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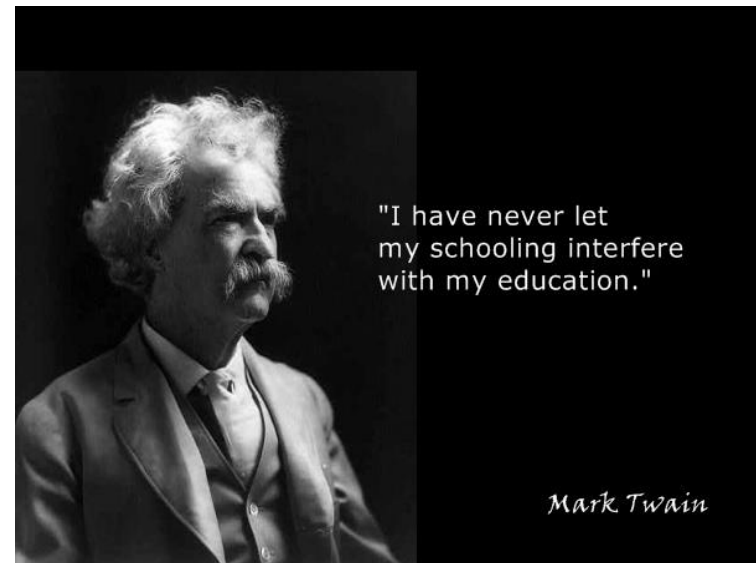
Beyond training: Looking at learning MI in a whole new light!

Thoughts on Improved Practice (TIP) #1710

Mark Twain dropped out of school at a very early age. Despite that, he lived a truly educated life. His famous explanation of his perspective on school vs. education is often quoted. Mr. Twain said:

"I have tried very hard in life not to let schooling interfere with my education".

Much of learning MI is like that too. Your real education with MI won't happen in a workshop, or in a classroom. It will happen if you are brave enough to learn it from your clients. They'll teach you most of the lessons that need to be learned. Their responses teach that either your approach is working to enhance motivation in them, or it's causing them to defend against our motivation - to change them! True, school can be a necessary part of learning things – but it doesn't substitute for a real education. The following MI conversation has a lot of client teachings built in. See if you can spot them. Read column 1 and 2 and spot the learning opportunity! The first dozen statement pairs contain "Cheat notes" on the learning. The remaining ones are offered for your own reflection.



	1. Interviewer's Statements	2. Client (Mike) Statements	3. The Education coming out of it...
1	Hi Mike. Glad you made it back for your second appointment today. People suffering with XYZ Disorder need to be careful to follow through with every scheduled session. It's not	Yah. Well, I am the kind of person that if I say I'm going to do something, I do it. If I make an appointment, you don't have to worry about that. I'll be here. I have to say though, like I said last week, I don't really think I have XYZ Disorder. Not in the official	<i>Sharon fell into the classic "Labeling Trap" here. The client's response can provide Sharon with an educational experience (if she is willing to receive it) Using labels that the client is not ready to accept can interfere with the process of engaging.</i>

	something you can fix by coming a few times.	sense at least.	
2	Well, yes, I know you are having trouble accepting the reality of that diagnosis. That's common in a lot of folks who struggle with denial.	Well, I don't really think I'm in denial. Just because I don't see it your way doesn't mean I'm wrong and you're right. I can't have XYZ Disorder. Not in the official sense. I don't have trouble with Y stuff usually. X and Z are my only real problems.	<i>The client is offering a further lesson here about how the use of labels (e.g. denial) causes argument and can encourage sustain talk. He is also showing how labeling interferes with partnership building.</i>
3	Yes. I know you think that way, but that's the denial speaking – not you. I think that, deep down, you know the truth here. I'd like you to trust me on this. I've been working in this field a very long time, and I know a bad case of XYZ Disorder when I see it.	I'm not saying you are not competent. I'm just saying that I know myself pretty well. I've known me ever since I was born. You've only known me for 1 hour before now.	<i>The educational offering here is for Sharon to realize how providing an expression of support for autonomy here would have really helped to enable the engaging process. [E.g. "You know, Mike, you are absolutely right about that and I will back off a bit here! You are certainly the expert on you and I want to respect that. This is your life and you'll decide how to deal with this situation with those darned X's and Z's as we move forward."]</i>
4	Well, I just want to reassure you that I do know what I'm talking about when it comes to XYZ. I've probably seen 1000 cases just like yours. I have a Master's degree in this field and XYZ is something of a specialty for me.	Well, you may have seen 1000 cases, but I don't really think that I am a "case". I don't like that term. I'm just a plain old Joe who has problems with X's and Z's. Not with Y's. Maybe your education didn't focus on people who only have the X and Z issues.	<i>The client offers Sharon lots of learning here. 1) The Expert Trap can get a person trapped. 2) The term "cases" here is seen by the client as a label and is depersonalizing. This thwarts engagement. 3) When you seem to be getting trapped more and more as things move forward, STOP WHAT YOU ARE DOING and go back to reflective listening. That may help you to develop more accurate empathy with the client's perspective and get some partnership happening.</i>
5	Well, I don't really have time to explain why your capacity with the Y part of this disease is not really a relevant part of the	Well, Sharon, to be honest, that's kind of nice to hear. I sometimes get the impression that the people who are trying to help me don't really listen to my point of view. I am a	<i>Lesson learned: An affirmation of client strength, when timed well, and when it is sincere (not just a "warm fuzzy") can go a long way in solidifying engagement. It can also</i>

	diagnosis. But – I will say that I really appreciate your honesty in telling me how you honestly feel about all of this. It's refreshing to see someone who will be honest about what's going on with them and with how they see things.	pretty honest guy, and it feels good to know that you are ok with that	<i>reframe “problematic behavior” in a way that spotlights to positive potential in the problem behavior. (E.g. Mike’s outspokenness is helpful for their work together.</i>
6	So, maybe it's time for us to get down to talking about what you're going to do to get some help with the XYZ problem here. Have you considered becoming involved in our new in-patient program? It is really showing some great results with XYZ Disorder. Some of the best results going.	Treatment? Treatment for what? Like I said, I don't want treatment for XYZ Disorder. Besides, it's not all that bad to be honest. After all, I've lived with it all these years up 'til now. Maybe I can just get better at adjusting to it. It's really other people who are pushing me to do this. Not to mention that I really have no time to deal with all this right now.	<i>Mike is teaching Sharon that premature planning (e.g. for what kind of treatment is needed) and the premature focus trap (treatment approaches for XYZ Disorder) can really encourage sustain talk. Sharon would benefit from listening to this session on tape. She would notice that her approach here sparked the client to begin building an argument that he DOESN'T need to change.</i>
7	OK. I can see that you're not motivated to do anything about this problem at this time. So, I'll back off on that for now. I guess maybe I should just ask “what would you like to do with the time we have left here today? How do you want things to be different?”	Well, the truth is, I want to know more about why I have such trouble with my X and Z stuff and yet, the Y part has never been a big deal for me. It's confusing. I wish there was a disease called “X and Z Disorder” because then I'd sign up for treatment for that right away. That would be great!	<i>Lesson Learned: Shifting away from topics that stimulate sustain talk is a good idea. Mike also taught Sharon that working to evoke change talk rather than being accusatory (“unmotivated” – which is yet another label) works much better if extracting a desire for change is the goal.</i>
8	Well, let me give you some advice here. I've seen far too many people opt out of getting help because they don't understand the full nature of their disorder. I would sincerely recommend that you stop worrying about the term	Whatever. To me, XYZ Disorder is not just a term. It means I'm defective. It means I have a major problem that is not going to go away. It means I have to put a lot of time and energy, and maybe even money into fixing it and I	<i>The learning here is that giving advice without asking for permission to supply it, or without inviting your client to ask for it, is often not welcomed. In this case, it resulted in a whole lot of sustain talk. [Q: So, how should this lesson inform Sharon's future work with this client?] [A: don't provide advice until you</i>

	“XYZ Disorder” and start thinking about the options that are available to you to improve your situation.	just can’t face any of that right now. Besides, you’re not me and so your advice might fit for you but not for me.	<i>know it will be welcomed]</i>
9	Is there a history of XYZ Disorder in your family?	No. I didn’t get any bad genes from my parents if that’s what you’re implying.	<i>Lesson Learned: The Assessment Trap interferes with motivational enhancement work</i>
10	No, I’m not wanting to imply anything here. But yes, we do know that it tends to follow the male line of the family tree for some reason. Is most of your trouble with the X, the Y, or the Z situation?	I told you, I have no problems with Y. Only X and Z.	<i>Sharon seems to need to give information (“patient education”) even before the patient is ready, willing, and able to be receptive. Here, she continues with assessment questioning. Assessment is helpful when it’s done at the right time (e.g. when there is some motivation for it).</i>
11	Oh, right. You’re back in that self-delusion space again.	Not self-delusion. Just reality. Maybe you’re the one who is delusional!	<i>Lesson Learned: Being rude is NEVER helpful. Sharon’s statement here in “MI Non-Adherent” (MINA) and MINA’s are a no-no in MI work.</i>
12	At what age did you start noticing the XYZ behaviours starting to show up?	Oh, I don’t know. Maybe 6. Maybe 7. I guess I would say about age 6 or 7. But that doesn’t mean anything. That happens to lots of people.	<i>Lesson Learned: The Assessment Trap is connected to the Expert Trap which is connected to the Premature Trap, which ... gets in the way.</i>
13	Do you think you will ever start to take some responsibility for what’s going on with this problem? Or – do you intend to just keep letting the system worry about how best to help you? It would be good if you could take this as seriously as we do here at the centre.	Do you think you will ever take responsibility for the fact that you don’t listen to people? You get an opinion and that’s all you can think about. It feels like it’s got to be your way, or no way. You listen more to what you think than what I think.	
14	You know, I think you may be right there. I have gotten way off	Well, to be honest, and you said you like me being honest, yah, I sort of feel like you are	

	track here and I'm really sorry about that. I can see that I'm not being too helpful here, and I do want to back up a bit. I hope you'll forgive my pushing you like this.	pushing a bit too hard. No biggie though. I know you are just trying to help and I do appreciate it. But I think we should talk about my desire to get over this thing so that I can be a better Dad to my kids.	
15	Oh, for sure! Yes. That is exactly what we should be talking about. Can you say a little more about that?	Well, with all these symptoms, I just can't give as much attention to them as I would like. They need me right now.	
16	Your children are important to you and you want to be the best Dad you can be. So, you decided to come in and look into the X and Z thing a little bit, to see if you could get working on that and then have more time for your kids.	Exactly! Yes, that is exactly what I am talking about. I've simply got to do something about this soon. I don't want this to go on for another year.	
17	Sure. What's happening with you now, in terms of these symptoms has just got to change soon. The sooner the better. You want to get started with tackling this right away.	Bingo! That's exactly right. But – I don't want to go into one of those residential programs – at least not now.	
18	What do you think might be helpful – you know – just to get things started toward a fix for this?	Well, I need some information on XYZ Disorder and how it relates to people like me who only have to worry about the X and Z part.	
19	Would it be ok if I review some of what we know about the Y component of XYZ?	Yah, for sure. That would be great. I've found so much conflicting info on the net about that. Some sites say the Y part is kind of irrelevant and some sites say that the Y stuff is major.	

20	Well, what I can tell you about that is that the Y part of XYZ is kind of in the middle in terms of XYZ. It's not as important as the X and it's definitely less urgent than the Z. So I guess I would say it's probably more important to start by thinking about the X and the Z parts.	Yes. I agree. That's kind of what I was trying to say before, but I don't think I made myself very clear. Anyway, that would be great if you could explain that. I've always wondered about that. It would be good to have an expert like you explain it without all the contradictions a person finds on the net.	
21	Well, I have some knowledge about all of this, but I have to reinforce that I am not the expert on you. You are. I can give you some information about all of this and then maybe we could talk about what fits for you.	Super. Yah. That's excellent. Thank you so much. That is exactly what I came in here for today. I want to figure out whether I truly do have XYZ Disorder or not. The thing is, if I do have it, I want to get treatment for it. Well, actually, that's not entirely true. I don't really want to – I just sort of need to. So, let's get on with it here. What causes XYZ anyway?	

Until next week ...

