Motivational Interviewing in Practice

THE TALKING THERAPIES UK PRACTITIONER SERIES



Motivational Interviewing in Practice

Ambivalence, change talk and applying MI to real presentations

Practitioner level · 11.5 hours of continuing professional development

TALKING THERAPIES UK

First edition · 2026

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First edition, 2026.

This manual accompanies the Motivational Interviewing in Practice course in the Talking Therapies UK Digital Classroom, from which its content is drawn and against which it is kept current.

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A note on the clinical material. Every case in this book is a fictional composite written for teaching. No real person appears in it, however disguised. Nothing here constitutes clinical supervision, and nothing in it replaces the judgement of a qualified practitioner working within their competence, their professional body's code and their local governance. Where guidance is cited it was current at the date of this edition; readers must check the standing of any guidance before relying on it.

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How to use this manual

This intermediate practitioner course builds upon foundational Motivational Interviewing knowledge to explore the technical core of the approach: working effectively with ambivalence. You will develop sophisticated skills in recognising and responding to change talk and sustain talk, learning how to identify the nuanced language clients use when contemplating versus resisting change. The curriculum thoroughly examines the DARN-CAT taxonomy of change talk, covering preparatory forms including desire, ability, reason and need, alongside stronger mobilising forms such as commitment, activation and taking steps. Through structured exercises and role-play, you will master evocation techniques including importance and confidence rulers, and understand the cautious application of decisional balance to strengthen commitment language.

The course progresses to demonstrate how to apply MI principles across diverse clinical presentations, particularly in behaviour change contexts such as substance use and health-related interventions. You will learn practical strategies for blending MI with your existing therapeutic approaches rather than implementing it as a stand-alone treatment, thereby enhancing your clinical flexibility. The training emphasises developing a collaborative partnership with clients that honours their autonomy while simultaneously evoking their own motivations for change. Designed for practitioners who have completed MI foundations or possess equivalent working knowledge, this course provides 11.5 CPD hours of advanced skill development through interactive learning, case studies, and reflective practice opportunities that bridge theory to real-world application.

This manual is the written form of a course taught in the Talking Therapies UK Digital Classroom. It is set at practitioner level and carries 11.5 hours of continuing professional development for practitioners who complete the accompanying course and its assessment.

It is written to be read in order. Each part opens with what it is for; each chapter teaches one idea to a working depth and closes with the points worth keeping and a practice task that converts reading into something you do. The tasks are the part most often skipped and the part that most reliably

changes practice, and several of them are designed to be taken to supervision rather than completed alone.

The figures are teaching diagrams rather than decoration. Each is the conventional form of a model you will meet in the literature and in supervision, drawn in one visual language across the whole series so that the shape of an idea is recognisable wherever it reappears.

Where a chapter draws on published work, the reference is named in the text and gathered in the further reading at the back. Terms of art are defined in the glossary, which is worth reading straight through once before you begin.

What this manual will leave you able to do

- Distinguish between DARN and CAT change talk and explain how recognising each type informs the timing and direction of MI interventions
- Apply evocative questions, importance and confidence rulers, and looking-back and looking-forward techniques to strengthen commitment language in practice
- Analyse the risks of introducing decisional balance prematurely and select appropriate moments for its use across different presentations
- Evaluate MI-consistent and MI-inconsistent practitioner behaviours and reflect on how these affect the therapeutic relationship and the emergence of change talk
- Describe the evidence base for MI in substance use and health behaviour change, including realistic expectations regarding effect size and durability
- Demonstrate how MI can be used as an engagement approach ahead of a structured protocol while maintaining fidelity to the spirit of MI as a way of being

PART 1

Hearing and Responding to Change Talk

This module covers recognising and differentiating change talk from sustain talk, the DARN-CAT taxonomy, and how to respond selectively to strengthen commitment language.

CHAPTER 1

Recognising change talk and sustain talk

Ambivalence is not a pathological state to be feared or a sign of resistance to be overcome; rather, it is the very engine of change, the natural human condition where opposing values, desires, and behaviours coexist. In the context of clinical practice, particularly when working with clients presenting with symptoms measured by tools such as the PHQ-9 or GAD-7, we often observe a profound tension between the distress caused by their current situation and the fear or attachment to the status quo. This internal conflict is not a failure of the therapeutic alliance or a lack of motivation; it is a fundamental aspect of human psychology that must be navigated with empathy and skill. Motivational Interviewing, developed by Miller and Rollnick, provides a framework for understanding this conflict not as a barrier, but as a necessary precursor to meaningful change. Central to this framework is the recognition of change talk, the client's own verbalizations that lean towards change, and the distinction between sustain talk, the client's own arguments for maintaining the status quo, and discord, a strain in the working relationship itself. Understanding these nuances allows the therapist to move from a position of persuasion to one of evocation, helping

the client to hear their own motivations for change.

The taxonomy of change talk, often referred to as DARN, provides a structured way to identify and amplify the preparatory forms of motivation. DARN stands for Desire, Ability, Reason, and Need. Desire represents the initial spark of motivation, often expressed as a wish or a hope. It is the client's internal longing for a different outcome. For instance, a client might say, "I really want to feel less anxious so I can enjoy my weekends." Ability refers to the client's belief in their capacity to change. It is not just about knowing *how* to change, but believing *that they can*. This is often elicited through questions about past successes or resources. Reason is the client's logical justification for change, the "why" behind the desire. It involves weighing the costs and benefits of the current behaviour versus the change. Finally, Need is the urgency or imperative that drives the client towards action, often phrased as a necessity or a strong conviction. When a client articulates a DARN sequence, they are moving from a vague wish to a concrete, self-generated rationale for change. The therapist's role is to reflect and amplify these moments, ensuring the client feels heard and validated in their own process.

Building on the preparatory forms, the mobilising forms of change talk, known as CAT, represent a deeper level of commitment and represent the transition from thought to action. CAT stands for Commitment, Activation, and Taking Steps. Commitment is the verbal pledge to change, often expressed using future-oriented language such as "I am going to" or "I plan to." It is a declaration of intent that solidifies the desire and reason identified in the DARN phase. Activation is the internal shift from considering change to feeling ready to act. It is characterised by energy and enthusiasm, often seen when a client says, "I am ready to start" or "I am going to make a change." Taking Steps are the concrete actions the client has already taken or plans to take. These are the behavioural indicators of change talk and serve as powerful evidence of the client's capacity to change. A client might say, "I have already stopped drinking at lunch," or "I am going to book an appointment with the GP." Recognising CAT is crucial because it moves the client from the realm of possibility into the realm of reality. By identifying and reinforcing these mobilising forms, the therapist helps to consolidate the client's motivation and reduce the perceived gap between their current behaviour and their desired future.

In contrast to change talk, sustain talk represents the client's own arguments for maintaining the status quo. It is the verbal expression of the resistance that we often mistakenly believe is directed at us. Sustain talk is not a sign of failure; rather, it is a sign that the client is engaged in the process and is wrestling with their ambivalence. It is the "anti-DARN" or the "anti-CAT". Sustain talk can be subtle, such as a sigh or a change in posture, or explicit, such as a detailed explanation of why a change is impossible. It is vital for the therapist to distinguish sustain talk from discord. Discord is a strain in the working relationship, a breakdown in the alliance where the client attacks the therapist or the therapy itself. For example, if a client says, "You don't understand me," or "This therapy is a waste of time," this is discord. Sustain talk, on the other hand, is about the content of the client's life and their difficulties. It is a property of the client's thoughts and feelings, not a reflection of the therapist's competence. When we mistake sustain talk for discord, we often react defensively, which only increases the client's sustain talk and deepens the ambivalence. By correctly identifying sustain talk, the therapist can respond with empathy and reflection, helping the client to explore the costs of their current behaviour without feeling judged or pressured.

To illustrate these concepts, consider a worked example involving a client named Mark, who has been referred to the service due to high alcohol consumption and relationship difficulties. Mark is ambivalent about reducing his drinking; he knows it is causing problems, but he enjoys the social aspect and fears losing his identity as the "life of the party." During the session, the therapist begins by exploring Mark's reasons for reducing his drinking. Mark says, "I know I drink too much because I argue with my wife and I feel terrible the next day." The therapist reflects this: "It sounds like you have a strong reason to change because you want to stop the arguments and feel better." This reflection amplifies Mark's Reason, a key component of DARN. Mark continues, "Yeah, but I can't just stop. I've tried before and I just get bored." Here, Mark slips into sustain talk, arguing for the status quo. The therapist does not argue back but reflects the feeling behind the sustain talk: "It sounds like you feel that if you stop drinking, you won't have anything to do and you'll feel bored." By reflecting the underlying emotion rather than the argument, the therapist opens the door for Mark to explore his Ability. Mark replies, "I guess I could find other things to do. I used to play golf." The therapist highlights this: "So, you are saying you have the ability to change

because you have played golf before." This elicits a statement of Ability. The therapist then asks about commitment: "If you did find other things to do, what would you say to your wife about your drinking?" Mark says, "I'd tell her I'm going to cut down." The therapist reflects this commitment: "You are committing to cut down for your wife." This is a mobilising form of change talk. Later in the session, Mark admits, "I really need to do this for my family." This is Need, another preparatory form. The therapist reinforces this: "It sounds like you have a strong need to make this change for your family." Throughout this interaction, the therapist has skilfully navigated Mark's ambivalence, eliciting DARN and CAT moments while managing sustain talk with empathy. By the end of the session, Mark has articulated a clear sequence of change talk, demonstrating that his ambivalence is not a barrier but a natural part of the process that can be successfully navigated with the right therapeutic approach.

Returning to Mark at the point where the session ends is instructive, because the close of a single appointment is rarely the moment at which the work of recognising change talk and sustain talk is complete. Suppose the therapist reviews their session notes before the following week's appointment and notices that Mark produced a good deal of DARN language in the middle portion of the session, yet the only CAT statement he offered — his commitment to cut down for his wife — came in response to a direct question rather than spontaneously. This asymmetry is clinically meaningful. Preparatory change talk that is not yet supported by mobilising change talk suggests that Mark's motivation, while genuine, has not yet consolidated into a durable intention. The therapist's task in the next session is therefore not to revisit the reasons and desires Mark has already articulated, which risks the conversation becoming repetitive and patronising, but to create conditions in which mobilising language can emerge naturally. A useful approach is to invite Mark to describe what has happened in the intervening week: not to audit his behaviour, but to listen carefully for any Taking Steps language that may have appeared in his daily life without his having labelled it as such. If Mark mentions, almost in passing, that he declined a second round of drinks at a work event, the therapist can reflect this back as a Taking Steps statement and invite Mark to say more about what that decision felt like. In doing so, the therapist is not manufacturing change talk but drawing attention to change talk that Mark himself has already produced in action, if not yet in words.

A common pitfall at precisely this stage of the work is what might be called the affirmation trap. Having correctly identified a sequence of DARN and CAT statements, the therapist becomes so encouraged by the client's progress that their reflections begin to carry an implicit evaluative quality — a warmth that tips from empathic resonance into approval-seeking. The client, consciously or otherwise, detects this shift and may begin to produce change talk not because it reflects their genuine internal state but because it pleases the therapist. The result is a session that sounds productive but is in fact generating what some practitioners describe informally as performed motivation: language that mimics the form of change talk without the affective weight that makes it clinically significant. The safeguard against this is to remain equally curious about sustain talk. When Mark says something that leans towards the status quo — perhaps that he has been under unusual stress at work and the idea of cutting down feels unrealistic right now — the therapist should resist the impulse to redirect him quickly back towards change. Sitting with the sustain talk, reflecting it fully, and exploring the values it expresses will often produce richer and more durable change talk than any amount of strategic amplification of the DARN sequence.

The distinction between sustain talk and discord is particularly worth revisiting in the context of supervision. Supervisees frequently bring recordings or process notes in which they have identified a client statement as discord and responded accordingly — perhaps by explicitly acknowledging a rupture in the alliance — when a closer reading suggests the statement was sustain talk about the client's life rather than an attack on the therapeutic relationship. The practical consequence of this misclassification is not trivial. Responding to sustain talk as though it were discord introduces a relational dimension that was not present in the client's communication and can inadvertently create the very strain the therapist was trying to repair. In supervision, it is worth asking the supervisee to read the client's statement aloud and then to ask: is this person talking about their own life, or are they talking about me and this room? If the answer is the former, the appropriate response is a simple reflection of the content or the feeling; if the latter, a more explicit acknowledgement of the relational moment is warranted. Developing this discrimination is one of the more nuanced skills in Motivational Interviewing practice, and it rarely becomes reliable without repeated exposure to recorded material and careful

reflective discussion.

Finally, it is worth noting that the recognition of change talk and sustain talk is not a skill that operates only within the fifty-minute appointment. Practitioners who work within services that use structured outcome measures will often find that the language a client uses when completing a PHQ-9 or GAD-7 at the start of a session contains implicit change talk or sustain talk that can be gently explored. A client who writes in the free-text box that they have been feeling worse but adds the word 'although' before a qualifying remark has already begun to articulate ambivalence in written form. Noticing this and naming it — not as a clinical observation delivered from a position of expertise, but as a curious and open reflection — can open the session in a way that honours the client's own language from the very first moment of contact. The skill of recognition, in other words, extends beyond the formal exchange of spoken words and into every dimension of the therapeutic encounter.

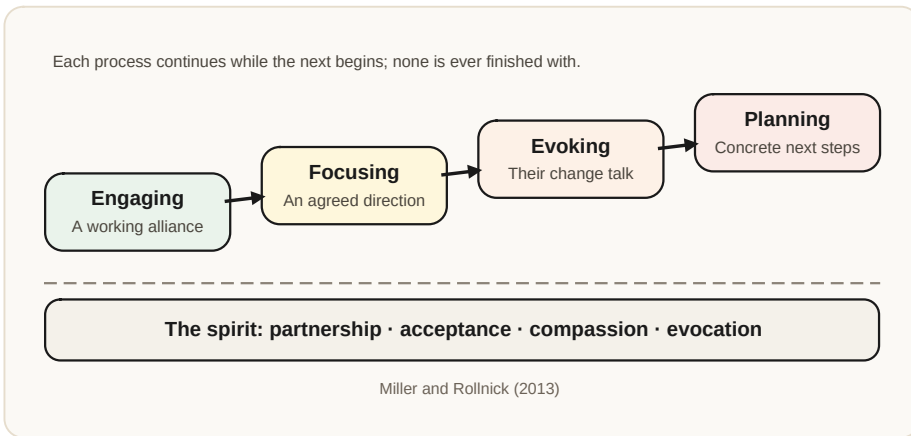


FIGURE 1.1 The four processes of motivational interviewing

Miller and Rollnick describe four processes that build on one another: without engagement nothing else holds, without an agreed focus evocation wanders, and planning attempted before the person's own arguments for change have been voiced simply produces compliance. The spirit beneath them, partnership, acceptance, compassion and evocation, is what distinguishes the method from persuasion.

Points worth keeping

- Ambivalence as normal, not pathological
- DARN: desire, ability, reason, need
- CAT: commitment, activation, taking steps
- Sustain talk versus discord

PRACTICE TASK

Listen back to a recent conversation about change and label two or three statements as change talk, sustain talk or discord.

CHAPTER 2

Evoking and strengthening commitment language

In the world of psychological practice, the art of evoking change is as much about listening as it is about speaking. Motivational Interviewing (MI) is built upon the premise that the client holds the most powerful arguments for change within themselves; the practitioner's role is to create a safe, collaborative space in which those arguments can surface. This lesson delves into the nuanced techniques that enable the therapist to draw out, recognise and strengthen commitment language, thereby turning tentative ambivalence into concrete intention.

The first step in evoking change talk is to ask evocative questions—open-ended, non-directive prompts that invite the client to explore the pros and cons of their current behaviour and the possibilities of change. These questions differ from the more familiar "why" or "how" inquiries; they are designed to elicit the client's own reasons for change. For example, a therapist might ask, "What would life look like if you were able to manage your anxiety without medication?" or "Can you describe a time when you felt proud of yourself for taking a step towards your goal?" The key is that the question invites a narrative that is rich in personal meaning, rather than a simple yes/no answer.

Once the client begins to speak about their own motivations, the therapist must employ the importance and confidence rulers. These are simple, visual tools that ask the client to rate, on a scale of 0 to 10, how important it is to them to change and how confident they feel that they can do so. The importance ruler is typically introduced first: "On a scale from 0 to 10, how important is it for you to reduce your alcohol consumption?" The client's response provides an immediate gauge of their readiness. The confidence ruler follows: "On the same scale, how confident are you that you can achieve this goal?" The interplay between importance and confidence can reveal ambivalence. A high importance score coupled with a low confidence score indicates that the client values the change but feels uncertain about their ability to achieve it. This is a fertile ground for further exploration.

The practice of looking back and looking forward is another cornerstone of evoking commitment language. Looking back involves inviting the client to reflect on past successes or moments when they have successfully enacted change. For instance, a therapist might say, “Can you think of a time when you managed to keep your stress levels in check during a busy week?” This not only reinforces the client’s self-efficacy but also provides concrete evidence that change is possible. Looking forward, on the other hand, encourages the client to imagine a future where the desired change has been achieved. A therapist might ask, “What would your life be like in six months if you had successfully reduced your caffeine intake?” By juxtaposing past successes with future possibilities, the client can see a continuum of change, making the goal feel more attainable.

Decisional balance is a tool that can be used to weigh the pros and cons of change versus staying the same. However, its use must be approached with caution. Miller and Rollnick caution that decisional balance, when introduced too early or in a mechanical fashion, can inadvertently increase ambivalence. The client may feel pressured to justify their current behaviour, thereby reinforcing resistance. Instead, decisional balance should be introduced only after the client has already expressed some level of commitment or when ambivalence is evident. Even then, it should be framed as a collaborative exploration rather than a formal worksheet. For example, a therapist might say, “It sounds like you’re weighing the benefits of quitting smoking against the comfort of your routine. What are the main advantages you see in quitting, and what concerns do you have about staying the same?” This conversational approach keeps the client engaged and reduces the risk of defensiveness.

Marking change talk is a subtle yet powerful technique. Rather than letting statements of intention slip by unnoticed, the therapist should actively acknowledge and reinforce them. This can be done through reflective listening, affirmations, or summarising. For instance, if a client says, “I think I could try going to the gym twice a week,” the therapist might respond, “It sounds like you’re considering a new routine that could help you feel more energetic.” By marking the change talk, the therapist signals that the client’s words are valued and that the therapist is attuned to their internal motivations. This reinforcement encourages the client to elaborate further and solidifies their commitment.

The following worked example illustrates how these techniques can be woven together in a single session. The client, James, is a 35-year-old accountant who has been experiencing chronic stress and has been using alcohol as a coping mechanism. He has expressed ambivalence about reducing his drinking.

The therapist begins with an evocative question: “When you think about the last time you had a drink after a long day, what does that moment feel like for you?” James describes the sense of relief and the temporary escape from work pressures. The therapist reflects, “It sounds like alcohol provides a brief respite from the day’s stress.” This reflection acknowledges James’s experience without judgment.

Next, the therapist introduces the importance ruler: “On a scale from 0 to 10, how important is it for you to reduce your alcohol consumption?” James rates it a 7. The therapist then asks the confidence ruler: “On the same scale, how confident are you that you can reduce your drinking?” James answers a 3. The therapist notes the gap between importance and confidence, signalling ambivalence.

The therapist then invites James to look back: “Can you think of a time when you managed to stay sober during a stressful period?” James recalls a month during his final year of university when he abstained from alcohol and felt more productive. The therapist affirms: “That shows you have the capacity to manage stress without alcohol.” This past success is highlighted as evidence of James’s self-efficacy.

Moving forward, the therapist asks, “What would your life look like in three months if you had successfully reduced your drinking?” James imagines feeling more rested, having clearer thoughts at work, and spending more time with his partner. The therapist summarises, “So you see a future where you’re more rested, clearer at work, and closer to your partner.” This forward-looking statement reinforces James’s vision of change.

At this point, the therapist introduces decisional balance, but only after James has expressed a willingness to consider change. “It seems you’re weighing the benefits of cutting back against the comfort of your routine. What do you see as the main advantages of reducing your drinking, and what concerns do you have about staying the same?” James lists improved health and better relationships as benefits, while he worries about losing his social

outlet. The therapist reflects, “It sounds like you’re concerned that cutting back might affect your social life.” This balanced exploration helps James articulate his ambivalence without feeling cornered.

Finally, the therapist marks James’s change talk: “You mentioned that you could try cutting back to one drink on weekdays. That’s a concrete step you’re willing to consider.” By marking this statement, the therapist signals that the client’s intention is valued and encourages James to elaborate further. James then commits to a plan: “I’ll try to have no more than one drink on weekdays for the next month.” The therapist affirms, “That’s a clear, manageable goal.”

Throughout the session, the therapist uses reflective listening, affirmation, and summarisation to reinforce James’s commitment language. The importance and confidence rulers provide a quantitative measure of ambivalence, while the evocative questions, looking back and forward, and decisional balance help James articulate his motivations and concerns. By marking change talk, the therapist ensures that James’s intentions are not lost but rather amplified.

In practice, the therapist must remain attuned to the client’s verbal and non-verbal cues. A client who speaks rapidly and with enthusiasm may be more ready to commit, whereas a client who speaks slowly and hesitates may still be in the early stages of ambivalence. The therapist can adjust the pacing of the session accordingly, using the importance and confidence rulers as checkpoints. If the client’s confidence score remains low, the therapist can explore barriers to change, such as fear of failure or lack of support, and develop strategies to address them.

The use of the importance and confidence rulers is not merely a diagnostic tool; it is a therapeutic intervention in itself. By asking the client to rate their importance and confidence, the therapist invites the client to externalise their internal state, making abstract feelings tangible. This externalisation can reduce the client’s sense of isolation and increase their sense of agency.

The concept of looking back and looking forward is rooted in the cognitive theory of self-efficacy, as proposed by Bandura. Self-efficacy refers to an individual’s belief in their capacity to execute behaviours necessary to produce specific performance attainments. By recalling past successes, the client reinforces their self-efficacy, which in turn increases their confidence

score. Looking forward, meanwhile, taps into the client's future self-concept, a construct that has been shown to predict health behaviours. By visualising a future self that embodies the desired change, the client creates a motivational anchor that can sustain behaviour change over time.

Decisional balance, while potentially risky if introduced prematurely, can be a powerful tool when used strategically. Miller and Rollnick's research indicates that decisional balance is most effective when the client has already expressed some degree of change talk. The technique helps the client to articulate the trade-offs between change and status quo, thereby clarifying their values and priorities. When the client's values are made explicit, they are more likely to align their behaviour with those values.

Marking change talk is an essential component of the MI spirit. The MI spirit is characterised by partnership, acceptance, compassion, and evocation. By marking change talk, the therapist demonstrates partnership—working together with the client to explore their motivations. It also reflects acceptance, as the therapist acknowledges the client's words without imposing judgment. Compassion is evident when the therapist affirms the client's efforts, and evocation is achieved by encouraging the client to articulate their own reasons for change.

The practice of evoking and strengthening commitment language is iterative. A single session rarely produces a permanent change; rather, it sets the stage for a series of sessions in which the client's commitment is continually reinforced and refined. The therapist can revisit the importance and confidence rulers in subsequent sessions to track progress. If the client's confidence score improves, the therapist can introduce more concrete action plans. If the confidence score remains low, the therapist can explore additional barriers and develop coping strategies.

In conclusion, the art of evoking commitment language in Motivational Interviewing is a delicate dance between listening and speaking. The therapist must create a space where the client feels heard, respected, and empowered to articulate their own motivations. Evocative questions, importance and confidence rulers, looking back and forward, decisional balance, and the marking of change talk are the instruments that, when wielded skilfully, can transform ambivalence into concrete intention. By integrating these techniques into practice, clinicians can help clients move from the realm of possibility to the realm of action, thereby fostering lasting

change.

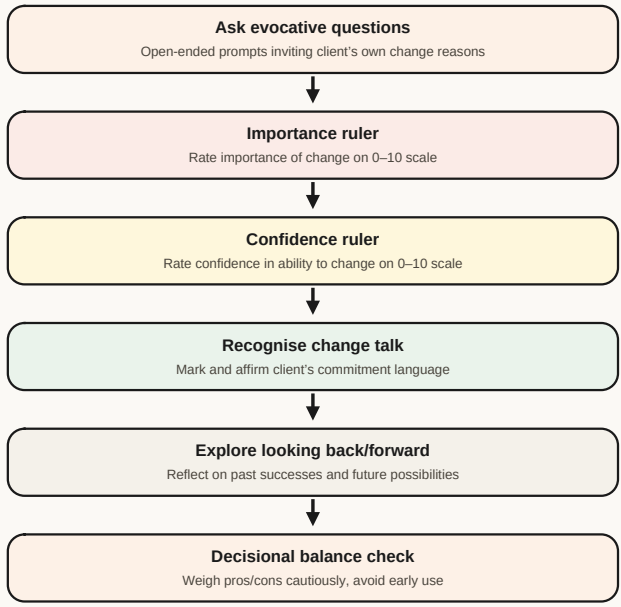


FIGURE 2.1 Evoking commitment language

This flow illustrates the sequential process of evoking and strengthening commitment language in motivational interviewing. It guides practitioners from evocative questioning through readiness rulers to recognising and consolidating client-driven change talk.

Points worth keeping

- Evocative questions and the importance/confidence ruler
- Looking back and looking forward
- Decisional balance and its risks if used too early
- Marking change talk rather than letting it pass

PRACTICE TASK

Write an evocative question you could use to strengthen a client's stated reason for change.

CHAPTER 3

The DARN-CAT taxonomy: hearing preparatory and mobilising change talk

Your foundations course introduced change talk and sustain talk as the two broad currents running through any conversation about change, and the lesson immediately before this one in this course taught you to recognise the difference reliably in the room. This lesson goes a level deeper, into the taxonomy practitioners use to describe change talk's internal structure: the DARN-CAT framework, first set out by Amrhein and colleagues in their 2003 linguistic analysis of motivational interviewing sessions, and now the standard vocabulary in the field for talking precisely about what a client's words are actually doing, rather than simply noting that change-relevant language has appeared.

DARN-CAT separates change talk into two families, usually described as preparatory and mobilising. Preparatory change talk is the client thinking aloud about change without yet committing to it: Desire, Ability, Reason and Need, the four letters that give the framework its first half. Desire statements use want, wish, or would like: "I want things to be different with my drinking." Ability statements are about capability, often phrased as could or might: "I could probably cut down if I really tried." Reason statements give a specific argument for change, usually attached to a consequence: "If I keep missing sleep like this my work is going to suffer." Need statements carry urgency without yet specifying how, often using must, have to, or need to: "I need to sort this out before it gets worse." Each of these four is real change talk and worth reinforcing, but none of them is a decision. A client can produce pages of DARN language and still walk out having decided nothing, and a practitioner who mistakes volume of preparatory talk for readiness will push for a plan the client is not yet ready to make.

The second half of the acronym, CAT, is mobilising change talk: Commitment, Activation, and Taking Steps, and these are qualitatively different from DARN because they describe movement rather than contemplation. Commitment language uses words that imply an intention has actually formed: I will, I'm going to, I promise myself. Activation is softer

than commitment but still forward-leaning: I am willing to, I am ready to, I am prepared to try. Taking steps describes action that has already happened, however small, prior to or between sessions: “I actually threw out the rest of the bottle last night.” Taking steps is the strongest form of change talk there is, because it is not a statement of intent at all but a report of behaviour, and a practitioner who hears it should treat it as significant evidence rather than letting it slide past as incidental conversation.

A short worked example helps fix the distinctions. Imagine a client midway through a session about reducing drinking who says the following, more or less in one breath: “I know I probably drink more than I should, and I suppose I could manage a few dry days a week if I actually planned for it, and honestly if I don’t sort this out my blood pressure is only going to get worse, and I do need to get a grip on it properly this year. I’m going to start next Monday with two dry nights, and actually, I already skipped last Friday’s drink at the pub, which surprised me.” Read slowly, this single utterance contains a Desire statement (“probably drink more than I should” implies an unstated wish for things to be otherwise, though a strict coder would want a clearer want-statement to be confident of this one), an Ability statement (“I could manage a few dry days”), a Reason statement (the blood pressure consequence), a Need statement (“I do need to get a grip”), a Commitment statement (“I’m going to start next Monday”), and finally a Taking Steps statement (skipping Friday’s drink, which already happened). A practitioner listening only for the presence of change talk in general would simply note that the client sounds motivated. A practitioner trained in the taxonomy hears something much more specific: the preparatory language is scaffolding, already well developed, but the two mobilising statements, the Monday commitment and the Friday step already taken, are the material to build on directly, and the single best next move is very likely to ask about the Friday night in detail, since an action that has already occurred is the most reliable evidence of readiness in the entire utterance.

The clinical value of the taxonomy is not in labelling for its own sake. It lies in what each category tells you about where the client actually is and what kind of response will move them forward rather than past them. A client producing mostly Desire and Reason language is still working out whether change matters to them at all; the useful response is further evocation of the kind the ruler and decisional balance lessons in this module will teach you, not a plan. A client beginning to use Ability and Need language together,

especially spontaneously rather than in answer to a direct question, is often close to a shift from contemplation into preparation, and a well-timed, open invitation, such as asking what taking that step would actually look like for them, can catch that shift and support it before it fades. A client producing genuine Commitment or Activation language, particularly unprompted, is signalling that planning conversation is now appropriate; moving to planning too early, before this language has appeared, is one of the most common errors new MI practitioners make, because it substitutes the practitioner's own sense of urgency for the client's.

Distinguishing DARN from CAT in practice is harder than the dictionary definitions suggest, because the same surface words can carry different functions depending on tense, certainty markers, and what came immediately before them in the conversation. "I'm going to try" sounds like commitment, but if it follows a long silence and arrives in a flat, resigned tone rather than an engaged one, it is often closer to a Need statement dressed in commitment grammar, voiced to end an uncomfortable conversation rather than to report an actual internal shift. Conversely, a client who says "I suppose I could" in a genuinely curious, searching tone, turning the possibility over as they speak, may be doing more motivational work in that single Ability statement than another client's confident-sounding "I will" produced purely to satisfy the practitioner. This is why MI training places so much weight on recorded practice and supervision rather than on the taxonomy as a checklist: the categories describe function, and function has to be heard in context, not read off a transcript in isolation. A useful habit when you are first learning to code your own sessions is to read a transcript line without its surrounding tone and ask yourself what certainty the words alone commit the speaker to, then listen again to the recording and check whether the vocal delivery raises or lowers that apparent certainty; the gap between the two readings is usually where the real clinical information sits.

A second complication worth naming directly is that sustain talk can borrow the same grammatical shapes as change talk and has to be told apart by content, not form. "I want to keep drinking the way I do" is grammatically a Desire statement but is sustain talk in function, arguing for the status quo rather than against it. "I need my evening wine to switch off after work" uses Need-type urgency language in service of the status quo rather than against it. The DARN-CAT letters describe the direction the content is pointing,

towards change or away from it, and a practitioner who attends only to the grammatical marker, want, could, need, without checking which way the sentence is actually arguing will misclassify a substantial proportion of what they hear. In practice this means listening past the first few words of a sentence to where it actually lands, and it is worth building the habit of mentally finishing the sentence before deciding which column it belongs in.

A further nuance worth teaching at practitioner level concerns compound and qualified statements, which are far more common in real sessions than the clean, single-clause examples used to teach the taxonomy initially. “I want to cut down but I don’t think I actually can” contains a Desire statement and what sounds like a direct denial of Ability within the same breath. Coding this honestly requires resisting the temptation to average the two halves into something like moderate ambivalence; the more useful reading treats them as two separate pieces of information, a genuine desire worth reflecting and strengthening, and a stated low-confidence belief about capability that is itself a legitimate target for exploration, most naturally through the confidence ruler taught later in this module. Separating compound statements into their component parts, rather than treating the sentence as a single undifferentiated unit, is one of the more valuable discriminations a practitioner can learn to make quickly in real time.

Finally, the taxonomy earns its place in this course because of what the next lesson builds on it: once you can reliably sort what you are hearing into DARN and CAT, you are equipped to respond differentially, reinforcing the mobilising forms more deliberately than the preparatory ones and avoiding the common trap of responding with equal warmth to every kind of change-related statement regardless of how far it has actually moved. That differential response, not the labelling itself, is where DARN-CAT changes outcomes, and it is worth treating this lesson’s content as groundwork rather than as an endpoint in its own right.

A few coding errors recur often enough among practitioners newly learning this framework to be worth naming directly, so that supervision time is spent on genuinely difficult judgement calls rather than on errors that are simple to correct once named. The first is treating any mention of the target behaviour as change talk regardless of direction, so that a client’s detailed, fluent account of exactly how and why they drink the way they do gets coded as change talk purely because drinking was the topic; only the specific

DARN-CAT forms, pointed towards change, qualify, and a fluent, detailed account of the status quo is sustain talk however much verbal energy it carries. The second is over-coding hedged or socially polite speech as weaker than it functionally is; a British client's observation that they suppose they probably ought to look at it at some point can carry genuine Need-type change talk beneath a conversational hedge that a less experienced coder discounts as merely polite rather than substantive, and learning to hear past culturally typical hedging towards the functional content underneath it is a skill most UK-based practitioners have to build deliberately rather than one that comes automatically from knowing the taxonomy in the abstract. The third is coding a question rather than a statement; a client asking aloud whether cutting down would even make a difference is exploring the topic, which is useful and worth reflecting, but is not itself a DARN or CAT statement until it resolves into an actual assertion, and treating every open, exploratory question as though it were already change talk inflates an apparent change-talk count without the underlying substance to support it.

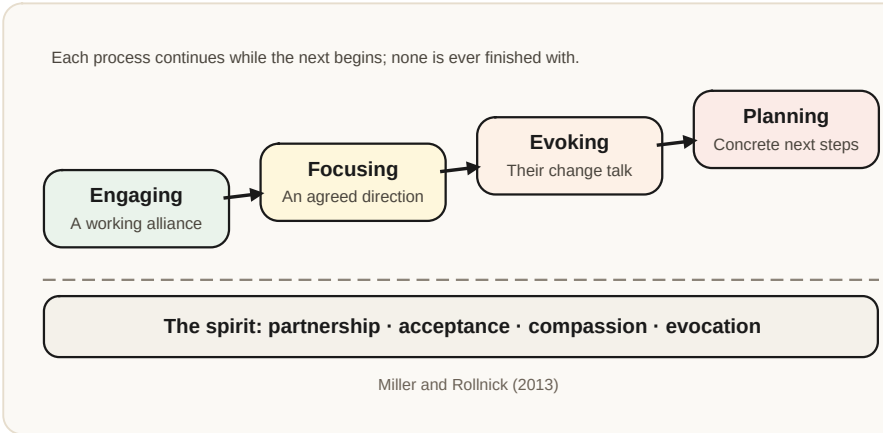


FIGURE 3.1 The four processes of motivational interviewing

Miller and Rollnick describe four processes that build on one another: without engagement nothing else holds, without an agreed focus evocation wanders, and planning attempted before the person's own arguments for change have been voiced simply produces compliance. The spirit beneath them, partnership, acceptance, compassion and evocation, is what distinguishes the method from persuasion.

Points worth keeping

- Change talk splits into preparatory (DARN: Desire, Ability, Reason, Need) and mobilising (CAT: Commitment, Activation, Taking Steps) forms
- Preparatory change talk signals contemplation, not decision; moving to planning on the strength of DARN alone is a common timing error
- Taking Steps is the strongest form of change talk because it reports behaviour that has already happened, not an intention
- The same words can function as change talk or sustain talk depending on which way the sentence actually argues, so content matters more than grammar, and compound statements often need separating into their component parts rather than averaged together

PRACTICE TASK

Take a recent recording or process note of a session involving ambivalence and go through it sentence by sentence, labelling every piece of change talk you can find as D, A, R, N, C, A, or T. Note where you responded to a DARN statement as though it were CAT, or the reverse, and what a differential response would have looked like instead, paying particular attention to any compound statements and how you would now split them.

CHAPTER 4

Differential responding: reflecting change talk, not reinforcing sustain talk

Recognising change talk is only half the skill; what you do in the two or three seconds after you hear it is where most of motivational interviewing's actual effect is generated. This lesson teaches differential responding, the deliberate practice of reinforcing change talk more than sustain talk through your selective use of reflection, rather than reflecting everything a client says with identical warmth and attention.

The underlying logic comes directly from the evidence on how change talk predicts outcome. Studies coding real MI sessions, beginning with Amrhein's original work and replicated many times since, have shown that the ratio of change talk to sustain talk within a session predicts the client's actual behaviour afterwards, and that this ratio is not fixed by the client alone: it is shaped, session by session, by what the practitioner chooses to reflect, ask about, and let pass. A practitioner who reflects sustain talk as readily as change talk, in the name of being even-handed or avoiding the appearance of pushing an agenda, will tend to get more sustain talk, because reflection is reinforcing regardless of content. Differential responding is the corrective: reflect change talk, and when sustain talk appears, acknowledge it briefly and without elaboration before returning the conversation towards change-relevant territory.

In practice this looks less dramatic than it sounds. If a client says, "I know I should cut back, but weekends are just when I see everyone, and it's hard to be the only one not drinking, although I do notice I feel better on the Mondays when I haven't," a practitioner practising differential responding will not reflect all three clauses with equal weight. A flat, comprehensive reflection, "it's hard to be the only one not drinking, but you feel better on Mondays when you haven't," treats both halves as equally worth dwelling on. A differential reflection selects the change talk at the end, amplifies it slightly, and leaves the sustain talk acknowledged but not elaborated: "you've actually noticed the difference it makes on a Monday." The client's next sentence is far more likely to extend the Monday observation than it

would have been had the reflection sat squarely on the social difficulty of weekends.

It is worth setting out a slightly longer worked exchange to show how this plays out over several turns rather than in a single reflection, since differential responding is a conversational strategy sustained across a session, not a single clever line. Client: “Everyone at work goes for drinks on a Friday, and it’s basically the only time I see half of them, so cutting that out feels like giving up a part of my life.” Practitioner, differentially: “That social time matters to you, and even so, you’re thinking seriously about whether the drinking part of it is worth keeping.” Client: “Well, yes, because actually I could still go and just have a soft drink, I don’t think anyone would really care, and I’d probably feel better the next morning too.” Practitioner: “So there’s a way to keep the part that matters, the company, without the part that’s costing you, the mornings.” Client: “Yeah, actually, I might try that this Friday and see how it goes.” Notice that the practitioner never argued against the value of the Friday drinks, never minimised the social cost of changing, and never pointed out that the client’s own words contained the solution; the client found it themselves, across three turns, because each reflection was built to extend the change-relevant half of what they had just said rather than to validate the obstacle in equal measure.

This does not mean sustain talk should be ignored or argued against. Ignoring it altogether can feel to the client like you have not really heard the real difficulty of their situation, and arguing against it directly is the single fastest way to provoke more of it, through the well-documented reactance effect in which being told why your reasons for not changing are wrong makes you defend them harder, often producing a more entrenched and more elaborated version of the very sustain talk you were trying to reduce. The skill is proportion: a short, simple reflection of the sustain talk, enough to show it has registered, followed immediately by turning towards whatever change talk is available, whether from the same sentence or from earlier in the conversation. “It’s hard being the one who’s different at the table, and you’ve noticed what a Monday feels like without a hangover, tell me more about that” does both jobs in a single, natural-sounding turn.

A second component of differential responding is what to do when a client offers no change talk at all for several turns in a row, which happens often, particularly early in ambivalence work. The temptation here is to

manufacture change talk by asking a closed, leading question: “don’t you think it would be better if you cut down?” This rarely produces real change talk, because a client answering a leading question is complying with the question’s framing rather than generating their own language, and compliance-driven statements do not predict behaviour the way spontaneous ones do; a client who says “yes, I suppose so” to a leading question has given you a sentence that looks like change talk on a transcript but carries almost none of its clinical weight. The better move is an open evocative question that leaves room for either direction but invites change-relevant content specifically: “what worries you most about things staying exactly as they are?” or “what would be different if this went well?” Both are open enough to respect autonomy while still angling the conversation towards material you can then reflect differentially once it arrives.

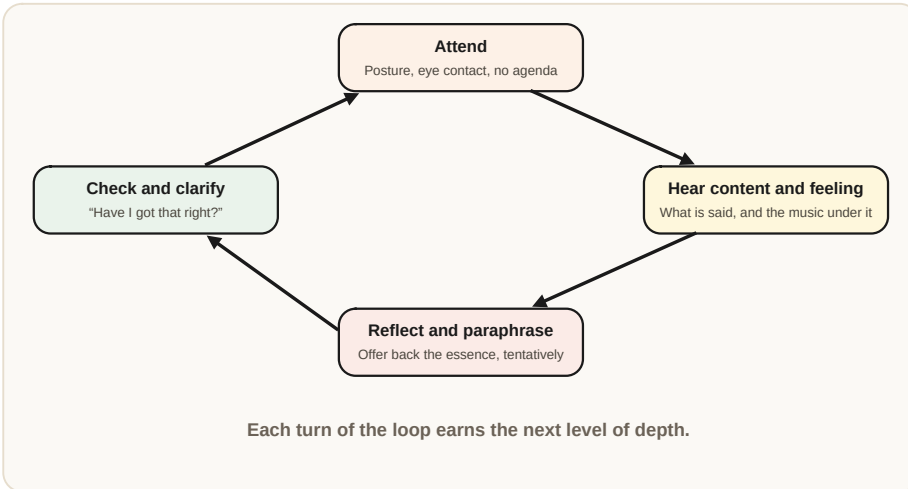


FIGURE 4.1 The active listening loop

Listening is a discipline with a shape: attend fully, take in both content and feeling, reflect back what was heard, and check the reflection. Each accurate reflection invites the client one level deeper; each check repairs the small misses before they become ruptures.

Differential responding also requires a working judgement about sustain talk that is not really sustain talk at all but discord, meaning the client’s resistance is actually about the conversation itself, the relationship, or feeling pushed, rather than about the substantive question of change. Discord needs a different response again, a direct, non-defensive acknowledgement of the relational friction, such as naming plainly that you

think you pushed ahead faster than felt right to them and that you want to go back, because reflecting it as though it were ordinary sustain talk, or trying to steer past it towards change talk, tends to deepen it rather than resolve it. Telling discord apart from sustain talk about the change itself is a judgement call practitioners get better at with supervised practice, and a later lesson in this module addresses it directly.

A further practical consideration is pacing differential responding across a whole session rather than applying it moment by moment with no sense of the session's overall shape. A session that opens with heavy sustain talk, as many do, particularly early in a course of sessions, should not be rushed towards change talk before the client feels genuinely heard on the difficulty of their situation; differential responding applied too early or too insistently, before sufficient accurate empathy has been established, risks feeling to the client like the practitioner is not really listening, only waiting for an opening. The skill works best layered on top of a solid foundation of ordinary reflective listening across the opening minutes of a session, with the differential emphasis increasing gradually as the conversation develops and the client's own trust that they are genuinely being heard is established.

Finally, differential responding is not a technique to deploy mechanically from a script. Clients notice, consciously or not, when a practitioner's warmth seems to track a hidden agenda, and a differential-responding style applied without genuine curiosity about the client's own reasons collapses into a transparent nudge that damages rather than builds the working alliance. The skill works because it is built on top of accurate empathy, not instead of it: you are still hearing and reflecting the client's whole experience, but you are choosing, within that accurate listening, which strand of what they have said to draw out further. Held that way, differential responding is simply good listening practised with a clear sense of where the client's own motivation already is, rather than a persuasion tactic dressed in reflective language.

Building genuine fluency in differential responding is less a matter of understanding the principle, which is straightforward once explained, and more a matter of retraining an instinctive habit most practitioners bring from more general counselling training, where reflecting everything with even-handed warmth is often taught as the mark of good listening. The most effective route to real fluency is recorded practice reviewed afterwards

rather than relied upon only in the moment, because differential responding is a skill best corrected in hindsight at first, with the luxury of pausing a recording and asking of each of your own reflections which strand of the client's turn it amplified and which it let pass, before it becomes something you can judge accurately in real time under the pressure of an actual session. Many practitioners find, on first reviewing their own recordings against this specific question, that they have been reflecting sustain talk measurably more often than they realised, a finding that is not a mark of poor practice so much as evidence of how strong the pull towards even-handed reflection is once accurate empathy has been well learned as a general skill; the task in developing differential responding further is not to abandon accurate empathy but to apply it selectively, with intention, rather than distributing it evenly across everything a client says. Peer or supervised practice, where a colleague role-plays a client producing a deliberate mixture of change talk and sustain talk and you practise reflecting only the former while still acknowledging the latter briefly, is a faster route to this fluency than waiting for it to develop from ordinary clinical sessions alone, precisely because a rehearsed scenario can be replayed and adjusted immediately in a way a live client session cannot.

A further practical difficulty worth addressing directly is the single client turn that contains two or more distinct pieces of genuine change talk pointing in different directions, where the choice is not between change talk and sustain talk but between two legitimate change-talk candidates competing for the practitioner's limited reflective attention. A client might, in one turn, voice both a Reason statement about their health and a quite different Reason statement about wanting to be a better example to their children, and a single reflection cannot equally amplify both without becoming unwieldy and diffuse. The useful heuristic here is to favour whichever of the two carries more apparent emotional weight or specificity for this particular client, judged from tone and detail rather than from the practitioner's own sense of which reason ought to matter more, and to trust that the piece left unreflected in this turn has not been lost, since it remains available to return to later in the same session or in a subsequent one, consistent with the continuity skills a later lesson in this module addresses directly.

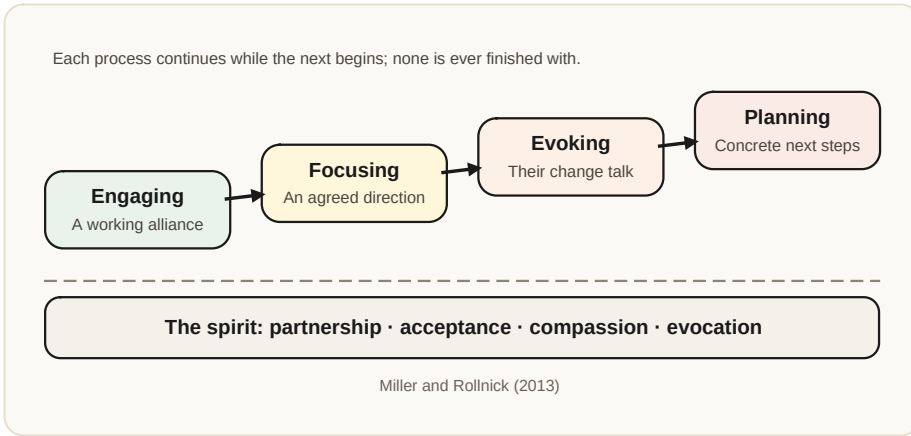


FIGURE 4.2 The four processes of motivational interviewing
Miller and Rollnick describe four processes that build on one another: without engagement nothing else holds, without an agreed focus evocation wanders, and planning attempted before the person's own arguments for change have been voiced simply produces compliance. The spirit beneath them, partnership, acceptance, compassion and evocation, is what distinguishes the method from persuasion.

Points worth keeping

- Reflection is reinforcing regardless of content, so what you choose to reflect shapes whether a session produces more change talk or more sustain talk
- Acknowledge sustain talk briefly without elaborating it, then return to whatever change talk is available in the same utterance or from earlier
- Manufacturing change talk with a closed, leading question produces compliance, not the spontaneous language that actually predicts behaviour
- Discord (resistance to the conversation or relationship) needs direct acknowledgement, not differential reflection, or it tends to deepen; and differential emphasis should build gradually across a session, not open with it before trust is established

PRACTICE TASK

Review a transcript or process note of a recent ambivalence conversation and rewrite three of your own reflections as they could have been phrased differentially, drawing out the change talk present in the client's turn rather than reflecting it in flat proportion to the sustain talk alongside it, then sketch how the following one or two client turns might plausibly have unfolded differently as a result.

PART 2

Evocation Tools and Working with Ambivalence

This module explores structured evocation techniques including rulers, decisional balance, and scaling questions, alongside distinguishing ordinary ambivalence from therapeutic discord.

CHAPTER 5

Importance and confidence rulers as structured evocation tools

The importance ruler and the confidence ruler are among the most widely taught tools in motivational interviewing, and among the most often used badly, generally because practitioners treat the number as the point rather than as a route into the conversation that follows it. This lesson teaches both rulers properly: what each actually measures, how to ask them so the client does the evocative work rather than you, and the two follow-up questions that make the technique worth using at all.

The importance ruler asks the client to rate, usually from naught to ten, how important a particular change currently feels to them. The confidence ruler asks a related but distinct question: assuming the client decided to make the change, how confident are they that they could actually do it. These are not interchangeable, and conflating them is a common beginner error. A client can rate importance as a nine and confidence as a two, which tells you the barrier is capability and past experience of failure, not motivation, and the conversation that follows should go towards building self-efficacy rather

than reinforcing reasons to change, which the client has already supplied in abundance. A different client might rate importance as a three and confidence as an eight, telling you the opposite: this person could do it easily if they decided to, and the work is in exploring why it does not yet matter enough to decide. Asking only one ruler, as many practitioners do by habit, risks working on the wrong side of the problem entirely.

The number itself is almost worthless on its own; the two questions that follow it are where the technique does its work. After the client gives a number, the first follow-up is always “why that number, and not a lower one.” This phrasing is deliberate and should not be improvised away. Asking why a client picked a seven and not a lower number invites them to list, in their own words, every reason that number is as high as it is, which is to say it invites a burst of change talk, self-generated and therefore far more predictive of behaviour than anything you could have suggested to them. Asking instead “why isn’t it higher” does the opposite: it invites the client to justify the ambivalence and barriers, producing sustain talk you will then have to work to recover from. The direction of the question, anchored to the lower end of the scale, is the entire mechanism by which the ruler produces change talk rather than resistance, and it is the single detail new practitioners most often get backwards.

A worked example illustrates why the anchoring direction matters so much in practice. Suppose a client rates the importance of attending their weekly exercise session as a four out of ten. Asked “why a four and not a two,” a plausible answer runs: “I suppose because I do notice my knee feels less stiff on the weeks I go, and my sister keeps asking if I want to come with her, so there’s that.” This is two pieces of self-generated change talk, a felt physical benefit and a social incentive, produced entirely by the client in response to a question that assumed the four was, if anything, an achievement relative to a lower possible score. Asked instead “why only a four and not higher,” the same client might answer: “because it’s a forty-minute drive each way, and the classes clash with when my daughter needs picking up, and half the time I’m too tired after work anyway.” The same starting number, the same client, the same week, but a question anchored towards the ceiling rather than the floor has produced a tidy list of three obstacles instead of two pieces of change talk, and the practitioner now has considerably more work to do to recover the conversation’s direction. The ruler itself did nothing; the direction of the follow-up question

did everything.

The second follow-up, used once the first has run its course, is “what would it take to move from that number to a higher one.” This question shifts the conversation from reasons into possibility, inviting the client to generate their own account of what a next step might look like, still without you supplying content. The answer here often surfaces the specific barrier that matters most to that individual, whether practical, social, or to do with confidence, and it does so in language the client owns because they produced it, which matters enormously for whether any resulting plan actually gets acted on afterwards. Returning to the exercise-class example, a client who has just generated the knee and sister-related change talk might answer this second question with something like “I suppose if my sister actually picked me up rather than me having to drive myself after work, that would probably get me from a four to at least a six,” which hands the practitioner a specific, client-generated, low-cost next step rather than a generic encouragement to attend more often.

Timing and framing both affect how well the ruler lands. Rulers tend to work best once some rapport and understanding of the client’s situation already exist, because a cold, early “on a scale of naught to ten” can feel clinical or like an assessment tool rather than a genuine evocative question, and clients sometimes respond to that feeling by giving a guarded, defensive number rather than an honestly considered one. It also helps to normalise the scale verbally before asking, something like noting that there is no right answer and that you are simply interested in where things sit for the client at the moment, which signals that the number is a starting point for exploration rather than a test result to be judged. It is also worth deciding in advance, and saying if it feels natural to, that the number itself will not be the focus of the conversation; some clients fixate on trying to give the “correct” or most impressive-sounding number unless gently reassured that any number is useful information.

A further refinement worth teaching at this level is the comparative ruler, used once a baseline number has been established in an earlier session: asking where the client would put the rating today compared with where they put it last time, and what has changed in between. This version tracks movement over time and, importantly, treats both upward and downward movement as clinically useful information rather than only celebrating

increases. A client whose importance rating has dropped since the previous session is telling you something has shifted in their circumstances or thinking that deserves direct, curious exploration, not a pep talk back up to the old number; a drop from a seven to a four might reflect a genuinely altered set of competing priorities that the exercise now needs to take seriously, rather than a lapse in motivation to be corrected.

A final practical point concerns what to do when a client's two numbers point in a genuinely unexpected direction relative to what the rest of the session has suggested, for instance a client who has spent ten minutes producing fluent, apparently heartfelt change talk about wanting to reduce their drinking but then rates importance as only a four. Rather than treating this as a contradiction to be resolved or challenged, the more productive stance is curiosity: the discrepancy itself is useful material, and a simple, non-defensive question about what makes the number lower than the preceding conversation might have suggested often surfaces something genuinely important, perhaps that the fluent change talk was partly produced for the practitioner's benefit, or that a specific recent event has temporarily lowered the client's sense of urgency in a way the conversation had not yet touched on.

Finally, rulers should never be used as a substitute for listening, and should not be deployed on every topic in every session out of habit. They are one evocative tool among several, most useful when a client's ambivalence feels stuck or when you need a quick, structured read on where importance and confidence currently sit, particularly when the two have become confused with one another in a more free-flowing conversation. Used sparingly and followed through properly with the anchored why-not-lower and what-would-it-take questions, the ruler is one of the most efficient ways in the whole MI toolkit to generate a client's own change talk in under a minute of conversation.

It is worth naming directly the situations in which a ruler is the wrong tool, since this lesson's enthusiasm for the technique should not be read as a recommendation to reach for it reflexively regardless of context. A client who is acutely distressed, in the middle of describing a crisis, or visibly overwhelmed is poorly served by being asked to pause and produce a considered number; the request itself can feel jarringly procedural against the emotional register of the moment, and the more clinically appropriate

response in that moment is ordinary empathic listening, with evocative structure reintroduced later once the acute distress has eased. A client with a cognitive presentation that makes abstract numerical self-rating genuinely difficult, whether due to a learning disability, an acute cognitive impairment, or simply a personal style that finds numbers an unhelpful way of thinking about feelings, may be better served by a more concrete alternative, such as asking them to describe in their own words how they would explain their current view of the change to a friend, which asks for the same underlying information without requiring translation into a numerical scale. A third situation worth flagging is the client who has clearly come to find the ruler itself a slightly tedious or over-familiar ritual, often after repeated use across many sessions or in a group programme where it has been used often; continuing to deploy a technique the client experiences as rote, rather than retiring it in favour of a different evocative question from elsewhere in this module, risks the mechanical, box-ticking quality that undermines any MI technique regardless of how well it is executed. The test, as throughout this module, is always whether the specific tool serves the specific client in the specific moment, not whether the tool is in principle a good one.

A final practical point concerns the format in which a ruler is administered where a service wants to use it as a simple, repeatable measure rather than purely as an in-session conversational device, since asking a client to give a number verbally in the moment and asking them to complete a written scale beforehand, perhaps as part of routine pre-session paperwork, can produce meaningfully different answers from the same underlying person. A written, slightly more private format completed without the practitioner present sometimes yields a more guarded, lower number from a client keen to avoid disappointing the practitioner in person, while for other clients the reverse holds, and an in-the-moment verbal number produced under the gentle social pressure of a live, warm conversation reads as more genuine and more fully explored once the why-not-lower follow-up is actually asked, which a written form alone cannot replicate. Where consistency across sessions matters for tracking purposes, as the documentation lesson elsewhere in this module recommends, it is worth settling on one format and using it consistently with a given client, and treating a notable discrepancy between a written pre-session number and the number the same client gives when asked again verbally in the room as itself a small but genuine piece of clinical information rather than as noise to be averaged away.

Points worth keeping

- Importance and confidence are distinct dimensions; ask both, because a low score on either points to a different kind of barrier
- "Why that number and not lower" anchors the follow-up towards change talk; "why not higher" does the opposite and should be avoided, as the exercise-class example shows concretely
- "What would it take to move it up" shifts the client from reasons into their own account of a possible next step, often surfacing a specific, low-cost, client-generated action
- A comparative ruler, re-asked across sessions, tracks movement and treats a drop in importance as clinically useful information, not a setback to argue against; an unexpected number relative to the surrounding conversation is itself worth exploring with curiosity rather than resolving by argument

PRACTICE TASK

In your next three sessions involving ambivalence, use both the importance and confidence ruler with at least one client, following each number strictly with the why-not-lower and what-would-it-take questions, and note afterwards which of the two rulers revealed the more significant barrier for that person, and whether either number surprised you relative to the rest of the conversation.

CHAPTER 6

Decisional balance: its uses and its risks

Decisional balance, the structured weighing of the pros and cons of changing against the pros and cons of staying the same, is one of the oldest tools associated with work on ambivalence, predating motivational interviewing itself in Janis and Mann's decision-making research from the 1970s. It remains taught widely, and used carelessly it is also one of the more reliable ways to make a client's ambivalence worse rather than better. This lesson teaches when decisional balance genuinely helps, how to structure it so it supports rather than undermines evocation, and the specific risk that means it should never be your default first move with an ambivalent client.

The standard four-cell version of the exercise asks the client to consider the benefits of the current behaviour, the costs of the current behaviour, the benefits of changing, and the costs of changing, usually set out as a grid. Its appeal is obvious: it is systematic, it takes the client's whole picture seriously rather than only the change-supporting half of it, and clients often find the structure itself clarifying, especially when their thinking on the subject feels chaotic or circular before they sit down to it. Done well, it can surface a cost of changing that the client had not said aloud before, such as a fear of who they will be without the behaviour, which then becomes genuinely useful material for the rest of the work.

The risk lies in exactly what makes it feel balanced. A full, careful exploration of the benefits of staying the same, conducted with the same warmth and depth you would give to exploring the benefits of change, produces sustain talk in quantity, and as the earlier lesson in this module on differential responding established, a client talks themselves further into whichever position they spend more words articulating. Asking a genuinely ambivalent client to generate several considered reasons why the status quo also has real benefits for them, and then reflecting those reasons back with the same empathic accuracy you would bring to change talk, routinely leaves clients more rather than less attached to the status quo by the end of the exercise than they were at the start. This is not a hypothetical concern; it has been observed often enough in both research and supervision that most current

MI training treats full, symmetrical decisional balance as something close to contraindicated for clients who are still at low or ambivalent readiness, reserving it instead for a narrower set of situations.

A brief illustrative contrast makes the risk concrete. Imagine a client ambivalent about leaving a job that pays well but has become a source of considerable stress. Invited to list the benefits of staying, cell by cell, in full, they generate: financial security, status among their family, the comfort of familiar routines and colleagues, and the fear that nothing else would pay as well. Invited next to list the costs of staying, they generate: ongoing stress, disrupted sleep, and a sense of time passing without change. If the practitioner reflects both lists with equal depth, the client leaves the exercise having spent roughly equal time articulating, out loud, in their own words, with an attentive professional listening carefully to every word, a detailed and persuasive case for staying exactly where they are and a shorter, less elaborated case against it. Whatever happens next in the session, the client has just done a considerable amount of unsupervised work strengthening their own attachment to the status quo, work the practitioner inadvertently facilitated by treating the exercise as genuinely balanced.

Decisional balance is most defensible, and often genuinely useful, with a client who is already fairly decided in the direction of change but still has unresolved concerns they have not fully articulated, because for this client the exercise functions less as evocation and more as a structured way of surfacing and then problem-solving specific obstacles that would otherwise remain vague. It can also be useful, used briefly and asymmetrically, when a client seems stuck in a loop of unexamined reasons for the status quo that they have never actually said out loud; naming them once, clearly, and then deliberately not dwelling on them before moving the conversation towards the change side of the ledger, can sometimes unstick a conversation that circling questions have failed to move.

When you do use it, three adjustments reduce the risk considerably. First, keep it asymmetrical rather than symmetrical: spend noticeably less time and fewer follow-up questions on the costs of changing and the benefits of staying the same than on the other two cells, rather than working through all four with equal weight. Second, do the costs-of-changing and benefits-of-staying-same cells first rather than last, so the conversation ends on the change-supporting material rather than finishing on sustain talk,

which is what clients tend to carry out of the room with them regardless of how the rest of the exercise went; there is reasonably robust evidence from memory research more broadly that people disproportionately recall and weight what was said most recently in a structured conversation, and there is no reason to think a decisional balance exercise is exempt from that effect. Third, avoid writing it out as a literal four-box grid with the client watching you fill in a column of reasons not to change; the written permanence of a populated sustain-talk column can itself function as an unhelpful anchor, more durable in the client's mind, and potentially more durable on a page they take home with them, than a verbal exchange would have been.

An alternative worth knowing and often preferable for exactly the clients where full decisional balance is riskiest is to ask about the costs of staying the same and the benefits of changing only, deliberately leaving the other two cells unexplored in any structured way. Returning to the job-stress example above, this asymmetrical version would spend the bulk of the conversation on the stress, the sleep disruption, and the sense of time passing, and on what a change might offer instead, rather than inviting a fully elaborated account of the financial security and familiar routines the client would be giving up, though a brief, light acknowledgement that those things matter too remains appropriate so the client does not feel their situation has been treated as simple. This asymmetrical form keeps the evocative logic of the ruler and differential-responding lessons intact, using a familiar decisional-balance framing without inviting the client to build a case against change in your presence.

It is also worth addressing directly a question practitioners new to this caution often raise: does avoiding full symmetry risk looking like you are steering the client, in a way that sits uneasily with MI's stated commitment to autonomy and to taking the whole picture seriously. The honest answer is that some directionality is unavoidable in any evocative technique worth using, and the relevant ethical question is not whether you are influencing the direction of the conversation at all, since reflecting anything selectively does that, but whether the client's own autonomy and their own stated goal are being served by the influence. A client who has come to you wanting help reducing their drinking, and who is still working out how much that actually matters to them, is not having their autonomy respected by an exercise that spends equal energy building the case for continuing to drink exactly as

before; autonomy is about the client's right to decide, not about the practitioner's neutrality regarding which decision would serve the client's own stated goals.

The broader lesson here extends beyond this one technique: any tool in the MI repertoire, however well established, has to be evaluated by the same test, which side of the ledger does using it, in this way, with this client, at this moment, actually reinforce. Decisional balance is neither good nor bad in the abstract; it is a technique whose effect depends entirely on how symmetrically it is used and where in the readiness continuum the client currently sits.

In practice, decisional balance and the ruler technique combine well when sequenced deliberately rather than used as entirely separate exercises, and a brief account of how they can work together is worth adding here. A natural sequence begins with the importance ruler, establishing a baseline number and surfacing initial change talk through the why-not-lower question; where that change talk, once gathered, still leaves specific, unresolved concerns the client has alluded to but not fully articulated, an asymmetrical decisional balance exercise can then be used narrowly, focused only on exploring those specific named concerns in more depth rather than opening a fresh, general weighing-up exercise from scratch. Used this way, decisional balance becomes a tool for deepening understanding of obstacles that the ruler has already identified as significant, rather than a separate, freestanding exercise that risks reopening a more basic question of whether change matters at all, which the ruler's change talk has already begun to answer. This sequencing also has a practical benefit for session pacing: starting with the ruler is quick, typically well under five minutes including both numbers and their follow-up questions, and establishes a clear sense of direction before any more time-intensive exercise is attempted, so that a session does not open with a longer, more effortful piece of structured work before the practitioner has a clear sense of where the client's own motivation currently sits.

It is also worth addressing how to respond when a client arrives having already completed some version of decisional balance elsewhere, outside the practitioner's control, for instance through a self-help leaflet, a health app, or a GP's own brief intervention, since this practice is common enough in UK health settings that practitioners regularly encounter a client who has

already produced a written, symmetrical pros-and-cons list before the first session has even begun. Rather than ignoring this existing material or starting an entirely fresh evocative conversation as though it did not exist, the more useful approach is to ask the client what stood out to them most from having done that exercise, which functions as a kind of retrospective why-not-lower question directed at material the client has already generated rather than material you are generating together in the room, and then to apply the same differential attention taught earlier in this module, drawing out whatever change-supporting material the client highlights as most significant to them rather than reviewing the whole list, costs and benefits alike, with equal weight simply because it already exists on a page in front of you both.

Returning once more to the job-stress example is useful here, because the scenario as described so far has left the client at a particular moment: they have completed an asymmetrical exercise, the conversation has ended on the change-supporting material, and they have acknowledged, briefly and without elaboration, that the financial security and familiar routines matter to them. The natural next step in practice is not to move immediately to planning or to ask what they intend to do, but to consolidate what has just happened by offering a summary that reflects the change talk back in the client's own language, weighted in the direction the exercise has deliberately built towards, before inviting the client to respond to it. Something of the form: you have been describing how the stress has been accumulating for some time now, how the disrupted sleep is affecting more than just work, and how there is a real sense that time is passing in a way that troubles you, and alongside all of that you are also aware of what you would be giving up, which is not nothing. Where does all of that leave you right now? This kind of collecting summary, followed by an open question that invites the client to say where they have arrived rather than where they started, is the moment at which the asymmetrical decisional balance exercise either pays off or reveals that it has not yet done enough work. A client who responds by returning immediately and at length to the financial security is telling you something important about where their readiness actually sits, and that information is itself clinically useful, even if it means the exercise has not moved them as far as the structure was intended to.

A common pitfall at exactly this point is for the practitioner to respond to that return to sustain talk by going back into the exercise, asking whether

there are any other costs of staying the same they have not yet mentioned, as though the exercise simply needs to be extended to produce the desired effect. This is worth resisting firmly. Repeating or extending a structured technique that has not moved a client is rarely what the client needs; it more often signals that the technique was not the right choice for this client at this moment, and that a return to simpler, more responsive evocative listening is likely to serve better than more structure. The decisional balance exercise, however carefully sequenced, is not a mechanism that produces change talk reliably if applied with sufficient thoroughness; it is a conversational tool whose usefulness depends on the practitioner remaining attentive to what the client is actually doing with it, and being willing to set it aside when the client's responses indicate it is not the right fit.

In supervision and case review, decisional balance exercises are worth examining not only for whether they were used at all but for the texture of how they were conducted, specifically for whether the practitioner's reflections of the sustain-talk cells were as warm, as elaborated, and as empathically accurate as their reflections of the change-talk cells. Recordings and transcripts frequently reveal a subtle asymmetry in the opposite direction to the one recommended here: practitioners who have understood the caution intellectually but who, in the room, still offer richer, more curious follow-up questions when the client is in the change-supporting cells, and briefer, more perfunctory reflections when the client is in the sustain-talk cells. This is not necessarily a problem in terms of outcome, since it broadly aligns with the differential-responding principle, but it is worth naming in supervision because it can feel to the client like the practitioner is not genuinely interested in the harder parts of their situation, which risks damaging the therapeutic relationship in ways that outweigh any short-term gain in change talk. The goal is not to reflect sustain talk with equal depth, but to reflect it with sufficient warmth and accuracy that the client feels genuinely heard before the conversation moves on, and learning to calibrate that distinction is one of the more nuanced skills this module is asking practitioners to develop.

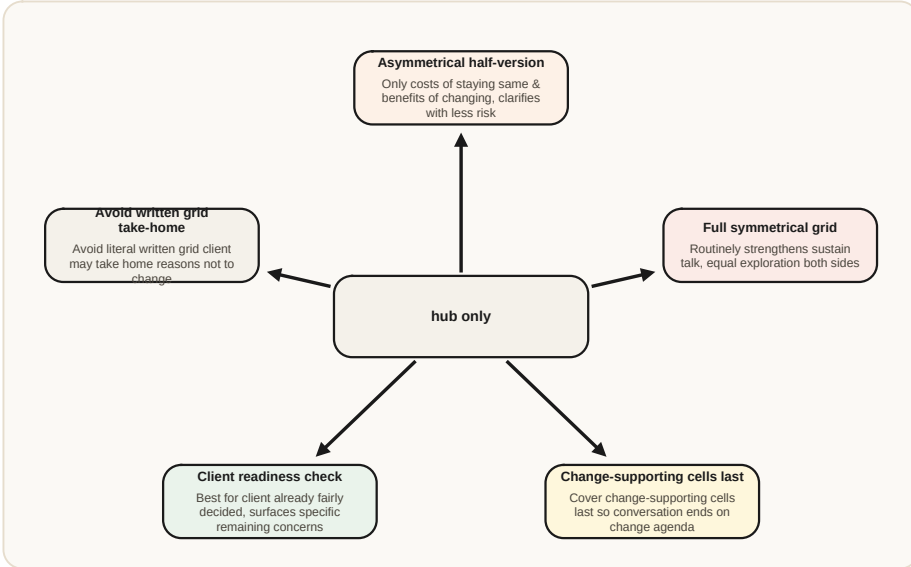


FIGURE 6.1 Decisional balance: asymmetrical structure and risk

This hub illustrates the decisional balance structures taught in the CPD lesson. It contrasts the full symmetrical grid with the safer asymmetrical half-version and the key rules for safe use.

Points worth keeping

- Full, symmetrical decisional balance routinely strengthens sustain talk because it gives equal, empathic exploration to the reasons not to change, as the job-stress example illustrates
- It is most defensible for a client already fairly decided, used to surface and resolve specific remaining concerns, not to establish whether to change at all
- If used, keep it asymmetrical, cover the change-supporting cells last so the conversation ends there, and avoid a literal written grid the client watches fill with, and takes home, reasons not to change
- An asymmetrical half-version, exploring only the costs of staying the same and benefits of changing, usually achieves the clarifying effect with far less risk, and is consistent with respecting autonomy rather than in tension with it

PRACTICE TASK

Think of a client for whom you have used or considered using decisional balance, and write out how an asymmetrical version of the exercise, covering only the costs of staying the same and the benefits of change, would have differed from the full four-cell version in what it surfaced and in what it left unreinforced.

The end of the sample

This is a free sample of “Motivational Interviewing in Practice”, and it ends here.

Everything you have read here is from the opening of the book, set exactly as it is printed in it. The rest follows in the same way, chapter by chapter, with its worksheets, its examples and its reference list.

The full book is on sale in the Talking Therapies UK shop. A copy is yours to keep, as a PDF and an ebook, licensed to you by name: a short line saying so is printed at the foot of each page of the PDF and on the title page of the ebook.