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How workers can elicit change-talk and manage ‘reactance’ when using Motivational Interviewing

This article seeks to explore with the reader an understanding of a core Motivational Interviewing (MI) principle, eliciting change-talk. To help our understanding, the principle is explored through examples and case studies comparable to the kind of working many (drugs or outreach) workers are carrying out. This is an important step as where there are many fine articles on MI and the eliciting of change-talk, they are often written by therapists for therapists and the examples given usually follow the form: ‘John has been seeing his counsellor weekly for 2 months and wants to talk about his wife…’ This often leaves workers who are not therapists with the impression that MI is an idealised way of working not suited to the realities of their daily client contacts.

Here we will take the stance that a well-timed MI intervention can be used anywhere.

It is firstly important to use an example to illustrate the difference between eliciting change-talk (by which is meant carefully drawing out reference to changing behaviours) rather than demanding it.

In this example, I had attended court with a client where he was served an ASBO. The ASBO would make a serious dent in his present lifestyle and necessitated change (or else face prison). It included a restriction that meant he could no longer be seen to consume alcohol on the street, or

beg from passers by. On leaving the court I made a fairly simple, common and wrong-headed comment. I said: ‘I guess things will have to change, what will you do?’

Also attending court with my client was a friend of his, who answered rather bombastically for him: ‘Change! He’ll never change. He can’t change, he’s born this way, this is all he knows. I’ve known him for years, I know he won’t change…’ The diatribe went on for ten minutes. We walked down the street together, my client barely spoke – he didn’t need to, his friend had said everything that needed to be said. I had lost the moment.

I had encountered ‘psychological reactance’, a concept hit upon by psychologist Jack Brehm, though sometimes known by the rather unambiguous title: ‘The Screw You effect’. Closer attention to the psychological underpinnings of Motivational Interviewing would have prepared me for this response. Psychological reactance is the over-fortification of a particular position in view of a direct challenge to it (‘You must change! Things can’t go on!’ ‘No I don’t and yes they can!’). Brehm’s research (and subsequent supporting research) has shown that if a person has a range of possible behaviours to engage in (or choices to make), ones that are suddenly denied to them will become much more attractive (and remaining options become less attractive).

Psychological reactance is much more likely in scenarios of great tension and great powerlessness – my client and his friend could not assert any power over the court but when I paraphrased the court ruling (‘things will have to change..’) I opened up an opportunity to assert power over a benign and safe figure, myself (we might even say this is transference). Psychological reactance happens when there is a stark challenge to a behaviour or belief that a person has committed themselves to and giving up the behaviour engenders a greater sense of loss than a sense of gain from taking on a new behaviour – a loss aversion bias.

This process is one of the most potent in working in social care fields, particularly ones where workers have either authority over the client, or an affiliation with authority.

Recognising that this is a likely response to workers who overstate their position, the principles of MI instead direct the worker to elicit talk of change rather than state it themselves. If a client can articulate for themselves the need for change there is nothing to react against. This is obviously more difficult to do than to just tell the client what you think (they are doing wrong) but the net result is always more resonant. The process doesn’t encounter the same level of defensiveness.

Workers will rarely have the time that therapists will have to explore and talk but this does not mean that eliciting change-talk is impossible – it just means that you must be more attuned to the timing of its use. Here was a perfect opportunity which I did not grasp. Clearly a better response would have been to make no reference to change whatsoever. Even asking: ‘What will you change?’ might be

too potent in the aftermath of a court ruling and great powerlessness. A simple: ‘How are you now?’, or: ‘What do you think about this?’ would have been the better opening gambit and would surely have led to statements by my client that would have demonstrated elements of change-talk for me to further develop (‘How are you now?’ ‘Really upset…this is really unfair.’ ‘Unfair?’ ‘Yes, well all the things I can’t do now. That’s unfair.’ ‘They’re forcing you to change things that you don’t think need changing.’ ‘Yeah, I can’t even have a drink with a friend.’ Etc).

As a therapeutic concept (and as a research project into behaviour change through talking) Motivational Interviewing asks us to categorise talking about change (referred to as change-talk) by using the mnemonic DARN-C. In MI we seek to privilege change-talk over other expressions by the client based on statistical research by a psycholinguist, Paul Amrhein, indicating a clear correlation between statements about change and measured outcomes (client-reported levels of success in changing a behaviour) over a period of time – the more someone talks about change, the more likely they are to change. All talk about change is good but Amrhein provided a refinement on the basic concept of change-talk by helping the worker categorise what they are hearing by breaking the talk down into five subsets:

- **D**esire statements
- **A**bility Statements
- **R**eason statements
- **N**eed statements
- And most importantly (the sought outcome and gold standard of MI sessions), **C**ommitment statements.

All of these are important but we often don’t treat them with the consideration they are owed. Change-talk is often easy to miss because we are not thinking about what we are hearing and because too often we just tell the client what they need to change (and hope they do it).

Let us use a common scenario of a client making the following statement to throw some light on how we often react:

> ‘I can give up drinking anytime. I could do it tomorrow if I wanted.’

This is such a common statement that workers have learnt not to hear it fully – it has become a trigger statement, triggering a range of quickly accessed responses by the worker. These responses are all too easy to fall into when not fully engaged in the moment. The first likely response is: ‘You’re in denial.’ The next is: ‘Then why have you spent so long ruining your life if you can give it up any time.’ A more benevolent response might be: ‘If you try to give up drinking unsupervised, it might kill you.’

All these responses have elements of correct thinking about them but none recognise a component of the client's statement that is fundamental to MI **-** namely the client has made a change statement (more accurately in this case, the client has made an **A**bility statement). It is not wrong to counsel someone that they may underestimate the power of addiction, or that detoxes from alcohol should be supervised, but in our rush to do this it is all too easy to miss the component of the statement that is best reflected back – the client doesn't feel hopeless and they are clearly able to imagine a world where they have control over drinking and are living life abstinent.

Imagine a conversation where the client says: ''I can give up drinking anytime. I could do it tomorrow if I want.' And the worker replies: 'I think you're more addicted than you realise.' Where will the client go next? Any answer would be unhelpful in the long run. The client agreeing: 'I suppose you are right.' kills off motivation and the psychologically reactive answer: 'I know all about addiction! Don't tell me about addiction.' is very unhelpful in the extreme.

In employing MI in the workplace make this a general rule: **practicalities second, motivation first**. It is a terrible shame to work in environments where motivation is so low and yet not dwell on the little glimmers of hope that we *are* offered.

Better responses to the statement would include:

> 'You're someone who is really determined when they want to be, tell me about that.'
>
> 'Alcohol addiction can be powerful for a lot of people but what I'm hearing is that you have ways of addressing it.'
>
> 'It sounds like when you set your mind to things you've got a lot of strength.'

It doesn't matter if it is *likely* or not whether the client could give up alcohol tomorrow, it just matters that your conversation with them leaves them slightly better equipped to do it - and not tomorrow but in the long run.

Often change statements come as part of a compound statement, e.g.: 'I could give up tomorrow if Peter weren't holding me back.'

Workers work in a field full of problems and we tend to be focused on them. The danger here is that the wrong part of the statement gets over-explored, i.e.: 'Tell me why you think Peter holds you back.'

It is not unimportant that Peter is a barrier (or that the client thinks he is, or is using him as a defence) but we lose sight of the motivation if we explore it immediately. Here we should explore the power of the Ability statement and then when it has reached fruition we can talk about solutions rather than problems: 'I'm hearing in what you are saying that you already know some of the steps you'd take to give up. Tell me how you could take some of those steps and maybe use them to overcome barriers like Peter's influence?'

Once these steps have been taken, once the power of the ability statement has been fully realised, then the conversation can turn towards practicalities: 'What support do you need?', 'What happened last time you detoxed?', 'What kind of medication would support the process?' etc.

In creating a form of cognitive therapy, called Dialectical Behavioural Therapy (DBT), suited to those with borderline personality disorders, Marsha Linehan, explained how important it is that validation by the worker (or more accurately therapist) always precedes progress to change. MI, being a directive form of therapy, seeks to lend validation to DARN-C statements above and beyond all others (this is not to say that talk of problems is trivial).

It is important to practise hearing the DARN statements in everyday conversation with clients. For example: 'I really wanted to come today (D), because I think with help I could (A) give up. It's affecting my family (R) so I have (N) to do this.'

And when you hear them, get the client to explore them and try not to do it for them:
When someone says: 'My mum wants me to give up.'
Avoid tempting fate with: 'Well it sounds like she cares about you?' or: 'She sounds sensible.' because you could be inviting reactance ('She only cares about herself!').
A simple, friendly: 'Your mother wants you to?' is fine. Or: 'How do you feel about that as one of the reasons you might commit to giving up?'

The logical direction for the DARN statements to follow is exploration, fruition and then some form of commitment (though Miller and Rollnick – the originators of MI – remind us that some change-talk remains useful even when a commitment has been made as a way of energising the commitment). The logical direction for a (C)ommitment statement to take is amplification and crystallising. Miller and Rollnick inform us that at this stage there are two broad divisions amongst clients – those that need no further intervention once a commitment has been made and those that do because commitment may waiver and pathways towards change are not clear. I will make what I think is a fairly safe assumption that if you are working in the drugs, homeless or criminal justice field you are working with the latter.

Commitment

Commitment-talk is important at two different levels. Firstly, in MI it is seen fundamentally as an indication of a strong will to change, a cue for the worker to start exploring more deeply. Secondly, outside of the normal scope of MI, though worthy of exploration here, the psychologist Robert Cialdini, an expert on influence, shows us that any kind of socially broadcasted commitment to a course of action engenders a desire to be consistent, lending commitment statements their own power. This we will explore in a moment, but at the first level, Miller and Rollnick have the following advice:

'As a patient expresses some intention to change, it can be useful to get more specific. *When* will the patient make or begin this change? Exactly *what* will the patient do? *How* will the patient succeed? Research shows that people are much more likely to carry through with behaviour change when they express their intentions in more specific terms of what, when and how.' (Rollnick, S., Miller, W., Butler, C. (2007), page 63).

Though, they counsel us not to: 'press for a commitment the patient is not ready to make.' (Ibid). They do not make it entirely clear why not but we can explore this.

Let's use the scenario of a client discussing with a worker an appointment to see a doctor that she (the client) has hitherto failed several times to make.

She says: 'Tomorrow? I'll be there. I want to sort this out and I definitely am going to make it tomorrow.'

It is easy to see what this statement represents and what the worker should do with it – there is a clear indication of an intention to change. There is a DARN statement ('I want to sort this out...') in between two commitment statements ('I'll be there.' and: 'I am definitely going to make it tomorrow.') Miller advises that we talk specifics so after validating ('Great, you'll be there.') the worker could ask:

'How will you remember the time?'
'Who will remind you?'
'How will you get there?'
'Are you going alone?'

Exploring these factors allows the worker to gauge the real level of motivation (is their plan clear? Is it specific enough? Are they fobbing you off?) and also makes the event seem more tangible – it is often easy to think of something happening tomorrow as happening a long way off and not really

worthy of our full attention (particularly if affected by addiction). Dwelling on fine details of a plan will make it more tangible, more immediate.

The eliciting component remains important. It would be contrary to the principles of MI to start saying: ‘Perhaps you could get there by bus. And maybe you could ask a friend to remind you.’ You are asking someone to create a mental picture of them attending the doctor, it does no good for you to create it for them (though if short of ideas it is reasonable to make suggestions so long as you label them as suggestions that the client can own themselves if they want: ‘I have an idea, tell me what you think about it.’).

If the commitment-talk is there but lacking in specificities it may be useful to stop pressing for commitment and return to conversational strands that encourage DARN statements. Remember, DARN statements proceed and lend weight to commitment talk. For example:

‘I’ll definitely be there tomorrow?’ (commitment expressed)
‘Great. You’re up for it. How will you get there?’ (Reflect back positively and seek a clearer, more specific picture)
‘Don’t worry I’ll just be there.’ (the lack of specifics might signal a lack of real commitment)
‘Good. It’s good that you’ll be there, you made it clear how much it means to you earlier.’ (reiterating the commitment and fishing for more DARN statements to lend power to the commitment)
‘Yeah, it means a lot to my mum that I go.’ (a **N**eed statement elicited to strengthen the proceedings)

Cialdini

At the second level, according to Cialdini, commitment can be seen as a very powerful psycho-social event in and of itself, which when expressed becomes self-fulfilling. The process is intermutual with psychological reactance.

Imagine I wish to stop smoking and I announce this fact to my friends. If I fail in my attempt, I have done two things, returned to smoking and failed to live up to my word. Now I have two problems; I am damaging my health with cigarettes and I am someone who can’t keep to a promise. The power of this commitment (in this case to being healthier) is often secondary to the need to seem consistent. Cialdini’s work is more often cited by salespeople than therapists but anyone working to produce change would be foolish to ignore the power of the need to be consistent. To this end, manipulative salespeople work to get customers to make a commitment and once made it is rarely unmade (are you a PC or a Mac?). This is an important enough dynamic to be unignorable; when a client tells you they will attend an appointment, they are both expressing a desire to attend an appointment and setting up a verbal contract with you that is hard to unwrite. This is not to say it

can't be unwritten (it frequently is), but that it can't be unwritten without a touch of mental gymnastics to excuse the failure to live up to the commitment (see the paper on precontemplation for a detailing of the ways that we find of justifying uncomfortable or supposedly unjustifiable actions).

This understanding of commitment as a binding act lends us some general rules we can see as true in discussing a commitment to a course of action with a client:

1. A commitment made through eliciting, that is self-stated and self-articulated, is more potent than something a client just agrees to do.
2. A commitment made to someone the client likes and has a relationship with is more potent than someone the client is indifferent to.
3. A commitment made to more than one person is more potent.
4. The more effort that is put into a commitment the stronger the commitment.
5. A commitment is increased when it is written down or captured in some way.

Here are three case examples of good use of commitment in working to produce change:

Case example 1

Peter has been talking with a counsellor about his anger issues. Having explored the impact of his anger on his family, Peter starts to use commitment statements, saying: 'I'm never going to hurt anyone again.' And: 'That's it, I'm going to change.' After exploring this fully, the counsellor asks Peter who it is that needs to hear these statements. Peter says his family needs to hear them. Between Peter and the counsellor they agree to set up a family conference where Peter makes a public statement about how much harm he feels he has caused and makes a commitment not being angry around his family anymore.

Case example 2

Mary is about to leave prison and has made a commitment to stay off drugs on release. Her prison drugs worker asks her to write down her commitment on a small piece of card and asks her to write down three DARN statements on the other side. The worker laminates the card and hands it to Mary on her last day.

Case example 3

A group-work leader has just come to the end of the first session of a six-session group. To aid in the group's commitment to attending the rest of the sessions, he gives each group member a small diary and rather than tell them when the next sessions will be, they agree it like business people agreeing a meeting. When they agree they write it in their diaries.

Final notes on eliciting

I would make three addendums to this exploration of eliciting and reactance.

1. Skilled therapists will sometimes use reactance as a therapeutic tool. Though I don't advise this away from the safety of a counselling room it can be useful to explore. A therapist can use reactance by sometimes overstating what they are hearing from a client. Imagine a client saying:

> 'I told her I'm not ready to change!'
> A therapist might reply: 'That's right! You'll never change your ways!'
> In the hope of getting the client to respond: 'Well...it's not that I'll never change, it's just it's quite a big task.'

By overstating the client's position the therapist has caused the client to react against the implications of their own view, shocking them away from being intractable.

2. There are times when a worker works hard to elicit a meaningful response from the client but for whatever reason nothing is forthcoming. When this happens it is my advice to draw on something that a client had said previously. This isn't anywhere near as good but it at least keeps the talk heading in a reasonable direction. For example I remember a client threatened with homelessness who had to take certain actions to save their home, for which they were showing little motivation. I was trying to elicit reasons for being motivated but wasn't succeeding, the client falling mostly silent. In the end I had to state the reasons myself but tried to dwell on what they had said previously, saying: 'I remember you telling me once that you would like your son to come visit you, is that still the case?' This desire statement was stated by me not them but at least it did have the effect of kick-starting the next part of the conversation.

3. Finally, very occasionally there is a definite place for just outright telling a client something you think to be the truth regarding them and their situation. It is a shock tactic and will often lead to fallout. As stated in every part of this article, if some one can articulate for themselves the dangers, or the need for motivation this is infinitely better, but with great care it can occasionally be useful to state very clearly things like: 'You will lose your tenancy.' Or: 'I think you are wrong about that.' This falls squarely in the realm of a 'gambit' and is as likely to fail as be successful. It is dependant on an excellent relationship with the client to minimise reactance and enhance a willingness to process what is being said. It can be made more palatable by dressing it in a 'what if': 'What if I said to you, you will lose your home? What kind of response can I expect?'

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This paper has sought to help the worker be aware of the power of reactance and commitment and to attune the worker to the use of eliciting skills as a key tool for progressing from a point of reactance to a point of commitment. Many workers working with clients with deeply entrenched behavioural issues may struggle to see the benefit of eliciting because such clients often break promises and fail to live up to commitments, or struggle to articulate meaningful DARN statements. However, this does not invalidate the approach, if anything it makes it more important. The goal has never been to *ensure* that someone, for example, attends an appointment, or commits to a treatment as this is frankly impossible. The goal is to load the dice as best we can in favour of positive outcomes and even a one percent increase in a worker's capacity to engage clients will change some people's lives forever.

As ever, there is a range of literature on these subjects and much of it is very readable. If unable to obtain copies of the books and articles listed in the bibliography, the Assertive Engagement Resource Website can direct you to websites that may prove useful.

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