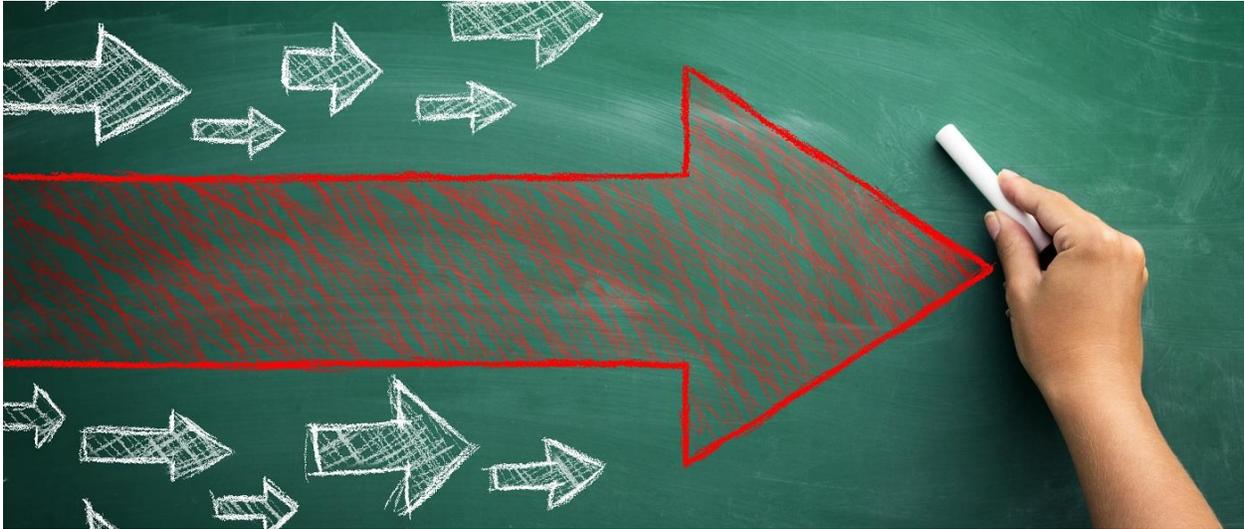


Eliciting Change Talk: Infusing Motivational Interviewing with Intentionality

Posted on [April 3, 2018](#) by [Leila Giles](#)



A clinician cannot make behavioral changes for their patients. Individuals make their own choices. But with the right training and experience, clinicians *can* help patients become more aware of their thoughts and goals. That, in turn, can lead to positive life change.

Motivational Interviewing (MI) is a therapeutic model that helps clients explore and resolve ambivalence. The SBIRT model uses MI during the Brief Intervention stage, and its applicability reaches further. MI techniques enhance therapeutic relationships in general.

Plenty of materials exist that can [introduce MI](#), but MI skill-building presents its own challenges. Recently, IRETA zeroed in on specific MI skills in a webinar series on [change talk](#). Below is a summary of the webinar content, and both recorded webinars are available in our [Webinar Library](#) for on-demand viewing.

So, what is Change Talk?

To successfully navigate the hurdles of MI, you need to recognize change talk when it occurs. In the world of Motivational Interviewing, the acronym DARN CAT is used as a mnemonic to describe various types of change talk:

- **D**esire
- **A**bility
- **R**easons
- **N**eeds
- **C**ommitment language
- **A**ction (current movement)
- **T**aking steps toward change

The two parts of the acronym separate at a natural place. DARN represents “preparatory” change talk and CAT “mobilizing” change talk.

Making Strategic Choices

Our change talk webinar host was Alex Waitt, LPC, a member of the [Motivational Interviewing Network of Trainers](#) (MINT). In it, he described appropriate clinical strategies for eliciting and responding to the various types of change talk outlined in DARN CAT.

As Waitt described, simply spotting a patient’s change talk is not MI. That alone doesn’t facilitate a meaningful life change. Recognizing the *type* of change talk a client is using (preparatory or mobilizing) can help a clinician choose his or her response intentionally, with the goal of steering the conversation toward increasingly action-oriented change talk.

“Often it’s this piece of intentionality that [people] struggle with,” said Waitt. “They know the strategies, they can implement them, but they almost do it haphazardly.”

For example, the clinician might hear a preparatory statement [such as](#):

I would like to stick to my medication regimen.

I can't keep smoking crack.

By choosing intentional responses, the clinician can help a patient grow empowered and confident enough to advance to mobilizing change talk, such as:

I have a plan for sticking to my medication regimen.

I am going to quit smoking.

Techniques for Eliciting Change Talk

Different MI techniques are suited to evoke different types of preparatory change talk. These techniques not only acknowledge clients' thoughts of change, they help to develop the thoughts.

The following list introduces strategies that encourage a client's shift from preparatory (DARN) to mobilizing (CAT) change talk. During the conversation, clinicians will want to note what type of change talk a client is using. Then, he or she can respond *intentionally*, using techniques that elicit change talk of a similar or slightly more advanced stage.

For example:

- **Ask evocative questions.** (Good for eliciting Desire, Ability, Reason)
- **Ask for elaboration.** Once change talk is expressed, ask for more detail. (Desire, Ability, Reason, Need)
- **Ask for examples.** Again, requesting more detail. (Desire, Ability, Reason, Need)
- **Look forward or backward.** Ask the client about a past experience when they implemented a change, or have client relate an imagined future where they've made a change. (Desire, Ability, Reason, Need)
- **Query extremes.** Explore worst and best case scenarios. (Reason, Need)
- **The readiness ruler.** A client uses a visual aid to rank their interest in changing a behavior. While it can become laborious if used repeatedly, this tool can help turn abstract feelings into more concrete plans. (Desire, Ability)

- **Explore goals and values.** Ask a client how a life goal or major personal value aligns or contradicts with their present behaviors. (Reason)

For greater depth on each technique and its use, the [Change Talk, Part II webinar](#) contains far more detail.

A Few Considerations

Waitt stressed that building rapport so that the patient feels trust and respect is a prerequisite. “Remember that when we’re eliciting change talk and using these strategies, [the client and I] already have a healthy working relationship,” he said.

Furthermore, Waitt pointed out that MI training can only take you so far. [Webinars](#), trainings, and blog articles offer lots of foundational and supplementary instruction. But hands-off methods should not be your only MI education.

To become proficient in MI, clinicians need two things that no training guide can provide: practice and feedback. Working with a mentor who can review your interactions with clients leads to valuable information about your strengths and weaknesses.

Time to Practice

To see how MI intentionality looks in a conversation, try the following exercise. In this video, Waitt speaks with a (pretend) client about her drinking habits.

Grab a piece of paper or open a word document and watch the video. The rules of the game are simple: When the interviewer uses one of the change talk strategies listed earlier, make a note. Jot down the video timestamp, which eliciting technique Waitt used, and what type of change talk the client expressed. The answer key is available [here](#).



How well did you do? Did you recognize the strategies? Did you notice how the order of techniques helped the client move from preparatory to mobilizing statements?

Keep Up the Good Work

MI is a great way to help guide a client toward healthy behavior changes. If you can elicit and respond to specific types of change talk with strategic intention, you are one step closer to MI proficiency.