

# HOW TO STOP TALKING AND START COMMUNICATING WITH MOTIVATIONAL INTERVIEWING

A Behavior Therapists Guide on How to Effectively Collaborate with Caregivers

*Dr. Monica Gilbert, Psy.D., BCBA-D, LMHC*



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## Motivational Interviewing

## Document for Participants

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Parent A: This just isn't my style of parenting: I have control over my house, and I don't need this ABA stuff.

Simple reflection:

Amplified Reflection:

Double sided Reflection:

Reframing:

Parent B: "I don't have the time to fit this into my schedule with everything else I have going on right now"

Shifting focus:

Emphasizing personal choice:

Agreeing with a twist:

Coming alongside:

Parent C: "I've tried my best, and nothing is working. I am not really open to doing much more."

Reframing:

Querying extremes:

Looking Forward/Backwards:

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## Case scenario: ROB

An example of using reflective listening to move client towards change talk can be seen in the below in a hypothetical dialogue between a training clinician and Rob, a BCBA trainee.

### *Case of Rob*

Rob is a BCBA that was invited to participate in an MI training and made the following statements while in training. “MI may be helpful with parents who are more sophisticated and not so bad off, but not with the parents I work with. Our parents don’t understand how to discipline their kids and expect others to do it for them. They just don’t want to take responsibility for what they are doing and the behavior they have created in their own child. They sometimes lie and make excuses; you have to confront them about their disciplinary tactics.”

The clinician who was delivering the talk about MI became flooded with counter arguments about how taking a different approach (MI approach) would indeed be helpful for these parents. Rob was a great BCBA, but parents had asked to replace him with a new BCBA on several cases already. He was highly intelligent, was well versed in assessment writing, and program implementation and was truly knowledgeable in application of Applied Behavior Analysis. He also cared deeply for his clients but raised objections regularly, was irritating, and the training clinician wanted nothing else but to confront him and tell him he was wrong.

As annoyed as the training clinician was and as good as it could have been to “put him in his place” the training consultant did not feel that she would be responding in an MI consistent manner. Rob’s statements were a form of resistance. Therefore, he engaged in the subsequent dialogue with him:

	<b>Statement</b>	<b>Commentary</b>
Consultant	It upsets you that I may be suggesting something that will be ineffective for your families. You really care about them.	Resists the righting reflex and uses reflection to communicate to the practitioner that she understands his motivation
Rob	That’s right. If I am not firm and tell them what to do, they will not change their behavior	Responds by restating his goal
Consultant	They don't benefit from you not being firm with them	Simple reflection
Rob	Right, they will just continue to do what they have been doing which is really not helping them at all	Elaborates about his concern
Consultant	And so sometimes it feels like you really need to get in their face, so they know that you aren't playing games here!	Rolling with resistance and amplification
Rob	Yeah. I guess I mean, that’s what I know works. I am paid to do a job and that's what I am doing.	Rob delivers more

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		information and lowers resistance
Consultant	As best as you know how	Trying to tilt scale towards change
Rob	With what I know works	Rob signals that the comment went too far; and his resistance increases
Consultant	Because you've seen it. Sometimes it works really well	Affirms trainee's perspective and reopens door for developing discrepancy
Rob	Yeah. Sometimes	Resistance decrease
Consultant	But not always	signaling discrepancy
Rob	No not always. It can be tough working with parents who are not willing to intervene in their child's behavior or who do so inconsistently.	Resistance drops. The relationship feels more collaborate and less adversarial
Consultant	And that's what worries you. You might consider something different, if--and only if-- you thought it might work for your clients, and that's the spot you're in right now.	Empowers towards change
Rob	Exactly, I am just not sure	Rob expresses his concern in less absolute terms and acknowledges that there may be other methods that work
Consultant	Well, I am not going to try to convince you that this is the right or only way to communicate with people, but it	Emphasize choice

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	sounds like you might be open if you thought it could help.	
Rob	I'll do whatever is effective to help my clients	
Consultant	You're committed to your clients and good practice. It's just now you need some other kind of data-- something other than what I've said-- to convince you.	Simple reflection to evoke his under of what he needs.
Rob	I'd need to see it work in practice. I need to see it work with some of these parents. I am someone who has to see it firsthand.	Rob communicates exactly what it is that he needs; begins change talk
Consultant	I wonder if you decided to give it a try, how you might do it?	Reinforces his change talk and evokes him towards preparation
Rob	I've got a session tonight with a client who is having difficulties in adhering to interventions	Offers a method but does not commit to doing it yet.
Consultant	I'd be curious to hear what happens if you do try it. What, specifically, might you do?	Directs Rob towards action.
Rob	I guess instead of arguing about being consistent and having all family members on board with the intervention, which is what usually happens, I'd try to understand the parent's view. Doing more of the reflective listening and open questions. I am just not going to get so mushy mushy with reflecting feelings, that's just not me.	Describes a clear goal and specific methods. Although raises resistance towards a method it's a good start.
Consultant	You sound pretty clear about your goal here, and you mentioned that you don't want to get "mushy mushy" which is fine. Everyone has their own style of how they will communicate with others and that's ok. So, what do you think about trying this tonight?	Reflects what trainees is saying, asserts choice and asks for commitment but does not argue for it.
Rob	I'll give it a try. See what happens.	Rob commits to a trial.

**Mrs. Garcia**

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The following are hypothetical scenarios of MI in action. See the example below of Mrs. Garcia who is coming to parent training sessions due to difficulties she is experiencing with her son's behavior in school and Mrs. Perez, a teacher who is being provided with a consultation by one of her student's behavior analyst.

*Mrs. Garcia*

Mrs. Garcia was referred to behavior consultation by her son's school since he is engaging in intense screaming that lasts longer than 60 minutes at a time. Mrs. Garcia does not feel that his screaming is as intense as the school reports it is and feels as though this is a typical behavior that he will "grow out of".

Mrs. Garcia and clinician's commentaries are as followed;

**Assessment session:**

Consultant	Hello, Mrs. Garcia. My name is Mrs. Gilbert and I am a Board Certified Behavior Analyst and also the parent trainer that is going to be helping you through this process. So, I do see from your chart that you were referred here by your son's school. I wanted to hear from you what brings you here today?
Parent	Well, the school referred me to a behavior specialist because my son is screaming at school and he's only 5. I don't think that it's a big deal. I think he'll grow out of it. <i>(showing some resistance)</i>
Consultant	Okay, well definitely thank you for coming today. You see this ruler over here. It's a ruler from 1 to 10. So, I'm going to be asking you some questions pertaining to this ruler. So, in terms of importance. How important is it for you right now to decrease this screaming behavior? <i>(assessing importance)</i>
Parent	A 5.
Consultant	Ok, a 5. Why did you pick a 5 and perhaps not a 1? <i>(eliciting change talk)</i>
Parent	Well, because I just don't want him to be screaming like that forever. <i>(communicates that this behavior can be a problem)</i>
Consultant	Forever is a long time. And what would it take for that 5 to become a 7? <i>(elicit more change talk)</i>
Parent	Well if his screaming got worse and started beating others at school. Then, that would be a big problem. Let's not go there. That's not happening right now. <i>(still some resistance but acknowledges that behavior can get worst if not stopped now).</i>
Consultant	So, you are saying that there is a possibility that his screaming can escalate to him hitting others. <i>(simple reflection)</i>
Parent	That's possible. But let's not cross that bridge yet. <i>(resistance lowers and then increases again)</i>
Consultant	We'll cross it when we need to. If we need to. In terms of confidence from 1 to 10, how confident are you that you can tackle this behavior? <i>(rolling with resistance and assessing confidence/ability)</i>
Parent	A 6



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Consultant	Why did you pick a 6 and not a 3? ( <i>emphasizing ability</i> )
Parent	Because, I've been able to handle this behavior at times and I've been able to calm him down. I think I can do it. That's why it's not 3.
Consultant	Ok, good. And what would it take for your confidence level to go from a 6 to a 9? ( <i>eliciting change talk towards seeking interventions that work</i> )
Parent	If I really knew why he was screaming, and I guess other things that I could do to stop him from doing so. That would boost my confidence for sure.
Consultant	Ok, so learning a little bit more about of the reason why he is screaming is important to you. And also, some interventions that could help. Correct? ( <i>simple reflection</i> )
Parent	Yes. ( <i>resistance decreases</i> )
Consultant	Ok. Well, if it is okay with you. I wanted to take the session to go over the basics of ABA. And also, to go over the functions of behavior. So, the reasons why they occur. Is that okay with you? ( <i>elicit, provide, elicit</i> )
Parent	Sure, absolutely. ( <i>resistance drops</i> )
Consultant	Perfect. So, let's start!

## Appendix A

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## Readiness Ruler



### Importance

How important is this for you right now? \_\_\_\_\_

Why did you pick \_\_\_\_\_ and not \_\_\_\_\_?

What would it take for you to reach \_\_\_\_\_?

### Confidence/ability

How confident are you that you can apply the same interventions that we do with your child? \_\_\_\_\_

Why did you pick \_\_\_\_\_ and not \_\_\_\_\_?

What would it take for you to reach \_\_\_\_\_?

### Ready

How ready to you feel about intervening on this behavior that we do with your child? \_\_\_\_\_

Why did you pick \_\_\_\_\_ and not \_\_\_\_\_?

What would it take for you to reach \_\_\_\_\_?

## Appendix B



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Target Behavior: (*Behavior you want to decrease*)

\* **Change Talk:** Any verbal utterance that indicates movement towards change the target behavior.

\* **Counter-change talk.** Any verbal utterance that indicates movement away from “change” or indicates sustainment of target behavior.

## Change Talk (CT) +

Categories	Frequency	Total
<ul style="list-style-type: none"> <li><b>Reason to change</b> <i>(statement indicating a rationale for changing the target behavior)</i></li> </ul>		
<ul style="list-style-type: none"> <li><b>Ability to change</b> <i>(statement indicating that the client can change)</i></li> </ul>		
<ul style="list-style-type: none"> <li><b>Need to change</b> <i>(special type of reason stating the client’s need to change)</i></li> </ul>		
<ul style="list-style-type: none"> <li><b>Commitment to change</b> <i>(statement that the client will change, or an idea for how the client could change”</i></li> </ul>		
<ul style="list-style-type: none"> <li><b>Taking steps toward change</b> <i>(statement that the client has already begun to change; this represents steps taken in the recent past (within approximately the past week).</i></li> </ul>		

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<ul style="list-style-type: none"> <li><b>Other</b> (<i>Any other statement about changing the target behavior. Includes hypothetical. Situations or circumstances that would convince the client to change, and problem recognition</i>)</li> </ul>		
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## Counter Change Talk (CCT) -

Categories	Frequency	Total
<ul style="list-style-type: none"> <li><b>Reason to change</b> (<i>statement indicating a rationale for not changing the target behavior</i>)</li> </ul>		
<ul style="list-style-type: none"> <li><b>Ability to change</b> (<i>statement indicating that the client is not able to change</i>)</li> </ul>		
<ul style="list-style-type: none"> <li><b>Need to change</b> (<i>special type of reason stating the client's need to stay the same</i>)</li> </ul>		
<ul style="list-style-type: none"> <li><b>Commitment to change</b> (<i>statement that the client will not change, or an idea for how not to change/to stay the same</i>)</li> </ul>		
<ul style="list-style-type: none"> <li><b>Taking steps toward change</b> (<i>A statement that the client is already resisting change; this represents steps taken in the recent past (within</i></li> </ul>		

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approximately the past week).		
<ul style="list-style-type: none"><li>• <b>Other</b> (<i>A statement that is clearly CCT but does not fit reasonably into the other categories. This includes minimization of problems and hypothetical statements about non-change</i>)</li></ul>		

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## Appendix C Worksheet with examples

**Target Behavior:** Inability to Ignore tantrums by withholding attention

\* **Change Talk:** Any verbal utterance that indicates movement towards change the target behavior.

\* **Counter-change talk.** Any verbal utterance that indicates movement away from “change” or indicates sustainment of target behavior.

Change Talk (CT) +	
Categories	Examples
<ul style="list-style-type: none"> <li><b>Reason to change</b> <i>(statement indicating a rationale for changing the target behavior)</i></li> </ul>	“If Sam did not have tantrums, we would be able to go out more”
<ul style="list-style-type: none"> <li><b>Ability to change</b> <i>(statement indicating that the client can change)</i></li> </ul>	“If I put my mind to it, I know I can ignore his tantrums”
<ul style="list-style-type: none"> <li><b>Need to change</b> <i>(special type of reason stating the client’s need to change)</i></li> </ul>	“I have to do this now because I know it will get harder later”
<ul style="list-style-type: none"> <li><b>Commitment to change</b> <i>(statement that the client will change, or an idea for how the client could change”</i></li> </ul>	“I can start my going to another room when he starts to tantrum”
<ul style="list-style-type: none"> <li><b>Taking steps toward change</b> <i>(statement that the client has already begun to change; this represents steps taken in the recent past (within approximately the past week).</i></li> </ul>	“I tried ignoring the tantrum by focusing on something else last night and he stopped right away”

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<ul style="list-style-type: none"> <li><b>Other</b> (<i>Any other statement about changing the target behavior. Includes hypothetical. Situations or circumstances that would convince the client to change, and problem recognition</i>)</li> </ul>	<p>“If I could get some help, or maybe a distraction I could be able to ignore his tantrums”</p> <p>“I know that providing him with attention is only going to make it worse”</p>
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## Counter Change Talk (CTT) -

Categories	Examples
<ul style="list-style-type: none"> <li><b>Reason to change</b> (<i>statement indicating a rationale for not changing the target behavior</i>)</li> </ul>	<p>“If I ignore his tantrum, I will be neglecting his needs”</p>
<ul style="list-style-type: none"> <li><b>Ability to change</b> (<i>statement that client is unable or unconfident about change</i>)</li> </ul>	<p>“It is just too hard for me right now to ignore his screams”</p>
<ul style="list-style-type: none"> <li><b>Need to change</b> (<i>special type of reason stating the client’s need to stay the same</i>)</li> </ul>	<p>“I don’t necessarily think that his tantrums are a big deal right now”</p>
<ul style="list-style-type: none"> <li><b>Commitment to change</b> (<i>statement that the client will not change, or an idea for how not to change/to stay the same</i>)</li> </ul>	<p>“As soon as he cries, I will ask him what he wants since he is indicating that he needs my attention”</p>
<ul style="list-style-type: none"> <li><b>Taking steps toward change</b> (<i>A statement that the client is already resisting change; this represents steps taken in</i>)</li> </ul>	<p>“It was just too much today, after he began to scream for about 10 seconds I just gave in and gave him what he wanted”</p>

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<p>the recent past (within approximately the past week).</p>	
<ul style="list-style-type: none"><li>• <b>Other</b> (<i>A statement that is clearly CCT but does not fit reasonably into the other categories. This includes minimization of problems and hypothetical statements about non-change</i>)</li></ul>	<p>“I have tried this before, and it hasn’t worked”</p>

Hagen Glynn & Moyers (2009)