interviewing someone who drinks too much, using the term *alcoholic* may generate discord almost immediately, and it can be a challenge to reengage. Even the language of having "a problem" can quickly evoke defensiveness.

Discord in Focusing

Discord can also arise in the focusing process as disagreement about what to discuss and targets for change. Someone walking through the door of a specialty clinic may have multiple concerns, and what is on the practitioner's mind may not be the person's highest priority. The premature focus trap has to do with pushing too soon for a change target that the client does not yet share. In an addiction treatment program for women the staff found that clients had some concerns about their alcohol or other

drug use, but these might be fourth or fifth in priority below problems like finding a job, housing, child care, and personal safety. A single-minded focus on one problem is likely to undermine a good working alliance.

Discord in Evoking

There's no simple dividing line between sustain talk and discord. If you have successfully engaged well with a client and have an agreed focus, sustain talk still emerges quite naturally. This need not be viewed as a problem or signal of discord because sustain talk is a normal part of ambivalence. However, you'll notice that if you push the conversation in a direction or at a pace that the client is not ready for, discord can emerge. Discord is a common consequence of the righting reflex. A clinician pushing for change elicits a complementary client response, and if this pattern continues it can escalate in a way that damages rapport.

During the evoking process discord can also arise from trying to move prematurely into planning. Pushing for a change plan before the client is ready can reverse whatever progress has been made with evoking:

INTERVIEWER: You've told me some reasons why making this change would be a good idea. So what are you actually going to *do* about it?

CLIENT: I don't know. I wish I could do something, but it's not so easy.

INTERVIEWER: Well, let's just talk about how you could do it. What ideas do you have?

CLIENT: That's just it. I'm not sure I'm ready for this.

INTERVIEWER: How can I help you be more ready? Don't you see the benefits it will bring?

CLIENT: That's not the point, really. I can see that there could be some benefits, but to be honest I feel like I'm being pushed into this.

This client is indeed feeling pushed. There is still more evoking work to do, and the signals are clear: it's just too early to push

ahead toward commitment to a plan. If the interviewer doesn't ease off soon there will be some reengaging to do as well.

Discord in Planning

Finally, discord can arise during the planning process. After successful navigation through engaging, focusing, and evoking it is tempting for a clinician to think, "OK, I can take it from here. Now let me tell you what to do." Planning also needs to be a collaborative process, and directing instead of guiding can lead to a breakdown in the dance. Although client and counselor may agree on the change goal and its importance, discord can arise over the best way to proceed.

What all of these potential sources of discord have in common is a breakdown in the dance. Instead of moving and working together, it begins to feel like a struggle and toes get stepped on. Usually it is the result of a clash between the counselor's righting reflex and the client's ambivalence.

Responding to Discord

In many ways, MI-consistent responses to discord resemble how one responds to sustain talk. Reflection remains a key tool for understanding and for restoring a working alliance.

CLIENT: How old are you? How can you possibly understand me?

REFLECTION: You're wondering if I'll really be able to help you.

AMPLIFIED REFLECTION: It seems like there's no chance at all that I could help you.

DOUBLE-SIDED REFLECTION: You're looking for some help, and you're not really sure if I'm the right person to provide it.

The strategic approaches discussed above can also be useful in responding to discord. Consider these three examples:

CLIENT: I don't listen to anybody who's not in recovery.

INTERVIEWER: You definitely want to be understood, so let me listen to you instead. [Agreeing with a twist]

CLIENT: I'm not going to quit [Sustain talk], and you can't make me. [Discord]

INTERVIEWER: That's right. I know I can't make that decision for you even if I wanted to. [Emphasizing autonomy]

CLIENT: I hate being told I can't eat whatever I want.

INTERVIEWER: It's tough having to make food choices all the time. [Reframing]

In addition to these, there are some other possible ways of responding to discord that can be helpful. Here are three examples.

Apologizing

When you've stepped on someone's toes it's polite to say "Sorry." This costs you nothing and immediately acknowledges that this is a collaborative relationship.

"Oh, sorry. I must have misunderstood you."

"It sounds like I must have insulted you there."

"I didn't mean to lecture you."

Affirming

An affirmation can also help to heal tension in your working alliance. Sincere affirming tends to diminish defensiveness and reflects a respectful relationship.

CLIENT: I can do this on my own without your help!

INTERVIEWER: Once you make your mind up about something you can get it done.

CLIENT: You don't know what you're talking about.

INTERVIEWER: You've really thought this through.

Shifting Focus

Another possible response to discord is to shift the focus away from the hot topic or sore spot rather than continuing to exacerbate it.

CLIENT: Are you saying that this is my fault, that I'm not a good husband?

INTERVIEWER: Not at all. I'm not interested in placing blame or name-calling. What matters to me is how you would like your relationship to be better, and how you might get there.

CLIENT: Do you think I have a drinking problem?

INTERVIEWER: I really don't care about labels. What I do care about is you.

In summary, there is no single formula for responding to sustain talk and discord. The key is to respond in a collaborative, accepting way that honors autonomy and does not invite defense of the status quo. There are literally hundreds of ways to do this well.

THE DRAMA OF CHANGE

Responding well to sustain talk and discord is a key to successful treatment if you can recognize it for what it is: an opportunity. In arguing for the status quo or expressing discord, the client is probably rehearsing a script that has been played out many times before. There is an expected role for you to play—one that has been acted out by others in the past. Your lines are predictable. If you speak these same lines as others have done, the script will come to the same conclusion as before.

But you can rewrite your own role. Your part in the play need not be the dry, predictable lines that the client is expecting. In a way, MI is like improvisational theater. No two sessions run exactly the same way. If one actor changes roles, the plot heads off in a new direction. Tension is often the life of a play. It is the twist that adds drama and excitement to the plot. Viewing sustain talk or discord as a perverse character flaw is a sad mistake, for these lie at the very heart of human change. They arise from the motives and struggles of the actors and foreshadow certain ends to which the play may or may not lead. The true art of a counselor is tested in recognizing and handling these tensions. It is on this stage that the drama of change unfolds.

KEY POINTS

- ✓ Sustain talk is a normal part of ambivalence and should not be misinterpreted as “resistance.”
- ✓ The phenomenon of discord signals dissonance in your working alliance.
- ✓ Both sustain talk and discord can be significantly increased or decreased depending on how the interviewer responds.
- ✓ Discord can arise for different reasons across the four processes of MI.