

Motivational Interviewing Toolkit

FOR VETERANS TREATMENT COURTS



AI Rise
Justice
for Vets

Jennifer G. Wyatt, LMHC, MAC, SUDP
Margaret Soukup, MA

May 2024



Acknowledgments

All Rise and Justice for Vets are grateful to the Bureau of Justice Assistance at the U.S. Department of Justice for the support that made this publication possible.

In addition, we are grateful to the following professionals who provided invaluable contributions to the development of this toolkit.

Judge Carla J. Baldwin

Administrative and Presiding Judge
Youngstown, Ohio, Municipal Court

Commissioner Phillip Britt (ret.)

Former Drug Court Commissioner, State of Missouri

Judge Mary Hogan-Sullivan (ret.)

Former Director of Specialty Courts
District Court Department of the Massachusetts Trial Court

Jeminelle Moore

Former Treatment Court Coordinator and Project Director, State of North Carolina

Rebecca Pepper

Editecetera

Scott Tirocchi

Division Director
Justice for Vets, All Rise

Contents

Introduction	2
Section 1: Spirit of MI	3
Introduction.....	3
Definition and Spirit	3
Cultural Humility and MI.....	3
Four Tasks of MI.....	4
Communication Styles	4
Fixing Reflex	5
Change Talk, Sustain Talk, and Ambivalence	5
Self-Determination Theory.....	5
Key Takeaways.....	5
Section 2: OARS: The Core Skills of MI	6
Introduction.....	6
Open Questions.....	6
Affirmations.....	7
Reflections.....	8
Summaries and Key Questions	9
Case Study.....	11
Key Takeaways.....	13
Section 3: Strategies in MI	14
Introduction.....	14
Strategies to Cultivate Change Talk	14
What MI Is Not	14
Why Cultivate Change Talk?.....	15
Tipping the Balance Toward Change.....	15
Strategy to Cultivate Change Talk #1: Explore DARN Categories	15
Strategy to Cultivate Change Talk #2: Change Rulers	16
Strategy to Cultivate Change Talk #3: Look Forward or Back.....	17
Strategy to Cultivate Change Talk #4: Explore Goals, Values, and Culture	17
Strategy to Cultivate Change Talk #5: Explore Extremes	18
Strategy to Cultivate Change Talk #6: What Else?.....	19
Strategies to Soften Sustain Talk.....	19
On "Resistance"	19
Sustain Talk and Discord	19
Strategy to Soften Sustain Talk #1: Engage in Reflective Listening.....	20
Strategy to Soften Sustain Talk #2: Emphasize Autonomy.....	21
Strategy to Soften Sustain Talk #3: Shift Attention	21
Strategy to Soften Sustain Talk #4: Apologize.....	21
Strategy to Soften Sustain Talk #5: Use a Pendulum Approach	21
Strategy to Soften Sustain Talk #6: Come Alongside.....	22
Strategy for Offering Information: Ask–Offer–Ask.....	23
Case Study.....	24
Key Takeaways.....	27
Section 4: Change Planning in MI.....	28
Introduction.....	28
Practitioner Tasks Within the Stages of Change.....	28
Precontemplation.....	29
Contemplation.....	29
Preparation.....	29
Action.....	30
Maintenance	30
Relapse.....	30
Participant Indicators of Readiness for Planning	31
What Might Get in the Way of Successful Change	32
Case Study	33
Key Takeaways.....	36
Final Remarks	36
Suggestions for Further Training	36
Conclusion.....	36
References.....	37



Photo courtesy of the U.S. Department of Defense. The appearance of U.S. Department of Defense (DoD) visual information does not imply or constitute DoD endorsement.

Introduction

This toolkit presents specific and relevant examples of how Motivational Interviewing (MI) can stand beside team members in their important work with participants enrolled in a veterans treatment court (VTC). It consists of two parts: (1) a narrative explaining and applying MI concepts to the VTC setting using dialogue, examples, and case studies; and (2) a portable quick reference bench card featuring prompts to help team members use the skills and strategies when working with participants. The narrative is divided into four sections describing the spirit, skills, strategies, and change planning components. The complementary bench card contains tips and prompts for using the core skills, strategies, and change planning in staffings, court sessions, and meetings with participants and families.

The information contained in this toolkit is applicable to everyone working in the VTC setting. At its core, MI is a style of communication that prioritizes understanding and expressing empathy for others. The authors invite readers to consider how the spirit, skills, strategies, and change planning content applies to their work. For example, offering information to participants about the VTC program is a common task likely to be shared by all team members; ask-offer-ask is one strategy that can facilitate these conversations.

Research into training and practice has shown that MI is learnable regardless of a person's educational background (Miller & Rollnick, 2023). While MI is rooted in treatment for adults with substance use disorders (SUDs), it has expanded into the worlds of probation, treatment court, school, medicine, social work, and other places. This toolkit is meant to translate the foundational components of MI into the VTC setting. Readers wanting to learn more may refer to the fourth edition of *Motivational Interviewing: Helping People Change and Grow* (2023). Written by the developers of MI, Drs. William R. Miller and Stephen Rollnick, this accessible book summarizes decades of practice, training, research, and applications in MI for a broad audience. Content in this toolkit is based on their work and informed by others who have studied, taught, and received MI services.

Section 1: Spirit of MI

Introduction

In this section, we will explore the **spirit** of MI, an approach that can help a range of professionals facilitate internal motivation and well-being for someone seeking change. MI assumes that human beings have an innate tendency to grow and understands that this tendency can be enhanced or hindered by the environments people experience. Intention is the purpose and direction of the conversation, which relies on a guiding style of communication and sidesteps the reflex to fix others' problems.

Definition and Spirit

“Motivational Interviewing (MI) is an evidence-based method for promoting change and growth. For a **definition**, MI is a particular way of talking with people about change and growth to strengthen their own motivation and commitment” (Miller & Rollnick, 2023, p. 3).

MI creates a collaborative, respectful, and empathic relationship with others, in which the participant's own reasons and values for change are elicited and strengthened. MI helps the participant navigate these challenges and move toward goals at their own pace.

The **spirit of MI** is described as partnership, acceptance, compassion, and empowerment (**PACE**). This depicts the attitude and approach of the MI practitioner, who seeks to partner with the participant, accept them as they are, show compassion for their struggles, and activate their own strengths, motivation, and resources for change (Miller & Rollnick, 2023).

TABLE 1. Components of the Spirit of MI (Source: Miller & Rollnick, 2023)

Partnership	Acceptance	Compassion	Empowerment
<ul style="list-style-type: none">• Foster collaboration between two experts: the participant and the practitioner.• Work toward a common goal.	<ul style="list-style-type: none">• Demonstrate <i>accurate empathy</i> through reflective listening.• “When people feel accepted as they are, then they can change” (p. 8).	<ul style="list-style-type: none">• Actively promote the person's welfare.• Prioritize the participant's needs.	<ul style="list-style-type: none">• Encourage <i>autonomy</i> in decision-making.• “You have what you need, and together we will find it” (p. 9).

PACE also implies a stance of **cultural humility**, a practice that invites practitioners to become aware of their own biases and limitations, respect the participant's cultural identity and preferences, and be open to learning from them.

Cultural Humility and MI

Cultural humility was first described by Tervalon and Murray-Garcia (1998). It is especially important for working with diverse populations, such as veterans, who may have different experiences, values, and needs than the general population. Gottlieb (2021) described three principles that summarize this guiding framework.

The first principle, **continuous self-awareness and learning**, highlights the importance of ongoing self-reflection and inquiry into one's cultural identities and biases. It encourages practitioners to be aware of how their own cultural backgrounds and societal influences shape their beliefs and perspectives.

The second principle, **being open and teachable**, emphasizes the need to approach cross-cultural interactions with openness and a willingness to learn from the perspectives of others. It underscores the importance of not imposing one's own views but rather seeking to understand and respect different cultures.

The third principle, **recognizing the influence of social structures**, calls for recognizing the impact of systems on participants' lives. It encourages practitioners to consider how societal institutions and norms have shaped their participants' experiences and identities.

These principles collectively promote cultural humility by fostering self-awareness, open-mindedness, and an understanding of the broader social context in which individuals live. They provide a foundation for building respectful and culturally responsive relationships in diverse settings (Gottlieb, 2021). By combining the spirit of MI with the framework of cultural humility, practitioners create a more inclusive, respectful, and effective approach to working with participants. This integration builds trust, strengthens therapeutic alliances, and enhances the overall quality of care provided.

Four Tasks of MI

MI consists of strategic and relational components that work together to motivate participants toward change. Both are equally important. The four tasks of engaging, focusing, evoking, and planning are a roadmap for a practitioner in guiding a participant on their unique change journey.

- **Engaging:** The first task involves establishing a working alliance between participant and practitioner. The practitioner works to understand the person's perspective and the context in which they live. Engagement is the gateway to a successful working relationship, which in turn predicts better treatment outcomes.
- **Focusing:** The next task is to define the focus of the conversation. This involves jointly selecting a specific behavior or goal for change. By narrowing the focus, the practitioner and participant can work collaboratively toward a common objective.
- **Evoking:** Once a focus is established, the practitioner draws out the participant's own desire, ability, reason, and need for change. Rather than suggesting solutions, the practitioner uses directional questions to invite the person to consider what change might look like before moving into planning.
- **Planning:** In the fourth task, the practitioner guides the participant in generating options for how they might carry out the change according to what works for them. Participants who create their own plan are more likely to follow through with it, strengthening confidence and self-efficacy along the way. The plan is adjusted accordingly, drawing from additional resources when needed.

The four tasks represent guideposts toward change. They are flexible and responsive to the participant's needs. It is not uncommon to revisit earlier tasks as part of considering behavior change. Note that the foundation of engagement occurs throughout each interaction with a participant. Tending to the helping relationship is a key to success (Miller & Moyers, 2021; Miller & Rollnick, 2023).

Communication Styles

Following, directing, and guiding are three communication styles that each serve a purpose, and using them intentionally can be effective in different contexts. Guiding strikes a balance between simply following along and listening empathetically, or directly telling someone what to do. As Miller and Rollnick (2023) write, "that middle ground is where MI lives, drawing both on following with good listening and on offering direction when appropriate"

(p.6). As an example, when distinguishing what style to use, consider if this is strictly a conversation about compliance; if so, the directing style is appropriate. If the conversation is about behavior change, on the other hand, guiding is the most effective style.

Fixing Reflex

One of the challenges that practitioners face is intentionally overcoming their own **fixing reflex**, which is the tendency to jump in and solve the participant's problems for them. The fixing reflex may stem from good intentions, such as wanting to help or relieve suffering, but it can backfire by eliciting pushback from the participant. The fixing reflex is often activated by the desire to help, a sense of urgency, or discomfort with uncertainty. In MI, practitioners are encouraged to be aware of and manage this reflex, focusing on eliciting the person's perspective and exploring ambivalence rather than immediately offering solutions. The goal is to support the participants in expressing their own motivations and solutions (Miller & Rollnick, 2023).

Change Talk, Sustain Talk, and Ambivalence

Change talk is any statement that expresses a desire, ability, reason, need, or commitment to change. **Sustain talk** is any statement that expresses an attachment, preference, argument, obligation, or resignation to maintain the status quo. Both types of talk reflect the participant's **ambivalence** about change, which is a natural and expected part of the process. Rather than trying to fix or persuade the participant, MI practitioners aim to evoke the participant's own reasons for change (Miller & Rollnick, 2023).

The spirit of MI creates an environment conducive to change by fostering collaboration, exploring the participant's reasons for change, and empowering the person to make decisions. MI guides the participant toward discovering their own reasons for change, making the process more meaningful and sustainable.

Self-Determination Theory

Self-determination theory (SDT), developed by Ryan and Deci (2000), is a framework proposing that people are naturally inclined to pursue activities that satisfy three basic needs. The first need is autonomy, which is feeling in control of one's actions. The second need is competence, which is feeling effective in one's interactions with the environment. The third need is relatedness, which is feeling connected to others. MI aligns with the principles of SDT particularly in its emphasis on autonomy, as the practitioner aims to support the participant's autonomy by avoiding the imposition of their own agenda or solutions.

Key Takeaways

The spirit of MI, including cultural humility, is based on the key points listed below. MI:

- is based on an optimistic view of human nature that assumes people have an innate tendency to grow and change when they are supported within a positive environment.
- is a collaborative, respectful, and empathic approach that aims to facilitate internal motivation and well-being for the participant.
- is enhanced by cultural humility, in which the practitioner is aware of their own biases and limitations, respects the participant's cultural identity and preferences, and is open to learning from the person.

Section 2: OARS: The Core Skills of MI

Introduction

MI is a collaborative and person-centered approach to facilitating behavior change primarily by exploring the person's own reasons for change. It is particularly effective when people are ambivalent; that is, they see reasons to change and reasons to stay the same. This section explores essential skills that contribute to effective communication and engagement as well as demonstrations of their practical application. MI operates on the premise that individuals possess the capacity for change, and the role of the practitioner is to evoke and amplify their intrinsic motivation for making shifts in their behavior. The acronym OARS represents four fundamental skills that create a solid foundation for effective communication and rapport building in MI: open questions, affirmations, reflections, and summaries.

Open Questions

Open questions are invitations to the participant to share their thoughts, feelings, and experiences. These tend to begin with words like “what,” “how,” or “tell me about.” Closed questions are necessary to gather specific information, such as in an assessment or when administering a questionnaire. Using too many closed questions in a row can feel like an interrogation, even if that is not the practitioner's intention. In conversations about change, open questions are used to get the participant talking about aspects of a situation of importance to them (Miller & Rollnick, 2023). Some examples are:

- “What do you hope to get out of the VTC program?”
- “How would you describe your relationship with alcohol?”
- “Describe what your life was like before opioids.”
- “Tell me about a time you overcame a challenge.”

Open questions are versatile. They serve distinct purposes within each of the four tasks: engaging, focusing, evoking, and planning. The flexibility of open questions allows the practitioner to adapt their approach to each task, creating a dynamic and participant-centered interaction to support the change process.

In the engaging task, open questions establish rapport, foster connection, and elicit information about the person. Some examples are “How has your military service influenced your life?” and “Tell me about a time you felt at ease.” In the focusing task, open questions identify specific goals and priorities for the participant and might sound like “What are the specific challenges you're facing right now that you'd like to work on?” or “How would you like to spend this time?” (Miller & Rollnick, 2023).

In the evoking task, open questions are instrumental in eliciting change talk. Many open questions are described in the strategies section of this document. In this task, open questions invite the person to imagine what the change might look like before deciding how and whether to carry it out. Open questions in the evoking task are directional, and the answer to them is change talk. Some examples are “What potential benefits do you see in making changes to your current situation?” and “Describe the best things that could happen if you stopped drinking.” Finally, open questions in the planning task facilitate a collaborative conversation about possible steps to achieve identified goals, empowering the participant to lead the change process. This might sound like “What might be helpful to you in changing your substance use?” and “Describe some strategies you have found effective in the past when facing other challenges in your life.”



The practice of using open questions, along with the rest of the core skills in MI, is consistent with a trauma-informed care approach (Substance Use and Mental Health Services Administration [SAMHSA], 2014). Open questions serve as a starting point to evoke thoughts and ideas, allowing a more collaborative and participant-driven conversation.

Affirmations

Affirmations are used strategically to reinforce behaviors, strengths, or statements that align with the participant’s values and goals. Research highlights the transformative power of affirmations in increasing change talk and reducing sustain talk, which are key indicators of successful change (Apodaca et al., 2016).

Praise exists within the relationship and represents how the practitioner feels about the participant. Although praise can be encouraging, it is not as effective in promoting behavior change. For example, saying, “You’re doing great” is a positive statement, but it does not verbalize specifically what the person did. Note the difference between praise and affirmations in the examples below.

TABLE 2. Praise vs. Affirmations	
Praise	Affirmations
Nice work!	You put a lot of effort into your recovery.
I’m proud of you!	Being a loyal friend is important to you.
Way to go!	You are a responsible and loving parent.

MI practitioners aim for specific and genuine reflections of a person’s strength, skill, ability, values, effort, or cultural connection.

Affirmations can be simple or complex. **Simple affirmations** offer straightforward statements of what a person said, efforts they made, or actions they demonstrated. **Complex affirmations** dive deeper into the person’s unique strengths, values, qualities, and aspirations. They may involve connecting observed behaviors with broader themes or personal values (Miller & Rollnick, 2023).

Level of Affirmation	Definition	Examples
Simple affirmation	Reflection of something the person has said or done, or an effort they made.	<ul style="list-style-type: none"> • “You are making the effort to get healthier.” • “Cooking for others is important to you.” • “You are up for the challenge of going back to school.”
Complex affirmation	Reflection of an enduring part of the person’s character, such as their values, qualities, or cultural connections.	<ul style="list-style-type: none"> • “You had the courage to take the first step.” • “You are open-minded and willing to consider different perspectives.” • “You are committed to serving others.” • “You bring your deep sense of culture into your recovery, enriching others around you.”

In VTC programs, practitioners may draw from a participant’s service by aligning with specific military core values:

- **Army:** Loyalty, duty, respect, selfless service, honor, integrity, and personal courage.
- **Marine Corps:** Honor, courage, and commitment.
- **Navy:** Honor, courage, and commitment.
- **Air Force:** Integrity first, service before self, and excellence in all we do.
- **Space Force:** Character, connection, commitment, and courage.
- **Coast Guard:** Honor, respect, and devotion to duty.

The military core values can serve as a cornerstone for affirmations, allowing practitioners to connect with individuals’ deeply held principles, beliefs, and virtues (Military Leadership Diversity Commission, 2009; U.S. Space Force, n.d.).

Reflections

Rooted in the person-centered counseling approach pioneered by Carl Rogers, reflective listening is a hallmark of MI. The goal of reflective listening is to convey **accurate empathy**, that is, to demonstrate an understanding of the person’s perspective regardless of whether one agrees with it. A working alliance between participant and practitioner is one of the strongest predictors of better treatment outcomes, and it is built upon a foundation of accurate empathy (Miller & Moyers, 2021; Miller & Rollnick, 2023).

Tailoring reflections to the guiding communication style enhances connection and reinforces the individual’s sense of being heard. Different types of reflection include simple reflection, complex reflection, reflection of feeling, double-sided reflection, metaphor, and amplified reflection. Each one serves a different function. Table 4 summarizes the features of each and how they might sound in response to the same participant statement.

TABLE 4. Examples of Different Types of Reflection in Response to a Change Statement

Type of Reflection	Features of Reflection	Responses to "I'd like to cut down on drinking"
Simple	<ul style="list-style-type: none"> Restates or rephrases, staying close to what the person said. 	<ul style="list-style-type: none"> "You'd like to drink less." "You're thinking about cutting down on drinking."
Complex	<ul style="list-style-type: none"> Adds meaning or emphasis to what the person said. Reflects unstated content. Goes beyond the words that were said into deeper meaning. 	<ul style="list-style-type: none"> "Drinking is getting in your way." "Something has happened." "You're wondering if this is the life you want." "This has your attention right now."
Feeling	<ul style="list-style-type: none"> Names the emotion the person may be feeling. 	<ul style="list-style-type: none"> "You're scared of what might happen if you don't quit drinking." "You feel uncomfortable relying on alcohol to have fun."
Double-sided	<ul style="list-style-type: none"> Recognizes both sides of the ambivalence. Reflects sustain talk first, then change talk. Uses "and" instead of "but." 	<ul style="list-style-type: none"> "On one hand, going to the bar was fun, and on the other, you'd like to spend more time with your children."
Metaphor	<ul style="list-style-type: none"> Offers a creative or visual symbol for understanding. Adds a sensory detail to a thought. 	<ul style="list-style-type: none"> "Drinking is like trying to quench your thirst with an empty well." "You're trying to wrap your head around this."

An **amplified** reflection is another type that works in responding to sustain talk. Since the sample participant statement in the table is change talk, an amplified reflection doesn't fit here. Refer to the "Strategies to Soften Change Talk" section and bench card for a description and relevant examples of using an amplified reflection.

Overall, reflections in MI are used to show understanding, affirm the person's experience, encourage exploration of thoughts and feelings, promote autonomy, invite clarification, and shift the conversation toward change. They play a key role in building a working alliance and facilitating a person-centered, nonconfrontational dialogue.

Summaries and Key Questions

Open questions, affirmations, and reflections lay the groundwork for summaries that organize the current conversation or set the stage for a future conversation. Summaries help ensure a shared understanding of a conversation in which the practitioner may highlight important points (Miller & Rollnick, 2023).

In delivering a summary, the practitioner pulls together a collection of reflections and affirmations and offers it to the participant. In training, Stephen Rollnick notes that summaries will vary in length, with shorter ones occurring throughout the conversation and longer ones being used toward the end of the session. For example, short summaries throughout the session collect and link topics, whereas a longer summary prepares for a transition at the end of the session by reinforcing what has been discussed and setting up potential next steps. Table 5 gives some examples.

TABLE 5. Types of Summaries and Examples

Types of summaries	Short summaries collect or link information; they keep the conversation moving forward by collecting topics discussed or linking information from a previous session.	Long summaries generally occur at transition points, such as the end of the session or when moving from one task to another. They are often followed by a key question.
Examples	<p>“So far, we’ve talked about how drinking started out as calming and social for you. Recently, it has started to cause you some trouble with your license.”</p> <p>“Last session, you were working with the VA to renew your physical therapy sessions. You thought getting back into regular sessions might decrease the pain in your knee.”</p>	<p>“Today, we talked about how you are dealing with the physical pain from your service injury and with the stress of the DUI. You’re working toward getting back into physical therapy and you’ve recently opted into the VTC program. You are learning about the requirements and benefits of the program and have some questions. What might be the next step?”</p>

The strategic summary ends with a reflection of change talk, allowing the participant to leave the session with change in their mind. Adding a pivotal key question gauges the impact of the conversation on the individual's position regarding ambivalence, informing potential next steps. Miller and Rollnick (2013) list these specific key questions (p. 265):

- “What do you think you might do?”
- “What might you be considering?”
- “Where does this leave you now?”
- “What might be the next step?”

Notice the absence of pushing for change in these questions as compared to something more directive, such as “What are you going to do?” The intention of the key question is to invite the participant to imagine the possibility of change without feeling prematurely pressured into changing before they are ready.

Taken together, the OARS skills are effective for expressing accurate empathy, building a working alliance, and effectively moving through the four tasks of MI. They represent the relational components of MI that work with the strategic components to guide participants toward internally motivated change. Observe them in action in the following case study.

Case Study

The case study of Maria and a pretrial services officer illustrates the OARS skills in practice. Notice how the practitioner uses questions sparingly with reflections, affirmations, and summaries to navigate the conversation.

You are the pretrial services officer for the veteran's treatment court, and today you are meeting Maria for the first time. Maria is 26 years of age and transitioned from the U.S. Marine Corps approximately five months ago. Since transitioning from the active-duty military, she has had two encounters with law enforcement, the most recent being substance-impaired driving. While in the Marine Corps, she was a correctional specialist. She reports that the VA is treating her for a back injury she incurred during a detainee riot. She is polite but guarded in response to your routine questions during your normal intake process. Some of these questions involve prior and current substance use and a history of mental health-related issues. Midway through the process, Maria abruptly states that she doesn't think she has a problem and doesn't trust anyone because it's the nature of who she is, and says, "They taught me in the Marines not to give people any information they can use against me" (scenario written by S. Tirocchi, personal communication, April 28, 2023).

Possible focus for an MI conversation with Maria:

1. Intentionally enter the conversation using the spirit of MI, expressing partnership, acceptance, compassion, empowerment, and cultural humility.
2. Strengthen engagement by using at least one reflection to each question and, as skills improve, add more reflections to keep the conversation moving forward.
3. Look for opportunities to affirm Maria's strengths, efforts, skills, and culture to enhance motivation.

Read the dialogue below for an example of how the MI conversation between Maria and the pretrial officer might sound.

Dialogue: Using OARS Skills

Speaker	Dialogue	OARS Skill
Pretrial officer	Welcome, Maria. I am your pretrial officer, John. Please tell me what brought you here today.	Open question
Maria	Well, I was told that because I was in the Marines you might be able to assist me with my DUI case.	
Pretrial officer	You are considering your legal options and you heard about the veterans treatment court.	Complex reflection
Maria	Yes. (pauses) It may not be the right fit because I'm not an alcoholic. I'm a little hesitant to even have this conversation because I was taught in the Marines not to give anyone information they might use against me.	
Pretrial officer	You don't want to be labeled, and you are worried about what I may do with the information you share with me. What would be most helpful to you today?	Complex reflection Reflection with a feeling Open question
Maria	Well, I'm told going to trial may not be a good idea, and I guess that's why I'm here.	
Pretrial officer	Trust is important to you, especially given your background in the Marines.	Simple affirmation
Maria	It's my nature not to trust, even my own attorney who sent me here.	
Pretrial officer	Part of you would you rather take your chances at trial, and another part of you wants to explore your options with VTC before deciding.	Double-sided reflection
Maria	Well, I want to know if this program will help me get out of this mess and keep my information confidential. Now that I'm finally back home, I've had a couple of legal issues that they're blaming on alcohol.	
Pretrial officer	You're in between a rock and a hard place. What are you most concerned about?	Metaphor Open question
Maria	I'm worried that I'll lose my license. That's my freedom to get around. I have to get to work and to my VA appointments. I don't know how I'll keep that up without a driver's license.	
Pretrial officer	While others are more concerned with your alcohol use than you are right now, it has put you in legal trouble that might take away some of your freedom. You are wondering if the VTC program might be a better option for you than going straight to trial. Where does this leave you now?	Collecting summary and key question
Maria	Well, I think I would like to talk with someone who has gone through the program to get a better understanding of how it worked for them. Is that possible?	
Pretrial officer	Talking to someone with similar military experience might help you weigh your options. When you make a commitment, you take it seriously.	Complex reflection Complex affirmation with a value of the Marines
Maria	Thank you. I think that will help me decide.	

Notice how the pretrial officer uses open questions, affirmations, reflections, and summaries plus key questions (OARS) to guide Maria toward considering opting into the VTC program. Open questions elicit and explore Maria's thoughts and feelings, affirmations acknowledge her values and connection to military culture, reflections express understanding, and summaries organize and consolidate key points. Together, the OARS skills create a supportive and collaborative environment to foster change.

Key Takeaways

- OARS skills keep the conversation focused on the participant's experience, thoughts, and feelings within an atmosphere of the spirit of MI.
- Open questions elicit more than a yes-or-no answer and function strategically in each of the four tasks.
- Affirmations are the only skill that has been shown to both increase change talk and reduce sustain talk (Apodaca et al., 2016), which together make up the strategic goals of MI.
- Reflective listening is essential to expressing accurate empathy and building the working alliance, which in the literature is a robust predictor of a better treatment outcome.
- Aim for at least one reflection after every question to get in the habit of checking for understanding before moving on to another question. Increase the number of reflections as your reflective listening skills get stronger.
- Assess the impact of the conversation using a summary followed by a key question.



Photo courtesy of the U.S. Department of Defense. The appearance of U.S. Department of Defense (DoD) visual information does not imply or constitute DoD endorsement.

Section 3: Strategies in MI

Introduction

In this section, we'll discuss the strategic components of MI that work in harmony with the relational elements described earlier in the sections on spirit, intention, and skills. Evoking a person's motivation for change is a hallmark of MI conversations. We'll review several strategies designed to achieve the directional purpose of MI: to cultivate change talk and soften sustain talk (Miller & Rollnick, 2023; Moyers et al., 2015).

Strategies to Cultivate Change Talk

The strategies presented in this section seek out sources of change talk within each participant.

In training, Stephen Rollnick observes that practitioners in helping professions are taught to be “problem hunters,” searching out problems to “find and fix.” Decades of research on MI show that, rather than helping people change successfully, the fixing reflex has the opposite effect (Miller & Rollnick, 2023). Viewed through a trauma-informed care lens, tapping into areas of prior success, achievement, and hope broadens the focus in the search for solutions, self-efficacy, and confidence (SAMHSA, 2014).

Recall the three essential human needs of self-determination theory discussed earlier: autonomy, competence, and relatedness (Ryan & Deci, 2000). Evoke experiences that build upon these essential needs, calling them forth into the service of cultivating change talk. Miller and Rollnick (2023) cite studies showing that change talk is likely to follow counselor statements emphasizing participant choice and autonomy (Carcone et al., 2013, 2020).

Participants in court programs may feel embarrassed or ashamed at times; these feelings may be amplified if the person has experienced traumatic events (SAMHSA, 2014). Sometimes, conversations about change can be overfocused on barriers and problems, particularly when there is external pressure to change. While discussing challenges is part of the process, MI recognizes the mobilizing power of affirmations for their potential to achieve the directional goals of MI—that is, to increase change talk and reduce sustain talk (Apodaca et al., 2016; Miller & Rollnick, 2023).

What MI Is Not

MI is an evidence-based practice to guide people toward change. It recognizes ambivalence as a natural part of change and uses relational and strategic components to build motivation and strengthen confidence. It is not:

- a way of tricking people into changing
- just reflecting and following
- a solution to every problem for every person (Miller & Rollnick, 2013)

If change is not important enough to a person, they may choose not to change, regardless of how important it appears to be to others. It is not uncommon for practitioners and participants to have different change goals, particularly in the case of mandated treatment. This section offers strategies to understand the person's ambivalence and work toward shared goals. There are many pathways to recovery (SAMHSA, 2012).

Why Cultivate Change Talk?

As noted previously, change talk is defined as any statement made by the participant in the direction of change. The practitioner evokes these statements using a variety of strategies for an important purpose: based on four decades of research in MI, the developers have learned that people who speak about change tend to talk themselves into it (Miller & Rollnick, 2023).

Self-perception theory states that people learn about themselves by observing their own behavior, noticing how they feel, and listening to what they hear themselves say (Bem, 1972). This theory explains in part how MI works, with its emphasis on evoking and cultivating change talk. Rather than interpreting or analyzing thoughts and behavior for people making a change, the MI practitioner skillfully and strategically reflects back to the person what they say, inviting the person to make sense of their own thoughts and behaviors.

Tipping the Balance Toward Change

The MI skills and strategies presented in this toolkit teach practitioners how to guide a participant toward discovering for themselves how a specific behavior may be incompatible with their longer-term goals, values, and culture. For example, a person who values intelligence and has a strong work ethic may discover that the conversations they have while high on marijuana that once seemed deep and engaging now feel repetitive and boring. And when they turn their focus to going back to school, working to earn money, and buying a car, they experience a feeling of self-efficacy, that is, the belief that they will be successful if they choose to make a change. To summarize, MI practice draws out each person's goals, values, and culture to develop their sense of the discrepancy between their current behavior and their desired future state.

MI has a clear direction in guiding people toward change: “MI was developed specifically for the purpose of helping people resolve ambivalence and strengthen motivation for change” (Miller & Rollnick, 2013, p. 35). Most people who are considering change feel two ways about it: they see reasons to stay the same and reasons to change. MI skills and strategies explore this ambivalence with the goal of shifting the balance toward change (Miller & Rollnick, 2013). MI is one of many approaches that may be used by VTC staff members to accomplish their work. It combines well with other approaches and is a “way of doing what else you do” (Miller & Rollnick, 2023, p. 5).

Strategy to Cultivate Change Talk #1: Explore DARN Categories

The practitioner can ask directional questions about the categories of change talk, known as DARN: desire, ability, reason, and need (Miller & Rollnick, 2023; SAMHSA, 2019). For example:

- **Desire:**
 - “What do you wish were different?”
 - “What would you like to change?”
- **Ability:**
 - “Describe something you’ve successfully changed in the past.”
 - “What feels possible to you about making this change?”
- **Reason:**
 - “If you decided to make the change, what benefits might there be?”
 - “How might your life improve if you were to make the change?”
 - “What might be some advantages to making the change?”
- **Need:**
 - “What about making this change is important right now?”
 - “What part of making this change feels urgent to you?”

Notice that directional questions can be general or specific. The question “What do you wish were different?” invites the participant to consider all aspects of their life when answering. This question might be too broad for people who may be feeling overwhelmed or who have suffered a traumatic brain injury that impacts their cognitive function, for example. If a participant answers that they don’t know, this is a signal to the practitioner to make the question more specific by focusing on a topic. Specific directional questions might be something like “What do you wish were different about your family life?” or “What do you wish were different about your drinking?” The participant is a practitioner’s best source of feedback; their responses inspire the practitioner to adjust their approach.

Strategy to Cultivate Change Talk #2: Use Change Rulers

Use **change rulers** to scale how a participant rates their level of importance or confidence in a change. This two-part strategy asks the participant to assign a number from 0 to 10 to indicate how important they feel the change is and how confident they are that they can successfully achieve it. Zero indicates that the change is not at all important or they are not at all confident that they can achieve it, and 10 correlates to the change being extremely important or the participant having a high level of confidence. The second part of the strategy asks the participant to explain why they chose the number rather than a lower number.

This dialogue demonstrates the importance ruler, which tends to elicit change talk around the person’s desire, reason, and need. It can function as a quick assessment if the practitioner wonders whether the target behavior is important enough to the person to cause them to change. Generally, a score of 5 is the tipping point, with scores of 5 or higher indicating a greater likelihood of change (Miller et al., 2020b). Scores of 4 and below generally indicate that more exploration is needed to determine if it makes sense to continue working on the current target behavior or to shift the focus to something else. Note that these numbers are meant to be considered in the context of the change conversation and are not meant to be absolutes.

Dialogue: Using the Importance Ruler to Cultivate Change Talk		
Speaker	Dialogue	MI Skill
Practitioner	On a scale from 0 to 10, where 0 means not at all important and 10 means extremely important, how important is it for you to change your drinking?	Change rulers strategy, part 1
Veteran	(thinking) Probably a 7.	
Practitioner	What makes you a 7 and not a 3?	Change rulers strategy, part 2
Veteran	Well, getting that DUI surprised me. I didn't feel that drunk. I don't think my drinking is that bad.	
Practitioner	It kind of snuck up on you.	Simple reflection
Veteran	You could say that. I was not expecting to have to be in court for this. I'm worried about my license.	
Practitioner	Keeping your license is the most important thing right now.	Simple affirmation
Veteran	It's the reason I'm doing any of this. I can't work if I lose my license. Without a job, I can't take care of my family.	
Practitioner	There's a lot riding on this.	Complex reflection
Veteran	Yes, and I'm not sure I can do it.	

The practitioner may choose to use one or both change rulers (importance and confidence), depending on the conversation. There is no requirement to use both, and overusing them may become tedious (Miller & Rollnick, 2023). Consider how the participant responded to the scaling question before asking another. Asked naturally within the flow of the conversation, they are a simple way to assess the person's ambivalence.

Strategy to Cultivate Change Talk #3: Look Forward or Back

Looking forward engages the person in considering how their life might look if they succeeded in carrying out the change (Miller & Rollnick, 2023). In this strategy, the person is invited to imagine what the change might look like without feeling pressure to follow through. In the absence of expectation, the participant is free to consider a variety of options and think through which ones might fit for them.

Looking back invites the person to describe what their life was like before the current issues emerged. This strategy can be helpful if there were happier times that the person would like to experience again. Recalling past positive experiences can inspire hope and support the notion that things could get better because they have been in the past (Miller & Rollnick, 2023).

Dialogue: Using the Looking Back Strategy to Cultivate Change Talk		
Speaker	Dialogue	MI Skill
Practitioner	Tell me about a time in the past when you felt your best.	Looking back strategy
Veteran	I remember happy times with the kids. We lived on the base before I was deployed. We did lots of things together as a family.	
Practitioner	You miss that.	Complex reflection
Veteran	Yes. I remember kicking the ball around at the park. The way they looked up to me back then, like they were proud I was their father.	
Practitioner	That was a powerful feeling for you.	Reflection of feeling
Veteran	It was. We seem so far from that now. I don't know if we'll ever get back to being a happy family with all that's happened.	
Practitioner	You're wondering how you might be a happy family again.	Complex reflection
Veteran	Yes. I'd like for my kids to enjoy spending time with me again.	

Strategy to Cultivate Change Talk #4: Explore Goals, Values, and Culture

Miller and Rollnick (2023) describe exploring goals and values to connect the change to deeply held beliefs of the participant. The authors suggest considering aspects of a person's culture as well. All three are sources of meaning in a person's life: goals are future-oriented aspirations, values are ideals people hope to live up to, and culture is a collection of customs, traditions, and social connections applicable to groups with which the person identifies. People are multifaceted and experience goals, values, and culture on individual, family, and group levels.

Veterans who have dedicated part of their lives to serving share military values and culture. The Military Leadership Diversity Commission (2009) described shared values of the Department of Defense and services, including integrity, duty, selfless service, and honor. These values, and those specific to the branch in which the participant served, could be a source of change talk.

In this sample dialogue, notice how an open question, affirmations, reflections, and a summary plus a key question evoke and strengthen change talk. Exploring goals, values, and culture sparks reconstructions to what is deeply important to the person.

Dialogue: Exploring Goals, Values, and Culture to Cultivate Change Talk

Speaker	Dialogue	MI Skill
Practitioner	What did you like about serving in the military?	Exploring goals, values, and culture
Veteran	I liked being part of something bigger than me.	
Practitioner	Working with others meant something to you.	Simple affirmation
Veteran	Yes, my team was solid. We had each other's backs.	
Practitioner	It's not quite the same in civilian life.	Complex reflection
Veteran	Right . . . (thinking) People do their own thing. I haven't met people who understand how different it is.	
Practitioner	You thrived when you were part of a team that did important work together.	Complex affirmation
Veteran	Even when we were just messing around, we all knew we could count on each other no matter what.	
Practitioner	You'd like to find that in the civilian world.	Complex reflection
Veteran	I don't know if it exists, but it would be great. Since getting wounded, I've lost my purpose. Maybe if I could find someplace where I could be useful, I'd have something else to choose from besides drinking when I wake up in the morning.	
Practitioner	You're onto something here. Finding something meaningful to do with your time makes sense to do. Your experience working with a team effectively, and your commitment to service, are valuable qualities in both the military and civilian worlds. What do you think you might do next?	Complex affirmation Summary plus key question
Veteran	(thinking) Maybe I can talk to the veteran mentor about this. They seem to have a lot of connections and ideas.	

Notice how the practitioner employs the OARS skills to highlight change talk and evoke more of it. The arc of the conversation starts with one directional question, followed by reflections and affirmations that recognize and strengthen change talk, aiming to present a summary plus a key question to the participant for consideration.

There are a few free resources to facilitate conversations about values. The Personal Values Card Sort activity developed by Miller et al. (2001) is a printable list of over 80 value statements formatted into small cards, for example.

Strategy to Cultivate Change Talk #5: Explore Extremes

In **exploring extremes**, the practitioner asks specific questions eliciting the best possible outcomes of making the change and the worst possible outcomes of not making the change (Miller & Rollnick, 2023). Examples include:

- “What might be the best things that could happen if you successfully changed your drinking?”
- “What might be the worst things that could happen if you decided not to change your drinking?”

Remember to ask questions to which the answer is change talk. Asking about the best things that could happen if the participant did not make the change, or the worst things that could happen if the participant changed their drinking, would likely evoke sustain talk, in which the participant listed reasons to stay the same. This is the opposite direction of MI.

Strategy to Cultivate Change Talk #6: What Else?

This simple two-word follow-up question augments any of the strategies to cultivate change talk. When a person starts thinking and talking about change, they discover additional or deeper reasons for change, offering the practitioner more opportunities to reflect and affirm change talk. When using a particular strategy that may lead to more change talk, ask, “What else?” before moving on to another topic.

Strategies to Soften Sustain Talk

Next we will describe strategies to address the other directional goal of MI: softening sustain talk. The outdated term “resistance” is more accurately explained through advancements in research as reasons to stay the same and discord within the helping relationship. Examples of strategies to use in a VTC setting are provided.

On “Resistance”

Over decades of research, practice, and training, Miller and Rollnick have refined the concepts of MI. Originally developed for the substance use disorder treatment field as an alternative to confrontive approaches, the topic of “resistance” has been of particular interest to those who have conversations about change. In the fourth edition of their book (2023), Miller and Rollnick describe how they have advanced their understanding of “resistance” with the help of another MI expert, Theresa Moyers.

Sustain Talk and Discord

Dr. Moyers, who leads the ongoing development of the Motivational Interviewing Treatment Integrity (MITI) code used to monitor fidelity, noticed that part of what was being labeled as resistance was, in fact, sustain talk. Miller and Rollnick agreed. In discussing the matter further, it became clear that the phenomenon occurred between two people and that the presence of change talk and sustain talk were highly influenced by the practitioner. Recall that it is natural for a person who is considering a change to consider both sides: reasons to stay the same and reasons to change. What was initially labeled resistance in the first two editions has been redefined as **sustain talk** and **discord** in the third and fourth editions: part reasons to stay the same and part reaction to the practitioner’s style (Miller & Rollnick, 2023).

Sustain talk may sound like “I don’t want to stop smoking” or “I can’t stop drinking.” “My drinking isn’t that bad” or “I don’t have to stop drinking.” Desire, ability, reason, and need to change exist, just as desire to stay the same, inability to change, lack of reasons for change, and no sense of urgency for change do.

Discord indicates a problem with the therapeutic alliance. While sustain talk is about the target behavior, discord is about the practitioner (Miller & Rollnick, 2023). It may appear in the form of the participant not talking much or not telling the practitioner about challenges they’re facing. They might begin to miss appointments or argue with the practitioner in the session. Most importantly, discord is a signal to the practitioner to shift their approach and consider what might be getting into the way of the helping relationship.



It could be that the fixing reflex is present, resulting in the participant feeling pressure to change when they're not yet ready to do so. It could be that the practitioner and participant have different or conflicting goals. Revisiting the engaging task and using reflective listening and affirmations are ideas to get back in sync with the participant.

Another point to consider is that both the participant and the practitioner might be feeling some form of pressure from being part of a structured program. Family and significant others, as well as the VTC program itself, are all invested in the participant's successful change. This can take the unintentional form of impatience or rushing the change process. Both are expected to follow programmatic requirements, and it could become an inadvertent source of discord. If the practitioner feels that this might be the case, they might **share their dilemma** to see what the participant thinks. The practitioner might say, "Sometimes people feel overwhelmed by the program. There are many requirements to follow. I'm wondering how you're feeling about it right now." This kind of invitation might feel like a relief to a participant, and it could be an on-ramp back to engagement.

Miller and Rollnick (2023) emphasize the importance of attending to sustain talk and discord: "If they persist, both of them predict that nothing will change" (p. 232). In addition to the ideas presented above, they describe more strategies to soften sustain talk and discord.

Strategy to Soften Sustain Talk #1: Engage in Reflective Listening

"If in doubt, reflect" is the unspoken motto of MI. Through practicing reflections and affirmations, the practitioner will develop a sense for using the skills strategically. For example, when cultivating change talk, the practitioner reflects deeply and thoroughly; however, when softening sustain talk, the practitioner reflects lightly and just enough to demonstrate accurate empathy. The difference can be explained by understanding that the practitioner will hear more of what they reflect, and in MI, a strategic goal is to recognize, reflect, and elicit more change talk.

Simple reflections that stay close to what the participant said are particularly useful here when the practitioner wants to acknowledge what was said without specifically evoking more of it. For example, “I don’t have time for a lot of extra meetings” can be reflected simply as “You’re busy.” This simply acknowledges what the participant said without inviting more sustain talk.

In addition to using simple and brief reflections, the practitioner may add qualifiers to soften the sustain talk. Add “yet” or “right now” to leave the possibility of change open for another time. Words such as “sometimes” and “somewhat” are useful as well. For example, the practitioner may say, “You’re not sure about starting trauma counseling right now” or “There are some things you miss about drinking.”

Double-sided reflections are useful when the practitioner hears ambivalence, that is, when the participant is actively deciding whether to change. Recall that the structure for double-sided reflections is to start with the sustain talk and ending with the change talk, because people tend to continue talking about the last topic they heard. Additionally, using “and” rather than “but” honors the presence of ambivalence without negating it.

Amplified reflections are particularly evocative and must be delivered skillfully without sarcasm. These overstated reflections can result in the participant stepping away from a stuck position. Examples include:

- “You have **zero** concerns about your drinking.”
- “You’ve got this **completely** under control.”

Notice the use of absolute language. When effective, the participant will follow with statements like “Well there might be one . . .” or “I have it mostly under control.”

Strategy to Soften Sustain Talk #2: Emphasize Autonomy

This simple strategy is powerful. Remember that discord involves two people; a statement emphasizing the person’s freedom to choose can be a solution to discord.

- “Right now, you’re not sure what you might do.”
- “The decision belongs to you.”

The practitioner might use this strategy when they think that the participant feels pressured or is defending the status quo, for example.

Strategy to Soften Sustain Talk #3: Shift Attention

If a particular topic isn’t yielding change talk, the practitioner may try something else to move the conversation forward. The practitioner could say, “Right now, you’re not interested in talking about [insert current topic]; there’s something else you’d rather focus on.” This strategy invites input from the participant about what else might be on their mind, with the intention of finding a more productive topic.

Strategy to Soften Sustain Talk #4: Apologize

Relevant to discord rather than sustain talk, a sincere **apology** initiated by the practitioner can repair the helping relationship. “I am sorry for having trouble understanding this,” for example.

Strategy to Soften Sustain Talk #5: Use the Pendulum Approach

Miller and Rollnick (2023) describe a strategy known as the **pendulum approach**. In this strategy, the practitioner spends a little time briefly and simply reflecting the sustain talk while building up momentum to swing over into change talk.

Dialogue: Using the Pendulum Approach		
Speaker	Dialogue	MI Skill
Veteran	I know we've talked about how drinking is just a Band-Aid for the flashbacks, but it works for me.	
Practitioner	Right now, it's working for you.	Simple reflection of sustain talk
Veteran	Yes. And I don't want it to get worse. (pauses) I know you think I should stop.	
Practitioner	You see NO reason to stop drinking.	Amplified reflection
Veteran	Not really. I have it under control. I only drink at night when the kids are asleep.	
Practitioner	You've thought about reducing harm from drinking.	Simple affirmation
Veteran	Yes. I drink at night when the flashbacks are the worst and the kids won't need me. My partner is there in case they need something.	
Practitioner	The flashbacks are getting worse.	Complex reflection
Veteran	A little. I have to drink more than I used to to get them to stop. One glass of wine used to do it, but now I'm up to three every night.	
Practitioner	Drinking has been numbing the flashbacks for now. It's taking a little more wine than it used to. What else is different?	Short summary of sustain talk followed by the pendulum approach
Veteran	My partner is starting to notice all the wine bottles in the recycling and is giving me a hard time about it.	
Practitioner	They're getting worried about you.	Reflection of feeling
Veteran	More like annoyed.	
Practitioner	And you're starting to argue.	Complex reflection
Veteran	I don't know what they want me to do. The flashbacks are terrifying.	
Practitioner	They're starting to become too much, and increasing the alcohol isn't really helping anymore.	Complex reflection
Veteran	I don't want to fight with my partner, but I don't know what else to do about them.	

Strategy to Soften Sustain Talk #6: Come Alongside

The final strategy for softening sustain talk is **coming alongside**, where the practitioner sides with the sustain talk. The opposite of the fixing reflex, the practitioner reflects the sustain talk without approving of it: “You feel it’s too hard to change your drinking” or “You’re not sure it’s worth trying.” Note that this strategy should be used carefully. The intention is for the practitioner to take up the side for staying the same in the hope that the participant will take up the side for change.

The preceding strategies help the practitioner to soften sustain talk and discord. As the practitioner develops MI skills, they can choose strategies intentionally to guide participants toward internally motivated change.

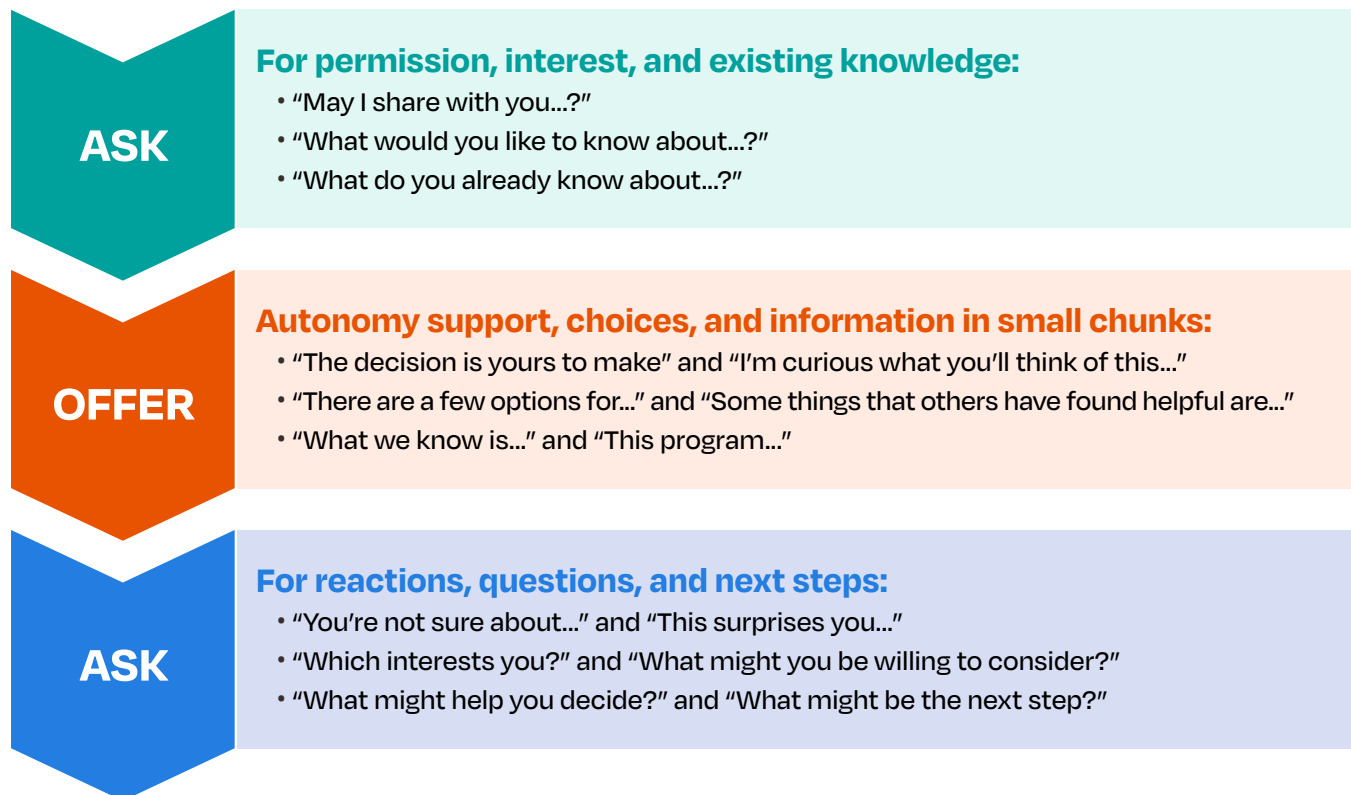
Strategy for Offering Information: Ask–Offer–Ask

A hallmark of MI is eliciting change talk from the participant, prioritizing their ideas rather than attempting to fix the problem by making suggestions. There is a place for offering information and advice in MI provided it occurs within the MI framework.

Telling people why and how to change isn't effective because it sets up the practitioner and participant to assume opposite roles: When the well-meaning practitioner suggests why and how the participant should change, the participant is left to defend why they haven't or can't change, and how each suggested action won't work for them. Recall from Bem's (1972) self-perception theory that people are convinced by what they hear themselves say. Rosengren (2017) eloquently states: "In situations where people are unsure, having them talk in favor of a position causes their attitudes and beliefs to shift in line with their arguments. In short, we come to believe that for which we argue" (pp. 267–268). If the participant is defending why they can't change, they are voicing sustain talk and talking themselves into staying the same (Miller & Rollnick, 2023).

With **ask-offer-ask (AOA)**, the practitioner asks permission, offers information of interest to the participant in small chunks, and asks what the person thinks of the information. This cadence places the participant in the deciding role, where they have the autonomy to choose what to do with the information. A natural rhythm to the conversation will develop as the practitioner uses reflective listening (Miller & Rollnick, 2023). Figure 1 illustrates an AOA menu of options from which the practitioner may choose based on the conversation. Consider using the prompts as a guide to offer information and elicit the participant's thoughts about what was shared.

FIGURE 1. The Ask-Offer-Ask Technique



The case study of Ahmet and a case manager illustrates AOA in practice. Notice how the case manager skillfully uses reflections, affirmations, and AOA during the conversation.

Case Study

Read the following case study and consider how MI tools may help Ahmet and his case manager:

Ahmet left active-duty service in the U.S. Army over three years ago and is now a participant in your treatment court program. He is charged with intimate partner violence. As his case manager, you have recently received a treatment update indicating that Ahmet has not attended his last two Strength-at-Home group sessions. When you meet with him later in the day and ask why he missed these sessions, he says he forgot and then tells you that he's considering leaving the program because no matter what he does, he fails. He also says that someone in his group recently died from an unintentional drug overdose, which made him think about his former squad leader, Frank, who also died from an unintentional drug overdose two years ago (scenario written by S. Tirocchi, personal communication, April 28, 2023).

Possible focus for an MI conversation with Ahmet:

1. Understand and validate Ahmet's experience as part of the treatment process.
2. Strengthen confidence and affirm prior success in the program.
3. With his permission, provide information about additional support for grief, coping skills, and mentorship, for example, as well as general information regarding how court may (or may not) address the missed sessions.

Read the dialogue below for an example of how the MI conversation between Ahmet and his case manager might sound.



Dialogue: Using AOA		
Speaker	Dialogue	MI Skill
Case manager (CM)	Thank you for meeting with me, Ahmet. I'm hoping we can check in about how you're doing.	
Ahmet	Not too good.	
CM	Things have been tough for you recently.	Complex reflection
Ahmet	Yeah. I'm not sure I can do this program. I thought I could, but now I don't think I can.	
CM	Something has happened recently.	Complex reflection
Ahmet	I found out someone from my group overdosed, and it reminded me of my squad leader, Frank, who also overdosed.	
CM	Frank meant a lot to you.	Complex reflection
Ahmet	Yes. He was the only one who understood what we went through during our deployment.	
CM	You've been feeling isolated, like no one understands you.	Reflection of feeling
Ahmet	Yes. I've been forgetful lately. I attended every one of those Strength-at-Home sessions until recently.	
CM	You sure did. The leader said you participated in the exercises and asked good questions in group. She said you were helpful to another group member when they were having a tough time.	Simple affirmations
Ahmet	I really am trying. Some days are harder than others.	
CM	Your effort is clear. This is an intensive program. You've been having negative drug screens and making it to court.	Simple affirmation
Ahmet	I just messed it all up by missing the sessions.	
CM	You're concerned about what the court might do. Would it be OK with you if I share how the court tends to handle situations like this?	Reflection of feeling Asking permission
Ahmet	Yes. I'm really worried I'm gonna get kicked out because I messed up.	
CM	While I can't say exactly what the judge will decide, the court tends to look favorably on participants who do just what you did today: take accountability for the missed sessions and talk with me to get back on track.	Offering information Simple affirmation
Ahmet	OK. (thinking) I'm scared to face the judge. Is there anything I can do?	
CM	That's another thing the judge tends to like: being proactive about getting back on track. There are a few options that might show the court you're committed to the program and are working to get back on track. Would you like to hear them?	Simple affirmation Asking for permission
Ahmet	Yes, please. I don't want to get kicked out. I need to finish this program. It's been tough but I've put in a lot of work already.	

Dialogue: Using AOA

Speaker	Dialogue	MI Skill
CM	You want to keep building on the work you've already put into the program. One option is to get connected to a mentor or another peer who can support you while you're getting back on track. Would you like to hear more about that?	Simple affirmation Offering option 1 Asking for interest
Ahmet	Ummm, you said there were a few options. Can you tell me about the other ones?	
CM	Yes. Another option is to talk with a counselor about the increased stress you've been feeling recently.	Offering option 2 and information (AOA rhythm developing)
Ahmet	Ugh. Not sure I like that idea. Is there anything else?	
CM	A third option is to work with me on reevaluating your case plan. The court might be impressed if we can identify adjustments maybe around coping skills or additional resources that might be helpful to what you're dealing with now.	Offering option 3
Ahmet	(thinking) Let's try the case plan one. I don't have time for a lot of extra stuff.	
CM	One consideration for the case plan is that it works with your schedule.	Complex reflection
Ahmet	Yes. My boss has been very supportive of all the things I have to do for court, but I know it's tough for everyone when I have to leave early.	
CM	Your co-workers rely on you.	Complex affirmation
Ahmet	Yes, and I don't like letting them down.	
CM	Your job is important to you, and we can reflect that in your case plan. I'm not sure what the judge will want to do in your specific case; reevaluating your current plan does show you're being proactive.	Simple affirmation Offering information
Ahmet	I really hope this will work. When I think about it, I've already invested a lot of time into this.	
CM	Your track record and willingness to meet with me show your commitment.	Complex affirmation
Ahmet	None of it has been easy, but I've tried. My court date is coming up. Can we make an appointment to talk about my case plan?	
CM	Yes. We can get an appointment scheduled now.	

In the preceding dialogue, notice how the case manager engaged with Ahmet to understand his current perspective, affirmed previous successes, sought Ahmet's permission to offer information, and presented several options while emphasizing Ahmet's autonomy. Note the number of affirmations in the dialogue. Participants who find themselves struggling when they were previously doing well may feel discouraged, disappointed in themselves, caught off-guard, and worried about the consequences. They may arrive at the session with their shoulders rounded and head down, avoiding eye contact.

Rather than focusing solely on problems, the case manager affirms prior and current efforts. Think of your goal as a case manager as being to add wind to a person's sails, so that they leave the session with their head up and shoulders back, feeling motivated to get back on track. Harness the mobilizing power of affirmations in your work whenever possible. Remember the research by Apodaca et al. (2016) finding that affirmations were the only skill that increased change talk and decreased sustain talk.

During the ask-offer-ask portion of the dialogue, notice that additional questions do not necessarily have to follow the offering of information; once the practitioner establishes a rhythm using reflective listening and the OARS skills, the person naturally begins to respond to the reflections and affirmations without needing questions. The important part of AOA is that the practitioner elicits the participant's thoughts and feedback in between offering small pieces of information.

Key Takeaways

- MI uses strategic directional questions in harmony with the relational components to cultivate change talk.
- A person who is ambivalent will naturally feel two ways about the change.
- When you hear change talk, ask for elaboration, reflect, and affirm. The practitioner's response to change talk is the key to enhancing motivation and strengthening confidence.
- The balance starts to tip toward change when the participant offers less sustain talk and more change talk. Remember that you tend to get more of what you reflect.
- If you decide to reflect sustain talk, do so thoughtfully: The practitioner's goal is to express empathy without inadvertently eliciting more sustain talk.
- Using an MI-consistent method for offering information (ask-offer-ask) prioritizes the participant's existing knowledge and interest, resulting in improved consideration of information provided.

Section 4: Change Planning in MI

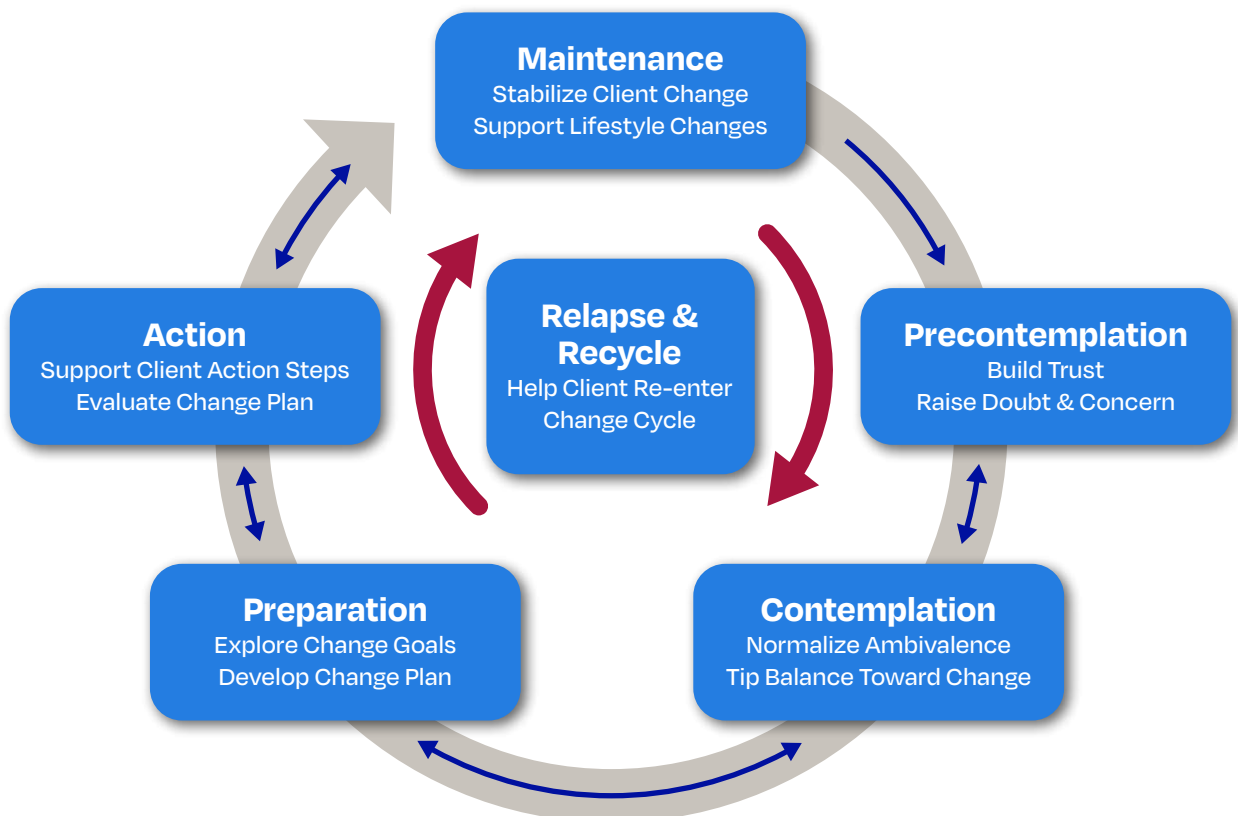
Introduction

This final section moves into the change planning process. It begins with a description of the stages of change and how the model fits in with MI. Signs indicating a participant's readiness to move into planning will be reviewed. Emphasis is placed on resisting the fixing reflex in planning, just as in the other tasks. An understanding of what might be happening when a person doesn't change will be presented. The section will conclude with a case study and an annotated dialogue of an MI conversation between a case manager and a participant who had a positive urine drug screen.

Practitioner Tasks Within the Stages of Change

The **stages of change** (SOC) were originally developed by Prochaska, Norcross, and DiClemente in the 1990s, at around the same time that MI was established (Miller & Rollnick, 2023; Prochaska et al., 1994). MI and the SOC are separate and complementary. The SOC describe the path many people travel as they are making a behavior change (SAMHSA, 2019), while MI describes a communication style and method for guiding people through change. This section defines each stage, providing sample participant statements and key tasks for practitioners. Figure 2 illustrates the key tasks for counselors when working with people in each stage.

FIGURE 2. Counselor Focus in the Stages of Change (Source: DiClemente, 2018)



Precontemplation

As applied to the VTC setting, a participant may be unaware or unconcerned that their pattern of substance use is a problem. In their mind, the benefits of substance use may still outweigh the consequences, or they may see no point in trying to stop. They may perceive that their substance use is not as bad as that of their peers. This mindset is referred to as **precontemplation**; the need for and relevance of change is not yet present.

A goal of the VTC practitioner with a participant in precontemplation is to establish trust and raise questions in the person's mind about their substance use. MI works particularly well in this stage of change by increasing awareness while sidestepping the fixing reflex, honoring autonomy, and expressing accurate empathy with the person (Miller & Rollnick, 2023; SAMHSA, 2019).

Examples of statements by participants in the precontemplation stage:

- “My friends use way more than I do and I’m the one in VTC. It’s just not that bad.”
- “My uncle has been using cocaine for years; he’s doing great and making a lot of money.”
- “I only drink. I don’t do hard drugs. Everybody drinks.”

Contemplation

In the **contemplation** stage, the participant begins to acknowledge that a behavior may be problematic and to articulate an ambivalence about continuing a behavior or making a change. In the VTC context, the person may see both a cause for concern and reasons to stay the same. They perceive the cost and benefit as equal and can be motivated toward one way or the other. MI approaches in this stage include validating ambivalence, expressing accurate empathy, and developing discrepancy between the participant's behavior and their goals, values, and culture (SAMHSA, 2019).

Examples of statements by participants in the contemplation stage:

- “Weed helps me sleep. Not that it’s related, but I have a hard time concentrating during the day.”
- “I really like how Oxy makes me feel, although it was stressful getting it.”
- “I don’t think I need treatment like these other people, but I’ll do it to get my charges dropped.”

Preparation

In the **preparation** stage, the participant opens to exploring the possibility of change. In this stage, the person benefits from thinking through the pros and cons of options for carrying out the change while discovering the incompatibility of their current behavior with their goals, values, and culture.

This stage can be puzzling for the VTC practitioner. Initiating premature movement toward action may unintentionally elicit ambivalence and lead the person back to the contemplation stage. Practitioners should look out for the fixing reflex, which might show up in the practitioner arguing for change. As the practitioner, “If you are arguing for change and your client is arguing against it, you’ve got it exactly backward” (Miller & Rollnick, 2013, p. 9).

As applied to the VTC context, the balance begins to tip toward change for the participant. They may begin by making small changes and considering different possibilities. At the conclusion of this stage, the participant in a VTC becomes committed to the change while still exploring the path to get there (SAMHSA, 2019).

Examples of statements by participants in the preparation stage:

- “I’m going to talk with my counselor to see if I can get back on my meds.”
- “Instead of going to the bar after work, I’m meeting a friend for dinner.”
- “I’ve got to figure out other ways to handle stress. I have a few ideas that I’m going to try out this week.”

Action

In the **action** stage, the participant is carrying out a change plan. The tasks of the practitioner here are to affirm the person’s successful efforts and facilitate discussion around barriers. In the context of the VTC, this is the stage when the practitioner and the participant begin to implement change plans. Small and measurable goals will foster self-efficacy, with each achievement building confidence and leading to the next. The plan is iterative to ensure that the participant can adjust based on the successes and barriers they experience (SAMHSA, 2019).

Examples of statements by participants in the action stage:

- “I am taking my depression medication and hope I will start to feel better soon.”
- “I called my mentor twice this week. They helped me get through some stressful situations.”
- “I made amends to my partner for running up the credit card. I hope I can rebuild the trust we once had.”

Maintenance

In the **maintenance** stage, the participant has sustained the change for several months. The changed behavior has become part of their lifestyle, and efforts shift toward stabilization. At this stage, the person may have met treatment and court goals and is working to maintain those goals and graduate from VTC. As part of stabilization, the VTC practitioner supports pro-social and recovery connections for the participant beyond the court and treatment settings (SAMHSA, 2019).

Perhaps the participant has had a sponsor for some time, is regularly involved in a sober support group, or has a job that is incompatible with substance use or illegal activity. The person is engaged in daily activities that build competence and self-efficacy. The practitioner should notice high-risk situations that may challenge the gains made in treatment.

Examples of statements by participants in the maintenance stage:

- “I am almost done with my community service. I might start working there soon.”
- “Our sober soccer team won the last three games!”
- “My boss has me training new employees at work. It feels good to be trusted again.”

Relapse

Slips and relapses are teachable moments. They represent an opportunity to affirm the participant’s decision to get back on track in addition to evaluating the parts of the change plan that worked and identifying gaps where additional resources may be needed. The practitioner’s primary goal in the relapse stage is to guide the participant back into the change process. During the **relapse** stage, participants find themselves somewhere between contemplation and action and need guidance in exploring which portion of the change plan is no longer working as expected (SAMHSA, 2019).

Examples of statements by participants in the relapse stage:

- “I was too stressed and let it get to me.”
- “I just wasted 45 days.”
- “I thought I could have one drink.”

In summary, the SOC are one way to conceptualize how participants move toward change in the context of treatment and recovery. Identifying the participant’s current stage of change helps the practitioner to tailor therapeutic interventions that can meet the person where they are.

Participant Indicators of Readiness for Planning

Miller and Rollnick (2023) describe several signs indicating that the participant may be ready to move from the evoking task into the planning task. The best feedback for a practitioner is the person making the change. Remember to use OARS skills and strategies to cultivate change talk and soften sustain talk throughout the conversation. Notice the balance of change talk and sustain talk. Hearing more sustain talk may be an indicator that the person is still ambivalent and needs more evoking. It could be that the person is inadvertently feeling pressured into change by the presence of the sneaky fixing reflex. The planning task is particularly vulnerable to the fixing reflex, as there is a temptation to tell the person how to change (Miller et al., 2020a).

Envisioning what the change might look like is a significant indicator of readiness for planning. The participant considers out loud how they might be able to make the change. Examples include specific questions about what they’ll need to be successful as well as problem-solving potential barriers. Recall from self-perception theory that participants talk themselves into change. Eliciting and reflecting are crucial here as the practitioner guides the person through “trying on” the change, as described by Miller and Rollnick (2023, p. 117).

Other signs include the presence of more change talk and less sustain talk. The change talk becomes stronger, moving toward commitment language. They may take steps toward the change target as well (Miller & Rollnick, 2023).



Photo courtesy of the U.S. Department of Defense. The appearance of U.S. Department of Defense (DoD) visual information does not imply or constitute DoD endorsement.

Empowering participants to generate their own specific change plans makes it more likely that they will follow through with them. When the participant owns the plan, they have opportunities to develop self-efficacy and affirm goals, values, and culture that are important to strengthening internal motivation for change. Recall that autonomy is one of the three essential human needs described by self-determination theory. MI practitioners empower participants to carry out their own change plan.

What Might Get in the Way of Successful Change

People do not follow through with changes for a variety of reasons. They could be ambivalent about the plan, feel that it isn't *their* plan, or feel prematurely pushed into it. Taking the time to evoke the benefits and problem-solve potential barriers are important parts of guiding conversations about change. When these conversations occur within an atmosphere of partnership, acceptance, compassion, and empowerment, and the behavior change is linked to the participant's goals, values, and culture, they are more likely to follow through with the change plan (Miller & Rollnick, 2023).

Another approach to a lack of progress is to find out what goals the participant is willing to start working toward, with the understanding that change is a gradual process and the path may be indirect. For example, a participant who is struggling to stop drinking alcohol might be willing to structure their free time with activities connected to their social, educational, vocational, spiritual, or leisure interests. Indirectly, increasing time spent in structured substance-free activities with others decreases the amount of unstructured time available to drink alcohol. Through engagement in activities, the person discovers interests other than substance use and might make new friends who share similar interests.

Along similar lines, think of the change process as a ladder, with each rung being a step toward the larger goal. If the first rung is too high for the participant to reach, they won't be able to get started. Thoughtfully planning lower, more accessible rungs will grow the participant's confidence and sense of self-efficacy—that is, the belief that they can be successful if they decide to change. Success builds upon itself by bringing the person closer to their initial goal as well as subsequent goals (Miller & Rollnick, 2023).



Photo by Khashayar Kouchpeydeh on Unsplash

While implementing the change plan, the practitioner monitors the need for additional resources. Adjustments are more the rule than the exception as the participant tries out different approaches and begins to build a recovery-oriented lifestyle. Consider the role significant others, family, friends, mentors, and peers play in the participant's success. Involving warm, firm, and encouraging others in the participant's change goals will provide supportive accountability.

Case Study

Read the following case study and consider how MI tools may help Malik and his case manager:

Malik is in Phase 2 of your veteran's treatment court program and is a highly decorated veteran. He served as an A-10 pilot in the Air National Guard during the Gulf War and later in Afghanistan. Today, he called and wants to meet with you immediately. You agree. When you see him, he appears unkempt, unwashed, and saddened. He states that he wanted to inform you in person that the toxicology screen he took yesterday will show positive for alcohol and "maybe something else." You are genuinely surprised by his appearance and this self-reported substance use because, up until this point, he has done everything the program has asked him to do. Last month, two of your peers on the team referred to him as the model VTC participant. You are perplexed as to what you should say or do next (scenario written by S. Tirocchi, personal communication, April 28, 2023).

Possible focus for an MI conversation with Malik:

1. Understand Malik's current experience and how his needs may have changed.
2. Affirm his commitment as evidenced by completing all components of the VTC program asked of him and his courage in taking proactive accountability regarding the positive urine drug screen.
3. Elicit Malik's perspective on what led to the slip.
4. Guide Malik from the slip back into the change cycle.

Read the dialogue below for an example of how the MI conversation between Malik and his case manager might sound.

Dialogue: Handling a Relapse

Speaker	Dialogue	MI Skill
Case manager (CM)	Welcome, Malik. What's on your mind?	Welcome Open question
Malik	Thank you for making time for me today. I know it was short notice.	
CM	I'm glad you called.	
Malik	(looks down, takes a deep breath, and looks up) The drug test I took yesterday is going to be positive for alcohol. And maybe amphetamine.	
CM	You mentioned that on the phone.	
Malik	I wanted to tell you in person. I know this is a violation of the court requirements.	
CM	You wanted to take care of this right away.	Simple affirmation
Malik	Yes. I know honesty and taking accountability are part of this program. I never thought I'd be in this position. Things were going so well. (looks down again)	
CM	Something happened that temporarily threw you off course.	Complex reflection
Malik	My wife and I invited a few friends over for dinner. They brought a few bottles of wine with them. I thought I could have one glass and be OK. I've been doing so well and thought a little wouldn't hurt.	
CM	You were in a tough position: You felt pressure to have some wine with dinner.	Reflection of feeling
Malik	Yes. I didn't want to be rude to my friends. They brought the wine over as a gift and they don't know I'm in a treatment program.	
CM	You wanted to fit in.	Simple reflection
Malik	Yes. I thought having a little wine would be OK. Things had been going very well. My wife really wants things to go back to normal.	
CM	This has been stressful for both of you.	Complex reflection
Malik	She's had to take on a lot with the family since my license was suspended after the DUI. She works and has to drive the kids all the places they need to go.	
CM	The impact of the DUI on your wife is weighing heavily on you.	Complex reflection
Malik	Yes. She has been with me through all my deployments, and most recently with my DUI and this treatment program. (pauses, looking down) She doesn't know I took some amphetamines with my friend that night. I don't know how things got so bad so quick.	
CM	This slip is very concerning to you.	Complex reflection
Malik	I mean, I thought I was doing great. Things were starting to feel normal again. I thought I could have some wine with friends at dinner. Maybe I can't.	

Dialogue: Handling a Relapse		
Speaker	Dialogue	MI Skill
CM	Things didn't turn out how you intended. You don't want to do anything that will stress your wife out. You're concerned about your status in this program and called me right away to tell me about your slip. Looking back, what do you make of all this?	Summary plus key question
Malik	Well, I certainly did not expect things would go this far. This program is how I will get my license back, and I need to take some pressure off my wife. I don't want to slip back into drinking every day again. And the amphetamines; I haven't used those since being deployed. I got caught up in the moment and made some bad choices.	
CM	You have a lot of reasons to figure this out.	Complex reflection
Malik	Yes. (pauses in thought) I thought I could get through this program without other people finding out I am in treatment.	
CM	You were concerned what others might think of you.	Complex reflection
Malik	It wasn't me I was worried about. I was worried about embarrassing my wife.	
CM	You want to protect her.	Complex affirmation
Malik	Yes. She didn't ask for any of this. I owe it to her to handle this so we can get back to our family life.	
CM	This feels urgent to you.	Complex reflection
Malik	Yes. It's harder than I realized. I thought I had it handled. I'm not sure how to get back on track.	
CM	One thing you'd like is to understand how the slip happened to prevent it from happening again.	Complex reflection
Malik	Yes. I didn't think I would have a slip.	
CM	This surprised you.	Complex reflection
Malik	Yes. I'm stressed out about being in trouble with the court. I don't like this feeling.	
CM	This has been really bothering you.	Reflection of feeling
Malik	Yes. I've been feeling awful.	
CM	You have shown courage coming in today. There are a few things we can talk about to move forward.	Complex affirmation

Note the case manager's efforts to engage first with Malik to understand the current situation and what changed from his previous behavior in the program. The case manager used OARS skills to elicit Malik's values around protecting his wife and his urgent need to understand why the slip happened. He intervened according to Malik's current stage of change (i.e., relapse) and guided him to "reenter the change cycle" (SAMHSA, 2019, p. 110).

Key Takeaways

- Indicators of readiness for planning include envisioning the change, asking questions, and solving barriers. The practitioner will hear less sustain talk and more change talk that leads toward commitment language.
- Participants who generate their own change plans are more likely to be successful in following through. MI practitioners empower participants and maximize their autonomy in deciding how to go about change.
- Slips and relapses are teachable moments and challenging for both participants and practitioners. At their best, they represent an opportunity to affirm the participant's decision to get back on track while evaluating the parts of the change plan that worked and identifying gaps where additional resources may be needed.

Final Remarks

Suggestions for Further Training

While a person's educational level is unrelated to learning MI, there are activities that have been shown to result in practicing MI effectively. Generally, reading about, and watching videos of, MI increases one's *understanding* of the concepts and components. Participating in a one-time facilitated training that features skill practice and feedback is a step toward *practicing* MI; however, single-session training often results in temporary skill improvements that fade over time. Sustained improvements in evidence-based practices like MI are seen when practitioners who attend facilitated workshops receive follow-up. Receiving individualized coaching calls and objective coding results of recorded sessions where they are doing MI as a follow-up to the workshop have been shown independently to improve actual skill, with the most robust effect seen when both occur together (Miller & Rollnick, 2023).

Readers considering training in MI may want to seek out local organizations such as the Addiction Technology Transfer Center (ATTC) Network to inquire about workshops. The ATTC Network is funded by SAMHSA to train the workforce in evidence-based and recovery-oriented practices for SUD treatment. Ten regional centers throughout the United States schedule events and trainings and host resources on their websites that may be helpful (ATTC, n.d.). Another resource is the library maintained by the Motivational Interviewing Network of Trainers (MINT), which is a nonprofit organization dedicated to increasing the quality of MI training and practice. One of MINT's values is generosity, which is demonstrated through the free sharing of materials, handouts, and resources on MI (MINT, 2021). Additionally, the MINT website has a trainer listing where readers may search for independent trainers in their area.

Conclusion

This toolkit has described the spirit, skills, strategies, and change planning concepts. The narrative's intention was to provide specific and relevant examples demonstrating how MI stands beside practitioners in their important work with veterans. The complementary bench card is a quick reference to prompt MI practice in staffings, court sessions, and meetings with participants and families. At its core, MI enhances motivation for change while respecting and affirming participant autonomy. As the participant explores their own reasons and options for change, they reconnect with deeply held goals, values, strengths, and cultural traditions to build confidence and restore a powerful sense of self-efficacy. Developing this kind of internal motivation empowers the participant to sustain accomplishments beyond the VTC program and into their daily life.

References

- Addiction Technology Transfer Center Network. (n.d.). *About the ATTC network*. <https://attcnetwork.org/centers/global-attc/about-attc-network>
- Apodaca, T. R., Jackson, K. M., Borsari, B., Magill, M., Longabaugh, R., Mastroleo, N. R., & Barnett, N. P. (2016). Which individual therapist behaviors elicit client change talk and sustain talk in motivational interviewing? *Journal of Substance Abuse Treatment*, 61, 60–65. <https://doi.org/10.1016/j.jsat.2015.09.001>
- Bem, D. J. (1972). Self-perception theory. In L. Berkowitz (Ed.), *Advances in experimental psychology* (Vol. 6, pp. 1–62). Academic Press. [https://doi.org/10.1016/S0065-2601\(08\)60024-6](https://doi.org/10.1016/S0065-2601(08)60024-6)
- Carcone, A. I., Naar-King, S., Brogan, K., Albrecht, T., Barton, E., Foster, T., Martin, T., & Marshall, S. (2013). Provider communication behaviors that predict motivation to change in black adolescents with obesity. *Journal of Developmental & Behavioral Pediatrics*, 34(8), 599–608. <https://doi.org/10.1097/DBP.0b013e3182a67daf>
- Carcone, A. I., Naar, S., Clark, J., MacDonell, K., & Zhang, L. (2020). Provider behaviors that predict motivational statements in adolescents and young adults with HIV: A study of clinical communication using the Motivational Interviewing framework. *AIDS Care*, 32(9), 1069–1077. <https://doi.org/10.1080/09540121.2019.1679709>
- DiClemente, C. C. (2018). *Addiction and change: How addictions develop and addicted people recover* (2nd ed.). Guilford Publications.
- Gottlieb, M. (2021). The case for a cultural humility framework in social work practice. *Journal of Ethnic & Cultural Diversity in Social Work*, 30(6), 463–481. <https://doi.org/10.1080/15313204.2020.1753615>
- Military Leadership Diversity Commission. (2009). *Department of Defense core values: Definition of diversity* (Issue Paper #6). U.S. Department of Defense. <https://diversity.defense.gov/Portals/51/Documents/Resources/Commission/docs/Issue%20Papers/Paper%2006%20-%20DOD%20Core%20Values.pdf>
- Miller, W. R., Baca, J. C., Matthews, D. B., & Wilbourne, P. L. (2001). *Personal values card sort*. https://www.motivationalinterviewing.org/sites/default/files/valuescardsort_o.pdf
- Miller, W. R., Moyers, T. B., & Rollnick, S. (Writers). (2020a). Part I: An introduction to Motivational Interviewing. In *Motivational Interviewing: Helping people change* [DVD]. The Change Companies.
- Miller, W. R., Moyers, T. B., & Rollnick, S. (Writers). (2020b). Part II: Demonstrations of Motivational Interviewing. In *Motivational Interviewing: Helping people change* [DVD]. The Change Companies.
- Miller, W. R., & Moyers, T. B. (2021). *Effective psychotherapists: Clinical skills that improve client outcomes*. Guilford Press.
- Miller, W. R., & Rollnick, S. (2013). *Motivational Interviewing: Helping people change* (3rd ed.). Guilford Press.
- Miller, W. R., & Rollnick, S. (2023). *Motivational Interviewing: Helping people change and grow* (4th ed.). Guilford Press.
- Motivational Interviewing Network of Trainers. (2021). *Motivational Interviewing resources*. <https://motivationalinterviewing.org/motivational-interviewing-resources>
- Moyers, T. B., Manuel, J. K., & Ernst, D. (2015). *Motivational Interviewing treatment integrity coding manual 4.2.1* [Unpublished manual]. https://casaa.unm.edu/assets/docs/miti4_2.pdf
- Prochaska, J. O., Norcross, J. C., & DiClemente, C. C., (1994). *Changing for good: A revolutionary six-stage program for overcoming bad habits and moving your life positively forward*. HarperCollins.
- Rosengren, D. B. (2017). *Building Motivational Interviewing skills: A practitioner workbook* (2nd ed.). Guilford Press.
- Ryan, R. M. & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, 55(1), 68–78. <https://psycnet.apa.org/doi/10.1037/0003-066X.55.1.68>
- Substance Abuse and Mental Health Services Administration. (2012). *Working definition of recovery* (SAMHSA Publication No. PEP12-RECDEF). <https://store.samhsa.gov/sites/default/files/pep12-recdef.pdf>
- Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. HHS Publication No. (SMA) 14-4884. <https://store.samhsa.gov/product/samhsas-concept-trauma-and-guidance-trauma-informed-approach/sma14-4884>
- Substance Abuse and Mental Health Services Administration. (2019). *Enhancing motivation for change in substance use disorder treatment*. (Treatment Improvement Protocol Series No. 35, SAMHSA Publication No. PEP19-02-01-003). <https://store.samhsa.gov/product/tip-35-enhancing-motivation-change-substance-use-disorder-treatment/pep19-02-01-003>
- Tervalon, M., & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, 9(2): 117–125. <https://doi.org/10.1353/hpu.2010.0233>
- U.S. Space Force. (n.d.). *About USSF*. <https://www.spaceforce.com/about>



**Treatment
Court Institute**
↑

**Impaired
Driving Solutions**
↑

**Justice
for Vets**
↑

**Center for
Advancing Justice**
↑

This project was supported by Grant No. 2019-VC-BX-K003, awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Copyright © 2024, Justice for Vets

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without the prior written permission of All Rise (founded as the National Association of Drug Court Professionals).

Printed in the United States of America.

Treatment courts perform their duties without manifestation, by word or conduct, of bias or prejudice, including, but not limited to, bias or prejudice based on race, gender, national origin, disability, age, sexual orientation, language, or socioeconomic status.

All Rise

625 N. Washington Street
Suite 212
Alexandria, VA 22314

703.575.9400 phone
703.575.9402 fax

 facebook.com/allrise.org/

 x.com/_allrise_

 linkedin.com/company/weallrise/

 youtube.com/@AllRise_org

 allrise.org