Motivational Interviewing

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Acknowledgements

Practice exercises adapted from MINT 2003, 2008 and Rosengren 2003; Concepts adapted from Miller & Rollnick 2002, 2012; Rollnick et al., 2008; and Schumacher & Madson, 2014
Objectives

At the end of this training, participants should be able to:

- Objective 1: List the core features of Motivational Interviewing
- Objective 2: Demonstrate the Core Skills of Motivational Interviewing
- Objective 3: Discuss how to apply motivational interviewing to trauma-informed care
What are the characteristics of clients who:

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<th>make your job easy?</th>
<th>make your job difficult?</th>
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<tr>
<td>Client A</td>
<td>Client B</td>
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What is Motivational Interviewing?
What Motivational Interviewing is not
(Miller & Rollnick, 2009)

1. The transtheoretical model of change
2. A way of tricking people into doing what you want to do
3. A technique
4. Decisional Balance
5. Assessment Feedback
What Motivational Interviewing is not (Miller & Rollnick, 2009)

6. Cognitive-behavior therapy
7. Client-centered therapy
8. Easy to learn
9. Practice as usual
10. A panacea (an answer or solution for everything)
What Motivational Interviewing is

• “A collaborative, person-centered form of guiding to elicit and strengthen motivation for change” (Miller & Rollnick, 2009)

(This is not a NEW idea, it’s just a very useful integration of psychological principles and techniques from various traditions)
Four Foundational Processes

- Planning
- Evoking
- Focusing
- Engaging
Engaging

• Process where both parties establish a connection & working relationship
• A prerequisite for the rest of MI
  ▫ Person-centered style
  ▫ Listen - understand dilemma and values
  ▫ Use open questions, affirmations, reflections and summaries (OARS core skills)
Questions to Ask Yourself
MI Consistent Engaging

- How comfortable is this person talking to me?
- How supportive & helpful am I being?
- Do I understand this person’s perspective & concerns?
- How comfortable do I feel in this conversation?
- Does this feel like a collaborative partnership?
Focusing - Strategic Centering

- Developing and maintaining a specific direction in the discussion.
- Clarify the direction toward which the conversation will move.
- What changes are expected from the interaction?
  - Agenda setting
    - “If it’s okay with you, I’d like to chat a bit about your frustrations with money management.”
    - “It sounds like there is a lot going on right now. I’ve got a few minutes what would be most helpful for us to talk about?”
Questions to Ask Yourself
MI Consistent Focusing

• What are this person’s goals for change?
• Do I have different goals than this person?
• Are we working together with a common purpose?
• Do I have a clear sense of where we are going?
• Are we moving together or in different directions?
Evoking

- Selective eliciting
  - Try to identify the client’s own motivations for change

- Selective responding
  - The client may be saying a lot - use reflective listening to emphasize things they are saying that will help them change

- Selective summaries
  - To client statements in favor of change
  - Help the client see all the reasons he or she has for desiring change
Questions to Ask Yourself
MI Consistent Evoking

• What are this person’s reasons for change?
• Is the reluctance more about confidence or importance?
• What change talk am I hearing?
• Am I steering too far or too fast in a particular direction?
• Am I the one arguing for change?
Planning - The Bridge to Change

- Negotiating a change plan
- Consolidating Commitment
- Note - this is the part of MI that will feel most familiar
  - The most difficult and important part of MI is getting clients ready to change, so many providers jump over or speed through that part, and focus on “how to change”
Questions to Ask Yourself
MI Consistent Planning

• What would be a reasonable next step toward change?
• What would help this person to move forward?
• Am I remembering to evoke vs prescribe a plan?
• Am I offering information & advice with permission?
• Am I retaining a quiet curiosity about what works best for this person?
The “Spirit” of Motivational Interviewing

Collaboration

Compassion

Acceptance

Evocation

MI Spirit
EVOCATION

• In many cases (especially when it comes to lifestyle changes or management of chronic illness) the best reasons and solutions will be “evoked” from the client, rather than “instilled” by the provider
• Hearing themselves talk about why they want to change and how they will do it actually helps clients change
Example: Evocation

- Provider Statement: *What brings you in today?*
- Client Response: *My wife says I haven’t been the same since the car accident.*
- Provider Responses:
  - *A lot of people develop symptoms after a car accident like nightmares or feeling jumpy or avoiding driving, so it’s good that you came in today. Let’s get started with the evaluation.*
  - *What sorts of things has she noticed since the car accident?*
Change Talk

- Focus on change talk is a unique element of MI
- Speech from a patient that favors change
  - I need to get my anxiety under control
  - I want to be able to go to my son’s baseball game
- Central goal:
  - Help clients articulate their reasons for changing
  - In doing so - strengthening their intention to change
Change Talk in MI

- Reflective listening and strategically eliciting and reflecting change talk are the two most challenging elements of MI for many providers.
- Desire, ability, reasons, and need are preparatory language - the more the patient utters, the more likely he or she will make a commitment and take steps.
Change Talk

- A key focus of MI
  - Desire
  - Ability
  - Reasons
  - Need
  - Commitment
  - Activating
  - Taking Steps

- Preparatory Change Talk Predicts Commitment Language
- Mobilizing Change Talk Predicts Behavior Change
Change Talk in MI Continued

• It has to be the client who utters change talk
  - Provider questions can make these utterances more or less likely

• When you hear change talk...do something about it!
  - Reflect it
  - Ask for elaboration - “In what ways?” “What else?” “Tell me more”
  - Collect it into a “bouquet”
COLLABORATION

• During MI, the provider forms a partnership with the client
  • The provider is an expert on what has helped other people
  • The client is an expert on themselves (what they like/don’t like, what has worked in the past, etc.)

• A collaborative solution is likely the best solution

• A collaborative provider avoids over-prescribing, and accepts and values clients contributions
Example: Collaboration

• Provider Statement: *What brings you in today?*
• Client Response: *My wife says I haven’t been the same since the car accident.*
• Provider Responses:
  - *She was right to send you here. If you don’t take steps to address your feelings about the accident things could get a lot worse.*
  - *It sounds like you’re not sure whether she’s right or not. How do you believe the car accident has impacted you?*
COMPassion

- Added in 3rd Edition of MI Text (November, 2012)
- Compassion is a deliberate commitment:
  - To actively promote others’ welfare
  - To give priority to others’ needs
- NOT sympathy or identification
- This means that MI is not to be used for provider gain
  - If you are trying to get a client to do something because it is easiest or best for you, you are not doing MI
  - If you are trying to get a client to follow your advice (when there are other reasonable options the client may prefer), you are not doing MI
Example: Compassion

• Provider Statement: What brings you in today?
• Client Response: My wife says I haven’t been the same since the car accident.
• Provider Responses:
  - Sounds like you’re a perfect candidate for our residential trauma recovery program.
  - If you are still being impacted by the accident there are a variety of different treatment options we can discuss, some here, some at other facilities, and some self-help activities you could do on your own. I have some recommendations, but it is important for you to decide what’s best for you.
ACCEPTANCE

- Affirmation
- Absolute Worth
- Autonomy
- Accurate Empathy
Affirmation

• Seek to acknowledge person’s strengths and efforts
• Not a private experience of appreciation, but a way of being and communicating
  - “It’s true you aren’t doing the assignments, but at least you’re still coming”
• The opposite of evaluation, which tends to focus on finding out what’s wrong
Example: Affirmation

• Provider Statement: What brings you in today?
• Client Response: My wife says I haven’t been the same since the car accident.
• Provider Responses:
  - Sometimes it takes someone else to help us see things.
  - It sounds like you’re not so sure about that, but you were open to coming in to see what I my have to say.
Absolute Worth

- Identify the inherent worth in every client
- The opposite of this is judgment
  - “He’s working the system”
  - “She just doesn’t want to get better”
Example: Absolute Worth

- Provider Statement: *What brings you in today?*
- Client Response: *My wife says I haven’t been the same since the car accident.*
- Provider Thoughts:
  - *This guy is totally clueless about his emotions.*
  - *Pretty impressive that this guy is coming in at the urging of his wife. A lot of husbands wouldn’t do that.*
Autonomy Support

• Regardless of what the provider wants, the client ultimately makes the decision about what he/she will do (or not do)
• Respecting client choice even when we don’t agree
• Share your concerns and at same time recognize you can’t force client change
• By giving clients the freedom to choose, you actually increase the likelihood they will make healthy decisions
Example: Autonomy Support

- Provider Statement: *What brings you in today?*
- Client Response: *My wife says I haven’t been the same since the car accident.*
- Provider Responses:
  - *Then it sounds like this has been impacting her too and you really need to take care of it.*
  - *What’s most important is what you think.*
Accurate Empathy

• Empathy is:
  • Interest & effort to understand the other’s perspective
    • This is not the same as acceptance
    • This is not the same as sympathy
  • In MI, empathy is achieved:
    • By asking open ended questions
    • Using reflective listening
Example: Accurate Empathy

- Provider Statement: *What brings you in today?*
- Client Response: *My wife says I haven’t been the same since the car accident.*
- Provider Responses:
  - *So you had a car accident and you haven’t been the same.*
  - *So your wife says she has noticed some changes in you since the car accident*
Basic Skills of Motivational Interviewing: O.A.R.S.

- **Open-ended questions** - Questions that do not invite brief answers
- **Affirmations** - Directly affirming and supporting the client during the interaction
- **Reflections** - Making a guess at what the speaker means, using a statement rather than a question
- **Summaries** - Summary statements link together and reinforce material that has been discussed
Skills that are not used in MI

• During an M.I. session, a provider uses very little:
  - advice
  - confrontation
  - closed questioning
  - and direct persuasion
Reflecting & Summarizing

Patient: “I just don’t know if I’m ready for treatment”
Reflective Listening Strategies: Simple Reflection

This is a basic acknowledgement of what a person has just said. The provider restates without adding new meaning.

1. **Repeating.** The simplest reflection simply repeats an element of what the speaker has said.

“You just don’t know if you’re ready for treatment”
Reflective Listening Strategies: Simple Reflection

2. Rephrasing. Here the listener stays close to what the speaker said, but substitutes synonyms or slightly rephrases what was offered.

“You are uncertain about whether you want to pursue treatment or not at this point”
Reflective Listening Strategies: Complex Reflections

**THOMAS GORDON’S MODEL OF LISTENING**

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<th>Words the Listener Hears</th>
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<td></td>
<td>3</td>
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<tr>
<td>What the Speaker Means</td>
<td>4</td>
<td>What the Listener <em>Thinks</em> the Speaker Means</td>
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University of Mississippi Medical Center
Reflective Listening Strategies: Complex Reflections

- There is a way of *thinking* that accompanies good reflective listening.
- It includes, not only
  - interest in what the person has to say
  - respect for the person's inner wisdom.
- But also, a *hypothesis testing* approach to listening
  - the knowledge that what you *think* a person means may not be what he or she really means.
  - A good reflective listening response tests a hypothesis. It asks, in a way, "Is this what you mean?"
SKILL PRACTICE - Thinking Reflectively

- I am going to tell you one thing I like about myself
- Your job is to ask questions of this form: "Do you mean that you___________________?"
- I will respond to each such question only with "Yes" or "No."
- After about 8 questions, I’ll ask a volunteer to come up and tell us one thing they like about themselves and we’ll repeat the exercise
Forming Reflections

- Good reflective listening statements are very similar to the “Do you mean...?” questions we just practiced.
- Key difference - hypothesis about speaker’s meaning is presented as a statement (inflection down at the end) rather than a question (inflection up at the end).
- Some people find it helpful to have some words to get them started in making a reflective listening statement: So you feel . .; It sounds like you . .
SKILL PRACTICE: Forming Reflections

• I am going to tell you one thing I’d like to change about myself.
• Your job is to respond with reflective listening statements.
• I will respond to each statement with elaboration that probably includes but is not limited to "Yes" or "No."
• The next reflective-listening statement, should then, take this new information into account.
• After several reflections, I’ll ask a volunteer to come up and tell us one thing they’d like to change about themselves and we’ll repeat the exercise.
Reflective Listening Strategies: Complex Reflections

3. **Paraphrasing.** The listener infers the *meaning* in what was said and reflects this back in new words. This adds to and extends what was actually said.

“There are some things about treatment that make you hesitant”
Reflective Listening Strategies: Complex Reflections

4. Reflection of feeling. regarded as the deepest form of reflection, this is a paraphrase that emphasizes the emotional dimension through feeling statements, metaphor, etc.

“The idea of treatment is a little overwhelming and maybe even frightening to you.”
5. Reflection of Ambivalence or Double-sided reflection. This can be considered a special case of reflection of feeling. A double-sided reflection is appropriate when the client is expressing some ambivalence about change.

“You seem to feel two ways about treatment. On the one hand you aren’t sure you’re ready for it, and on the other hand you think it might be helpful.”
SKILL PRACTICE: Levels of Reflection

- For each of the statements on the next slide, we will try to identify:
  - A simple reflection
  - A complex reflection
  - A reflection of feeling

Fisher & Rosengren, 2003
Client Statements

1. It’s been fun, but something has got to give, I just can’t go on like this any more.
2. It’s been over a year since I’ve had an HIV test.
3. You know if she would just back off, then the situation would be a whole lot less tense and then these things wouldn’t happen.
4. I’ve been depressed lately. I keep trying things to help me feel better but nothing seems to work.
Reflective Listening Strategies: Summaries

6. **Summaries.** Reflections that include two or more separate ideas.

- Summaries are useful after a sustained period of reflective listening for checking in with a client about what the counselor has heard, and allowing him/her to elaborate on anything the counselor may have missed.

- Summaries can also be great tools for gathering change statements, and handing the client a "change bouquet."
SKILL PRACTICE: Summarizing

• Break into pairs and decide who will be the client first.
• Each client will discuss “Something I’m considering changing is...” for 90 seconds.
• The provider's task is to be an interested listener without saying anything and then summarize what you’ve been told.
• DO NOT try to problem solve or give advice, however, your summary may include what you think is the underlying meaning, feeling, or dilemma in the story you’ve heard.
Reflective Listening Strategies: Expert Tip

• Using Similes and Metaphors as Reflections

• Metaphors and similes may be used as reflective listening. These are generally complex reflections and often work very well therapeutically:
  - Kind of like . . .
  - It's as though . . .
Reflective Listening: Overstating Versus Understating

- Choosing a word that **overstates** the client's feeling **tends to cause the person to stop talking or back away from the experience**

  - So if a client is making resistant statements, overstating might cause a client to step back from counter-change statements.

  “So treatment is out of the question for you at this point”
• Using a word that **understates** the intensity of feeling **tends to cause the person to continue experiencing and discussing it**
  - So if a client is making statements that are pro-behavior change, understating might cause a client to advocate for change.
  
  “So you might be willing to consider trauma treatment.”
Open Questions
Open-Ended Questions

• An open ended question is one that has a wide range of possible answers. The question may seek information, invite the client’s perspective, or may encourage self-exploration. The open question allows the option of surprise for the questioner. “Tell me more” statements are usually considered open questions.
Closed Questions

• Closed questions invite only a small range of answers
• Closed questions can’t and shouldn’t be avoided entirely.
• Even at expert proficiency in Motivational Interviewing, up to 30% of questions will be closed.
• Most people find that closed questions come more naturally, particularly in a first session. Therefore it’s a good idea to err on the side of asking open questions.
1. What do you like about drinking?  
   Open           Closed

2. Where did you grow up?  
   Open           Closed

3. Isn’t it important for you to have meaning in your life?  
   Open           Closed

4. Are you willing to come back for a follow-up visit?  
   Open           Closed

5. What brings you here today?  
   Open           Closed

6. Do you want to stay in this relationship?  
   Open           Closed
Open or Closed?

7. Have you ever thought about walking as a simple form of exercise?
   Open   Closed

8. In the past, how have you overcome an important obstacle in your life?
   Open   Closed

9. What would you like to set as your quit date?
   Open   Closed

10. What possible long-term consequences of diabetes concern you most?
    Open   Closed
Open or Closed?

11. Do you care about your health?  
   Open  Closed

12. What are the most important reasons why you want to decrease your use of closed-ended questions?  
   Open  Closed

13. Will you try this for 1 week?  
   Open  Closed

14. Is this an open or a closed question?  
   Open  Closed
Making Open Questions

• Each of the following is a closed question, try to rephrase it as an open question:
  - Have you considered psychotherapy?
  - Aren’t you committed to this treatment?
  - When do you want to start treatment?
  - How long have you been using cocaine?
  - It’s very important that you start taking your medication every day. Are you ready to do that?
  - Have you thought about the impact your symptoms have on your children?
“Spoiled Open Questions vs. Open Questions with a Menu”

• How are you getting on with the medicines? [open question] Have you been taking them regularly? [closed question]

Versus

• How are you getting on with the medicines? [open question] Have you been taking them regularly? Are you having any problems or concerns? Do you have any questions about them?
Questions to Elicit Change Talk

- **Desire?**
  - Why do you want to make this change?

- **Ability?**
  - If you did decide to make this change how would you do it?

- **Reasons?**
  - What are the 3 most important benefits you see in making this change?

- **Need?**
  - How important is it to you to make this change?
Questions to Elicit Change Talk

- **Commitment**
  - What do you think you will do?
- **Activating/Taking Steps**
  - What are you already doing to be healthy?
Questions to Elicit Sustain Talk (What we don’t want)

• Why don’t you want to?
• Why can’t you?
• Why haven’t you?
• Why do you need to (e.g. smoke)?
• Why don’t you?
Using a Ruler

• How important is it for you to_____? On a scale of 1-10 how much, how important is it for you to? And why is it a 5 and not a 3?
• How confident are you that you can_____? On a scale of 1-10 how much, how confident are you? And why is it a 5 and not a 3?
Questions to Elicit Sustain Talk
(What we don’t walk)

• How important is it for you to_____? On a scale of 1-10 how where 1 is not at all and 10 is very much, how important is it for you to? And why is it a 5 and not a 7?

• How confident are you that you can_____? On a scale of 1-10 how where 1 is not at all and 10 is very much, how confident are you? And why is it a 5 and not a 7?
Pros and Cons

• First ask about the good things about the status quo
• Then ask about the not so good things
• “What are the benefits of putting off treatment until later?”
• “What are the concerns you have about putting off treatment until later?”
• Then summarize the answer and ask a key question, if appropriate
Key Questions

- A key question tests the patient’s level of commitment to change. Key questions come after any of the preceding techniques have been used to elicit change talk
  - So what do you make of all of this now?
  - What are you thinking about treatment at this point?
  - What do you think you’ll do?
  - What would be a first step for you?
Using Hypotheticals

• For patients who are less ready to change, a hypothetical can be a less threatening way to approach the issue

  - “What might it take for you to make a decision to ____?”
  - “Suppose that you did decide to _____. How would you go about it in order to succeed?” [envisioning]
  - “Let’s imagine for a minute that you did _____. How would your life be different?” [looking forward]
  - “Suppose you continue on without making any change in _____. What do you think might happen in 5 years?” [looking forward]
Affirmations
Affirmations

• How do you affirm?

• Affirmations can come in the form of:
  - Compliments or statements of appreciation and understanding.
  - Commenting on the client’s strengths, abilities or efforts in any area (not simply related to the target behavior).
  - Reviewing client’s past successes can help identify strengths, abilities, and efforts.

• An affirmation is typically more subtle than “praise” and doesn’t have the feel of a power differential.
Examples of Affirmations

- I appreciate that you took a big step in coming here today.
- You’re clearly a resourceful person to cope with such difficulties for so long.
- That’s a good suggestion.
- It seems like you’re the kind of person who once you make up your mind you are going to do it.
- You are a really warm and caring person.
- Not everyone is willing to do the kind of difficult self-exploration you are doing.
- It’s important to you be a good parent, just like your folks were for you.
- You’ve already taken some important to try to reduce the impact this trauma has on you.
Other MI Behaviors

- **Asking Permission Before Giving Advice or Information**
  - I have a suggestion about how you might remember to take your medication. Would it be all right if I shared it with you?

- **Emphasizing Control**
  - Only you can decide whether or not you are ready for treatment

- **Support**
  - This is a really difficult situation for you
  - It must be difficult to manage all of these stressors at the same time
MI Inconsistent Behaviors

Advise (without permission)
- I’d recommend you complete your homework assignments before watching television
- If I were in your shoes, I’d get into treatment now

• Confront
- Trauma is the primary cause of most of your problems, and until you face it these other problems are not going to go away
- Your lack of participation in group is a clear indication that you are not serious about your recovery
- You need to stop calling your ex-husband or your never going to move on with your life

• Direct
- Complete your exposure hierarchy by next Tuesday
MI and Treatment Engagement
MI & Treatment Engagement

• The most effective trauma treatments require regular attendance of treatment sessions and between session practice exercises
• There are a number of MI strategies that may help clients who desire treatment to more fully engage with treatment
Engagement Strategy 1: MI-Consistent Referrals

- Clients may be more likely to engage with treatment, if the referral is made in an MI-consistent fashion
  - The referring provider should first **engage** the client - form a rapport
  - The referring provider should then determine whether trauma is an area on which the client wishes to **focus**
  - (If yes) The referring clinician should seek to **evoke** the client’s motivation for trauma treatment
  - The referring provider should collaborate with the client on the **plan** for obtaining trauma treatment
Example: MI-Consistent Referrals

Engaging: “Good morning, Mr. Smith.”

Focusing: “If it’s okay with you, I wanted to follow-up on our discussion last week about the trauma symptoms you’ve been experiencing.”

Evoking: “How do you think the symptoms have been impacting you? How do you imagine life would be better or different if you were able to successfully treat the symptoms?”

Planning: “What are your thoughts about starting trauma treatment within the next few weeks? I could make a referral if you like.”
Engagement Strategy 2: Providing Options

• Providers should offer accurate, objective information about the various treatment options available
  - Providers can offer their opinion (with permission or permission to disregard) about what the best option(s) are

• Clients should be allowed to choose the option that they believe is best for them, all things considered
  - The client knows best what he or she is willing and unwilling to do
Example: Providing Options

“You have several options at this point: 1) You could put off treatment for now; 2) you could meet with someone to get support, but not focus on reducing trauma symptoms; 3) you could see a psychiatrist for a medication consult; 4) you could try one of the evidence based psychotherapies we’ve discussed, or you may have some other options in mind. As I’ve already mentioned, my recommendation is that you try one of the evidence based psychotherapies, but really this has to be your decision.”
Engagement Strategy 3: Scaling Questions

• Scaling questions quickly allow the provider to assess and increase how important treatment is to a client and how confident the client is about engaging in the treatment

• First ask: On a scale of 0 to 10, where 0 is not at all and 10 is very much how important is it to you to address your trauma symptoms?

• Then ask Why is it a [number given by client] and not a [lower number]? - the answer is change talk
Example: Scaling Questions

Provider: “On a scale of 0 to 10 where 0 is not at all and 10 is very much, how confident are you about trying exposure-based treatment.”

Client: “A 7.”

Provider: “So you are pretty confident. Why are you at a 7 and not a 5?”

Client: “Because I am just tired of this and I know I need to do something.”

Provider: “So because you are so ready to get past this, you are confident you’ll do what it takes.”
MI and Trauma-Related Disorders
Avoidance & Trauma

- Individuals who have experienced trauma often seek to avoid people, situations, stimuli, thoughts, or feelings that remind them of the trauma.
- There is evidence that avoidance may reduce anxiety in the short-term, but actually serves to maintain and even increase anxiety over time.
- There is also evidence that exposure-based interventions are some of the most effective treatments for trauma.
Trauma Strategy 1: Provide Assessment Feedback

- Many clients may not readily recognize the connection between their current problems and past traumatic experiences
- Providing assessment feedback in an MI-Consistent fashion can increase client insight, which may in turn increase motivation
### Posttraumatic Stress Disorder Assessment Results

#### TRAUMATIC EVENTS IN YOUR LIFE

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#### YOUR TRAUMA SYMPTOMS

- Posttraumatic Stress Disorder (PTSD) Diagnosis: yes____ no _____
- Avoidance symptoms
  - ______________________________
- Re-experiencing symptom
  - ______________________________
- Hyperarousal symptoms
  - ______________________________
- **Overall trauma symptom severity:** mild moderate severe very severe
Trauma Strategy 2: Elicit Change Talk

- Use open questions to help the client articulate his/her own motivations for trauma treatment
  - How has this trauma/How have these symptoms impacted your life?
  - How would your life be better or different if you could go to places like Walmart again?
  - What are the top 3 reasons you might consider trauma treatment?
  - What is the worst thing that might happen if you didn’t get trauma treatment?
Trauma Strategy 3: Support Autonomy

- Explicitly support the client’s freedom to choose whether or not they engage in trauma treatment
  - “It is up to you whether you choose to do an exposure exercise today.”
- You may (with permission) offer your opinion about the benefits of treatment and the consequences of not
  - “If it’s okay with you I’d like to share a concern I have about skipping the exposure exercise today...”
Trauma Strategy 4: Planning

• Use MI-Consistent planning strategies to help the client increase his/her likelihood of successfully completing trauma treatment

• Ask questions such as:
  - What kinds of things will help you to be successful with this treatment?
  - What will you do if you start trying to avoid treatment?
  - How can others help you to be successful with this treatment?
  - What would you like me to do if you start having second thoughts about treatment?