Talking to Change: An MI Podcast

Glenn Hinds and Sebastian Kaplan

Episode 3: The Four Processes

Sebastian Kaplan:

Hello, everybody. Welcome back to another episode of the Talking to Change, a motivational interviewing podcast with myself, Sebastian Kaplan from Winston, North Carolina, and my good friend from Northern Ireland, Glenn Hinds. Hello, Glenn.

Glenn Hinds:

Hey, Seb. Hi, everybody.

Sebastian Kaplan:

So for today's episode we have a couple of things in mind. One, we want to discuss something known as the four processes of motivational interviewing. And we also want to do a bit of a demonstration or a role play, where I will be playing the clinician and Glenn will be a client of mine. And we will be talking about smoking. So that is something to look forward to for today's session. But before we go on with that, Glenn, maybe you could share with the audience how to find us and how to contact us?

Glenn Hinds:

Okay. So, for you tweeters, it's @ChangeTalking. For you Facebook people, it's TalkingToChange. And for conversations with us directly, or questions, or feedback, and we appreciate the feedback we've been getting already, Podcast@GlennHinds.com.

Sebastian Kaplan:

Okay. On today's episode are the four processes. The four processes are a structure that describes how motivational interviewing flows. Bill and Steve took, I think, great care in how they described motivational interviewing. They didn't describe it in terms of stages. The risk of thinking about an approach like motivational interviewing in stages is it implies that it goes one step after the other after other in this sequential format for all people. And as we know, that's just not how change works. So they did describe it using the phrase processes to capture some of the core tasks in an MI conversation. The first task that comes about is called engagement. And so Glenn, why don't you take that one and tell us more about it?

Glenn Hinds:

Yeah. Well, if you think about engagement, it's almost like it's self-explanatory in the idea that it's about that connecting with the development of the first stages of any relationship where, if we take the metaphor of the dance, it's the walking across the dance floor and asking your partner or potential partner for a dance. And if we stay with that metaphor, it's thinking about what is it that needs to happen for the individual we're asking to want to come out and dance with us.

Glenn Hinds:

So it's all going to be about how we are, and how we approach them, and how they feel treated by us. So it's that ... On the most basic level it's that social exchange that we have with them. Do we make them feel welcome? Do they feel safe? Do we approach them with a warmth that they can experience? Are we making eye contact? Are we smiling? Are we interested? And that idea that in a therapeutic or a helping relationship, the same principles apply. It's recognizing, "Who is this person? Why are they here? What is it they might want? What is it they might need? And what is it I can be doing that will assist them to feel as safe and as welcome as possible?" before we start looking at the material or before we dive right into what it is that I'm here to do or they're here to get.

Sebastian Kaplan:

Right. It also goes much more than some of that early chit-chat that occurs.

Glenn Hinds:

Of course.

Sebastian Kaplan:

Depending on the clinic structure, or depending on the work setting, there might be a bit of downtime or time where the practitioner and the client are together in the same location, but they're not yet sort of spilled into the conversation. And I feel like it's important to distinguish engagement, from an MI standpoint, with some friendly banter. "How was the parking when you came in?" or, "What's the weather like outside?" Which, not to say you shouldn't do that, but just really emphasizing some of those elements that you described there about non-verbal's, for instance. What kind of eye contact does the practitioner use? What's the body language? Is there a sense that the practitioner is really locked in to this experience. Whether it's the first encounter or whether it's the 50th encounter, that there is a sense that the practitioner is fully present with the client in the room.

Sebastian Kaplan:

And things like eye contact, certainly in medical settings, it's no safe assumption. With the use of the electronic medical records that a lot of medical practices have now, it's so easy to have a patient in the room and not look at them, and to have your attention focused on the computer screen or keyboard. And so with engagement, we're really wanting to deliver both verbal and non-verbal messages that we're all-in.

Glenn Hinds:

Right. There's nothing as off-putting as, when you're in talking to your GP or your physician, that they're looking at the computer and writing notes as you talk.

Sebastian Kaplan:

Yep.

Glenn Hinds:

I think that was really important, the way you were describing that, being present to the client, and present to the client's experience, and being there with them. That idea of establishing that mutually trusting relationship through that two way process. That you're there for them and recognizing their experience of them for you.

Sebastian Kaplan:

Yes, yes. And it's also important to say I think that it's not the first task, but then you leave or that you finish. It's ... Can't use a visual demonstration on a podcast, but the way that it's been described often in the literature and in trainings is almost like a staircase, and engagement is that bottom staircase that everything rests on top of. And so engagement is something that runs throughout the conversation, throughout the relationship. It's always something that the practitioner has an eye towards.

Glenn Hinds:

Okay. It's almost like that ongoing assessment in the conversation. How's the client experiencing this? How is the client experiencing me now? Are they still with me? Am I still with them? It sounds like what you're saying is that when the practitioner notices maybe the client stepping back, the recursive nature of the process is that we maybe step back down to engage them, to reconnect before we go anywhere else. End the dance, reconnect, and start dancing again, rather than just getting on with the dance.

Glenn Hinds:

Yeah. So we've taken hold of our partner again. We're engaged. What do we do next then? Seb, where do we go with that?

Sebastian Kaplan:

Right. Well, the second process is called focusing. Here's where ... In other counseling practices or in other healthcare settings you might have terms like agenda setting, and it's a similar idea. It's basically wanting to have a collaborative discussion around what would be most helpful for our time together, whether it's a single session, whether it's an ongoing relationship, but some level attention paid to, "How could I be most helpful to you?" And in some instances, it might seem obvious. You might work in a diabetes clinic, and so there's certain change targets, I suppose, that will be almost a given. But there's some many ways and so many directions that someone can take towards change that it is important to spend some time thinking about how this particular individual would get to that place of improved health around diabetes.

Glenn Hinds:

Right.

Sebastian Kaplan:

And I suppose in another sense too that, if it's an ongoing relationship, what happens from one session to another ... There may be a lot that goes on in the life of a person,

and so they might come in and, even though they're returning, there's a return visit at the diabetes center, maybe there's something really significant that happened in their life, and that's what's most pressing. Now, whether the practitioner is qualified or comfortable in engaging in a conversation around whatever that new topic might be, that maybe is another topic to consider, but the practitioner should always be interested in what seems most relevant and most important for the client and to make that an explicit conversation.

Glenn Hinds:

Yeah. And you raise that important issue where sometimes clients will present with issues that maybe aren't areas of expertise or aren't areas that the practitioner has any particular focus on, and their concern is, "This isn't my job." I think sometimes it's about appreciating what we've already talked about in relation to the spirit of motivational interviewing is, "What if I was to trust this person to maybe help them identify where and who and how whatever this issue is?" It's not my responsibility to work out the financial difficulties that they're having that they're presenting to me in a diabetic clinic, but it's important that I acknowledge to them that that in itself is having a bearing on perhaps how they ... their diet or their diabetes control. And that by acknowledging that, the focus shifts for a moment to that issue. That, and it's acknowledging in some ways that, because of the financial difficulties, that's getting in your way to manage your diabetes.

Glenn Hinds:

So when we talk about evoking, it's about explaining the where else, the who else, the how else might you be able to be assisted about that, and that the practitioner guides them to the support that they might need outside of the diabetic clinic, and then brings it back to the diabetes issue. And I think that's one of the interesting things about the focusing. And again, the recursive nature of the processes is that, as we go along, I often think of it in the map term. I've mentioned a few times that when we get to certain points along the journey, there may be bumps on the road, and for me that's where the focus shifts slightly. "Okay, the end of the journey is the main focus, but from time to time we have to take smaller focuses, which are in essence it's the financial difficulties, or getting the kids to school gets in their way of doing their early morning testing, or her husband does this. And we just spend a bit of time helping them focus on how that influences the bigger issue, and how they get over that bump to move onto the next thing.

Sebastian Kaplan:

Yes. And I suppose your use of the dance metaphor would be interesting to kind of weave throughout this, and maybe it's requesting the song, or deciding what the dance will be about, or what the music will be between the two partners and coming to some agreement about that. There may be occasions where the practitioner doesn't agree or may feel like their energies would be better spent focusing on, let's say, back to the example at the diabetes clinic, maybe the person's diet perhaps is really problematic from a health standpoint, and perhaps the client is much more interested in discussing increasing their exercise. Not that that's a bad thing, and certainly anybody working in the world of diabetes care would support that. But there are times when practitioners

might feel caught in a position that they're trying to adhere to motivational interviewing, but may feel quite strongly that there's a rationale to focus on something that the client isn't necessarily emphasizing.

Glenn Hinds:

Right. So what would you be recommending for people who find themselves in that situation?

Sebastian Kaplan:

I think I would often do is sort of settle back into the core elements of the spirit. So, first of all, again, it is a collaboration. This isn't about me as the practitioner telling them what to do or being the expert on themselves. I think that being honest about what the concerns might be or about the rationale for why diet would perhaps be more impactful in that particular situation, and the practitioner should feel comfortable in being honest about that. Ultimately though, there is the awareness and the acknowledgement that the clients leave our offices, or our clinics, or our hospitals, and they're the ones that live their lives, and they're the ones that make the choices, day in day out, how they're going to spend their time and how they're going to focus their energies. And so I would always caution people, and certainly caution myself in doing the clinical work that I do, to refrain from ever saying, "You really have to do X, or Y, or Z." So I think if the practitioner states what their preferences might be or what the rationale is to focus on one area, and the client's just not ready to do that, or the client might prefer focusing elsewhere, that you engage in a conversation. You explore that. You try to understand why that is, as best as possible.

Glenn Hinds:

So in some ways it's more beneficial if the practitioner considers, "How can I help this person do what they're willing to do at this point towards achieving the bigger goal?" Rather than saying, "You have to do it in this order." Work with their existing motivation. Work with their existing confidence. And trust that if these small changes have any benefit, then progress is being made in the ultimate wellbeing of this client, and that potentially the experience of having a practitioner who is willing to help them in a way that they find useful that that will increase the likelihood that they'll come back, and that in itself then enhances the opportunity that when the practitioner shares their opinions or ideas or concerns on the future that the client will choose to take them onboard because of how they've experienced them in the previous contact and how they felt about how this person is as a practitioner with them.

Sebastian Kaplan:

Exactly.

Glenn Hinds:

Yeah. The relationship is very, very important.

Sebastian Kaplan:

It's critical.

Glenn Hinds:

And if we just think about our own relationships, about who are the people we have in our lives that we feel safe with, trust. Who are the people whose opinions we listen to? Why do we listen to them? Again, it's going to come down to how we experience them. And that essentially is the foundation of what we've been exploring over the first two podcasts is ... It's recognizing people don't change with doctors, social workers, nurses, psychiatrists. In many ways it's recognizing people change in the company of another person. It's the people, the person element of the contact that is probably having the most influence.

Sebastian Kaplan:

Nice. Nice. I suppose, moving along with the processes. So, once a focus has been established, the next process is called evocation.

Glenn Hinds:

The calling out, the drawing out of. And I suppose that's the thing that probably sets motivational interviewing apart from other kinds of styles is that it seeks to draw out the way forward, the ideas, the solutions, the concerns from the client through that, really again, celebrating the expertise of the person themselves in their own lives, and recognizing that, chance are, before this client ever came to see us, they've tried to resolve this issue for themselves or in the company of other people. And one of the things we can be curious about is, what have they learned. What have they done? What ideas do they have? So the evocation is when we've identified what the focus is and we've agreed what the focus of the conversation will be, we can then simply ask, "So, what would work? What would work for you?" Or, "What have you done before?" Or, "How do you want to move this forward?" So it's, "What ideas do you have?" So it's reaching out to the client to invite them to share with us their own ideas.

Sebastian Kaplan:

And it's also ... The term evocation or evoking would be familiar to people that listened to the first episode. It is such a, I suppose a bedrock of motivational interviewing. It shows up both in the MI spirit and again here in the four processes. We are just about always in search for drawing out ideas from the client. And so as far as the evoking process, in MI it's also about this term called change talk. So this is a key term in motivational interviewing. It is one of the distinguishing features, arguably, of motivational interviewing and other approaches, helping approaches. We are interested in structuring the conversation in such a way that the client is in essence making the argument for why they should change. What are their reasons to do so? What are the things that they are after? What are they in search of or, at the same time, what are they trying to eliminate, or what are their worries about maintaining the current trajectory that they're on?

Glenn Hinds:

So the client's going to talk themselves into change.

Sebastian Kaplan:

Exactly, exactly. It's recognizing that ... Again, this goes back to the spirit in a lot of ways, but it's not our job to change them. Our job is to help enhance their motivation for change, but ultimately we want them to be the ones to take that on and to make the case for why change would be right for them at this point in time.

Glenn Hinds:

And I might assume for a lot of people listening that, that again is going to seem quite strange somehow that, "Here I am working with an alcohol related problem, and you're telling me that they're going to talk themselves into it? If that was the case, they would have done it before now." And maybe one of the things to consider is, have they ever been asked and then listened to and understood? Have they experienced open-ended questions and affirmations about their efforts to change and to keep themselves as well as they can under the circumstances, using reflective listening as a way of communicating our desire to understand it from their perspective? The summary is to ensure that the conversation is moving in a way that maintains the connection throughout, that there has been that engagement, there has been the focus on what is it that the client will find helpful, and then the trust and the belief in this person to find a way forward, whatever that might be. And again, I think it's backed in that inches more than miles. What if we were looking at the small steps towards progress rather than the big steps where they have to stop drinking, or they have to ... their blood sugars have to be a certain level within a certain period of time? That we work with what they're capable of, work with what's in front of us.

Sebastian Kaplan:

Mm-hmm (affirmative). Right, exactly. There's also something that I think just about any listener could relate to, which is the experience of being, of feeling two ways about a particular decision, or the experience of ambivalence, which is a term that we use quite a bit in thinking about motivational interviewing. So if you have somebody who, say, has a problem with alcohol, and they go see a counselor, or a doctor, whoever they might see, and they are 100% fully committed to change. Now's the time. That's not really somebody who would benefit from or really needs a motivational interviewing style conversation. They're walking in the door ready for change, and they're walking in wanting to know how to do it. As most practitioners can attest, people are often caught in some level of ambivalence around change, whether it's around alcohol or other kinds of changes.

Sebastian Kaplan:

One of the fairly predictable phenomenon that humans will exhibit is if they are feeling ambivalent about a particular change and someone, whether it's a practitioner, or a friend, or a loved one approaches them in a way, in a sort of confrontational way, in a way to try to convince them that, "You know what? You have to do this," or, "You really

need to change," it's quite predictable that people will very often take the other side of the argument, or they might push back a little bit, either push back actively and sort of get into an active argument, or maybe in that passive way where they just sort of settle in. They don't say much. They might nod and go, "Mm-hmm (affirmative), Mm-hmm (affirmative)," and then leave with just thinking about all the counter-arguments to why they should change, which is really sort of where Bill Miller and Steve Rollnick ... Kind of the place where they developed MI from is that human phenomenon. And so how do we engage someone in a conversation that doesn't invite them to think about the reasons to keep drinking or the reasons to keep smoking? It's to engage them and invite them to consider why they should change.

Glenn Hinds:

So human beings are fickle creatures. We don't like being told what to do. And it just made me think of, I think it was Malcolm in the Middle I heard it the first time was, "You're not the boss of me." It's that idea of we don't like being told what to do, even if it's the right answer. And somehow what you're describing is, is that, an ambivalence. Whatever side of an argument the practitioner takes, naturally the client takes the other one, which seems to suggest then that ... What we're exploring with people is, what if we were to flip the conversation? where the practitioner became curious about why they are the way they are without trying to change them, allowing for that fickleness where the client will then perhaps take the opposite point of view, which is towards change, which is where the change talk comes from. And then through reflections and open-ended questions, we can encourage them to elaborate, building up on that I learn who I am as I hear myself speak, since they're talking themselves into being different, being listened into change.

Sebastian Kaplan:

Yes. Yes, nice way to put it.

Glenn Hinds:

The Four Processes, I'm convinced that it'll come up over and over and over again because they are quite complex in the sense of how wide and how often we actually can investigate the uses of these full processes. But for the purposes of this podcast, I just want to ... There we are with our gaze. We've focused. We've evoked. Where do we go next?

Sebastian Kaplan:

We go to the last process, which is planning. And planning is actually something that you may not always do when you're doing motivational interviewing. You could imagine that someone, a client would come in, and the practitioner engages with them from the very beginning, throughout the encounter. That they arrive in a collaborative way. They arrive at a focus point where they begin to explore the reasons why someone would want to change, the drawbacks for maintaining the current path. And that sort of conversation could really lead someone into their own ... taking the baton so to speak and moving forward with change that doesn't really require a structured plan. In fact, a

lot of clients, as I'm sure the listeners know, have made attempts to change before, have had successful attempts to change before. They may know a lot about how they would change, so it's not necessarily a requirement in motivational interviewing to engage in that final process, but very often a discussion around how someone will go about change can be very helpful.

Sebastian Kaplan:

It's about ... Well, and it's also ... I always feel like it's the time where a practitioner might feel tempted to take the reins and begin to deliver a lot of advice and feedback, which isn't necessarily a bad thing, but in motivational interviewing we do want to take great care in how we deliver feedback and how we share ideas. So, it's often done ... Planning is often done with a starting point of, "What ideas do you have about how you'd go about making this change?" hearing what the client has to say about it, hearing what their experiences are. And then from there, really listening carefully to whether there are some gaps perhaps that a client might have in what they know about how people change with whatever the change target might be, or maybe even responding to explicit questions because sometimes clients will come out and say, "I really want to make this change, I just don't know how to do it."

Glenn Hinds:

Right. So it's almost like the planning is, it only happens when we are getting clear communication from the client that that ambivalence that you were describing has been resolved. They've come down on one side of the argument, and they've committed to moving in a specific direction. I suppose a couple things come off from it. Very often the idea of planning being the last thing we do in motivational interviewing is quite surprising for students that I've worked with, and I think what happens is people are used to going on and creating a care plan, or a direction of plan. They hear the word plan, and that's what it is, "We have a care plan. This is what we're going to do." I think maybe what they're more accurately describing is that the focusing aspect of what we were describing is, "What are the areas that we could be working on? What are the areas that are important to you?"

Glenn Hinds:

What's different about the plan is that in focusing it's much more fluid. These can change from moment to moment depending on what it is we're working with. Whereas, with the plan it's much more solid because there's a clarity of direction. Where the negotiation takes place is how the individual can find their way to that. So, from a Northern Ireland perspective, I'm living in Derry. Belfast is over 70 miles away. The client has made the decision after a conversation, "I want to go to Belfast." The planning process now is, "Which direction do you want? What route do you want to take to get to Belfast?" It's always movement towards Belfast, what we're exploring with the client, "What are the routes? What are the opportunities? And what are the challenges you might face on helping yourself achieve that success by arriving in Belfast?" stopping drinking, stopping smoking, maintaining your diabetes care.

Sebastian Kaplan:

Mm-hmm (affirmative), Exactly. And another term that we use a lot in MI that I think comes up during the Planning process, or fits nicely within it, is something called the elicit, provide, elicit sequence. And I know in the medical school that I work in that they teach the students ask, tell, ask. There's a lot of ways to structure that or to describe that three part sequence, but it's basically the idea of first starting with the client, drawing out from them or eliciting from them, "What ideas do you have about changing in this particular area?" You follow up with a reflection, of course, of that. And very often asking for permission to give feedback or to give ideas. That's something that we do. We emphasize that quite a bit in MI. Advice is given only with permission, and it's again to really emphasize the collaborative nature of the conversation.

Sebastian Kaplan:

And when permission is granted, then the practitioner can offer ideas and offer suggestions, whether it's suggestions about how the clinic operates, or suggestions about how other clients have made successful changes, or maybe it's a suggestion that's born from the literature or the research about how what we know about other people that have made these successful changes. And once that feedback is offered, once the advice is given, there's the final elicit, which is always tied to the idea of the client has the last say. So the practitioner will ask, "How does that sound to you?" or, "What thoughts do you have about what you just heard? How does that fit with your experience?" And so that's, again, a key part of what a planning conversation might be about.

Glenn Hinds:

So there is an opportunity for the expert to bring their knowledge and experience, their insights into the conversation, but again it's done in a way that maintains the collaborative relationship that continues to promote the autonomy of the client and recognizes the practitioner's trust in the client to have the final say. That, "Ultimately these are ideas that I think might be helpful for you, but what's really important is I want to know what you think about my ideas."

Sebastian Kaplan:

Absolutely.

Glenn Hinds:

"This is what's worked for other people. I wonder how that would work with you, given the experiences you've had." I've seen it a few times as well, I think it comes from a business perspective, the idea of when we are planning the notion of what might be called smart goals. In motivational interviewing there's a form known as the change plan worksheet, which invites the client to be specific about the steps, the journey to be ... So from a smart perspective, that's being specific, the what, the why, the how, the where. The measurable, the importance of being able to track progress and to know where it is they're trying to get to. Achievable, how can they accomplish this goal? Relevant, back to the notion of how important it is. Is this issue important for the client? And then very

importantly, time-bound, the idea that, "Where will you be this time next week? Where will you be in a month's time? Where will you be in six months' time?" So that there is a trackable process that they're not waiting until they get to Belfast before they can experience the success. That when they've gone down five miles down the road, they're able to look back and see how far they've already come, and everybody knows that can be very motivating, that the steps are considered progress rather than just the outcome itself.

Sebastian Kaplan:

That's right. Right. And I suppose it's useful to talk about another kind of client language here. Where previously we used to the term change talk and discussed about how important that is, and the evoking process in particular. It'll come up earlier as well, but in particular in the evoking process. In the planning process, well, you're certainly likely to hear change talk. It wouldn't make sense to get into a plan if the client isn't providing change talk in the conversation, and it would be premature to start planning. So, you'll certainly be hearing some change talk in the planning process, but you'll also be listening for and maybe inviting what we call commitment language. You'd want to find out, "So, what are you willing to do at this point? How strongly attached are you to the idea of this particular change?" And that's an important thing to listen for and maybe even to end on as an encounter wraps up.

Glenn Hinds:

And maybe now would be a good time for us to try and model some of what it is we've been talking about for this, in the last podcast, is, "I need your help."

Sebastian Kaplan:

Right. Let's do it.

Glenn Hinds:

So what we've decided is that I am going to be an individual who's just been to see his physician, his GP. And his GP has encouraged me to step down to see you. And you're going to counseling me on stopping smoking. Now, at this point stopping smoking is not high on my priority, so I'm reluctant but I need to come and see you.

Sebastian Kaplan:

Right. Hopefully it's something that would resonate with the listeners, whether it's smoking or any other helping conversation.

Sebastian Kaplan:

Okay, well ... Hello, Glenn.

Glenn Hinds:

Hi.

Sebastian Kaplan:

It's nice to see you. I know this is our first time meeting today, but Dr. Jones felt it was important for you to come and chat with me a bit. So maybe you can tell me a bit more about that?

Glenn Hinds:

Yeah. Well, I was up at ... To be honest, I'm not really quite sure why he thinks I need to come and see you. I was up seeing him. I have a pain in my chest. And he asked me, "Do I smoke?" again. And I says, "Yes," again. And he says that I should come down and see you because he thinks I should stop smoking, again.

Sebastian Kaplan:

This isn't the first time you've heard then?

Glenn Hinds:

No. No, I hear it from him every time I go and see him about anything. He always asks me, "Do you smoke?" "Yes." He tells me to stop. I know. My wife, she tells me to stop. I suppose you're going to tell me to stop as well.

Sebastian Kaplan:

It would make sense that you would think that. It sounds like you get it here every time you come into the clinic, and perhaps you're getting it in other places as well, like at home.

Glenn Hinds:

Yeah. Why don't people just back off? I know I need to stop smoking at some point, but ... Today wasn't about smoking. Today was about a pain in my chest. And here I am, down talking to you.

Sebastian Kaplan:

Right. So you had other concerns. You didn't come in to talk about smoking. You ended up getting there, as you often do, but you came in for some help with the chest pain.

Glenn Hinds:

Yeah. I'm 50-odds now and all that, and I love my running, but recently I've been working out. I've been getting a pain in my chest. I suppose enough for me to need a check-up, a MOT type setup, just to check. So that's what I did. I came in. I was expecting to get wires on my chest. To be honest, I thought I would be sent down here and told to run on a machine for 15 minutes to check my heart because that's really what's concerning me. I don't want to be out running one day and drop dead.

Sebastian Kaplan:

Right. This is serious stuff for you. You have some really significant concerns about where this might lead for you.

Glenn Hinds:

Yeah, absolutely. Yeah, my kids are still young enough where they need me to be around. And I suppose I'm recognizing that at the age I'm at, I need to be looking after ... which is why I'm still running. And I know I'm a bit overweight. And I suppose the reality is that I know that I shouldn't be smoking, but hard to quit, you know? I've been at it since I was a teenager, and everybody ... Well, not everybody. I know some of my mates have stopped. But like when I go out on the weekends, part of socializing, part of having the crack is going out to the beer garden and having a few smokes, and catching up with all the lads.

Sebastian Kaplan:

Yeah, it's been a part of your life for years. It also sounds like it's a part of really important times for you, times of connection with friends. You have fond memories. And now you've reached a point in your life, in your 50s, you're finding it a bit more difficult to do some of the things that you had done before, like being active. You have a wife and children and other people that care about you, depend on you, and perhaps are worried about you, and you're starting to think about things. You mentioned your diet. And even with smoking, as much as you really don't like all of the nagging and pressures to stop, it does sound like you've been thinking about, "Maybe I need to think about cutting back?"

Glenn Hinds:

That's probably what ... The idea of coming in here today and you telling me to stop smoking, there's no way I can stop smoking. I have ... There's been a couple of times where I've cut back a bit. I've stopped a couple times, but not for very long. So it's very hard for me just to stop. And I know there's patches and whatever else available, but it's unrealistic for me at this stage for you to think that I'm going to walk out of here today as a non-smoker. The best thing for me is ... It's realizing, if I'm honest with myself, chances are, some of the pain in my chest is probably coming from what I'm eating and the fact that I'm smoking, and I know the connection. So, realistically, cutting down is the best I can do at the moment.

Sebastian Kaplan:

Mm-hmm (affirmative). And cutting down, so you really ... Well, one thing is clear. The idea of leaving today and never smoking again seems unrealistic for you. And at the same time, cutting back is something you have ... you're giving some thought to, and I wonder why that is. What is it about cutting back, or what is it about your current smoking habits that have you concerned to the point of being ready to make at least some change?

Glenn Hinds:

Like I say, I get health promotion messages that are on the cigarette packets and on the TV, and it's more and more difficult to smoke in places, and I get it. I suppose it's getting more and more expensive as well, so probably cutting back would probably save me some money as well. Look, I know I have to stop. I do have to stop, but it's ... The

cutting back is probably ... To be honest, if I was to cut back ... It's probably my pride, to be honest, that's stopping me from just stopping. Because she's telling me to stop, and I know that if I was ... Say if I was to come home today and tell her that I stopped smoking, she'd say, "Didn't I tell you?" And I don't want that to happen. This needs to be my decision, man. I think that one of the things I could do is cut back a bit. And I don't think anybody's going to notice a lot, but I think it would help me get ready for some point in the future when I could completely. So, yeah.

Sebastian Kaplan:

Yeah. Well, I appreciate you really thinking through that. You seem to be somebody who knows yourself quite well. And as hard as that would be to, I suppose, acknowledge or admit that change is necessary, you're willing to start, at least to start thinking about how you might do it. And it sounds like you're even ready to begin the journey of cutting back, even after you leave today.

Glenn Hinds:

Yeah. Well, yeah, it's ... To be honest with you, I'm really surprised with what's happening here today because I am actually thinking, "You know what? There's probably four or five immediately I think I smoke every day, and I know it's more out of boredom than anything else." I don't actually really want them. And that there's been so many times where I'm about to light up a cigarette, and something happens, and I don't miss not having it. Whereas there are cigarettes, the first cigarette in the morning, probably the last cigarette at night, the one after my dinner, and the one after tea break; I love those cigarettes. But there's so many in between where I'm just doing it just because they're there. And I suppose it's just thinking about what else, what else would I do if I didn't? And to be honest, there's a few of them that I don't even have to do anything, just keep doing what I'm doing, just don't pick the cigarettes up.

Glenn Hinds:

The problem is, like I'm buying two packs a day. I'm smoking one and a half packs every day. So the half a pack from today that I bought yesterday, and I think that probably if I only bought one pack. That would probably be one thing I could do is see if I could cut down to one pack and just say, "Right. Okay, I'm going to smoke one pack in a day," which means then I have to think about the cigarettes I'm going to smoke. As I think about that, that's the sort of thing that works for me, that I'm working towards something, and it's almost like a wee challenge.

Sebastian Kaplan:

Yeah, there are these challenges, and again this idea of you really kind of knowing yourself. Well, really knowing yourself better than anybody, and knowing the things that will tug you in one direction versus another. And so you know your habits quite well. You know the tendencies. You know that some of the cigarettes that you have in the day are cherished moments, are moments that you really ... you're not quite ready to give up at this point, but there are a number of other cigarettes that you have throughout

the day that are done, not out of need or out of desire, but really just out of boredom, and that those might be a reasonable place to start.

Glenn Hinds:

Yeah, that does ... That makes sense to me. Again, I'm really surprised, man, that you haven't just told me that you're going to give me patches, and I should leave and get on with it. This has been really surprising for me. I come in here. I was ready for a row.

Sebastian Kaplan:

Mm-hmm (affirmative). Well, you've been used to people telling you what to do.

Glenn Hinds:

Yeah. It's surprising that you aren't.

Sebastian Kaplan:

So I appreciate our time together today. I feel like you've been, in a really quick amount of time ... Although it sounds like you've been thinking about this for some time as well. But in just a fairly brief conversation, that you've managed to think carefully about the times of day where you don't really need a cigarette, and then even starting to think about the quantity or where you'd like to ... what you'd like to shoot for, going from a pack and a half to a pack a day. And that seems like a reasonable first step for you. I wonder what you think about maybe coming back to see me, not necessarily seeing Dr. Jones, but coming back to see me in the clinic in maybe two week's time, and we can have more of a discussion and just kind of see what progress you've been making?

Glenn Hinds:

Yeah. Well, you know what? That might be helpful. I don't know if it's ... I just come back to tell you how I'm getting on and see what happens.

Sebastian Kaplan:

Right. And at that point, we can ... Well, of course we see where you are with your smoking and how things are going with it. We can, of course, if you're interested, we could discuss a next step, if you hadn't already done so. I mean, some people come back and see me after two weeks, and they've even surpassed the goals that they set in our first discussion, and so that's certainly a possibility. But you had mentioned things like patches and chewing gum and sort of replacements. That's something that we offer here in the clinic, but of course that's only something that will be useful to you if you're open to it and interested in it. And if you come in in two weeks and that's something you'd like to explore or you want to find out more about those options, we can discuss those as well.

Glenn Hinds:

Yeah. Well, I definitely don't want the chewing gum or the patches at the minute man. I think what I'm going to do is I'm going to go and stick to one pack a day. Yeah. But you

know what? It's helpful to know that you're here. I could come back in two weeks and do something and see, just tell you how I got on and see what happens, if that's all right?

Sebastian Kaplan:

Sounds good to me. Sounds great.

Glenn Hinds:

All right. So I just give you a ring and come in then?

Sebastian Kaplan:

What we'd do is you just go to the front desk, where you checked in, and just let them know you want a follow up appointment with me in two weeks, and they'll set you up.

Glenn Hinds:

Okay. Yeah. Well, thanks. Thanks, thanks for not shouting at me.

Sebastian Kaplan:

Very good. It was a pleasure talking with you today.

Glenn Hinds:

Okay.

Sebastian Kaplan:

All right. Well?

Glenn Hinds:

Thanks, Mr. nice guy.

Sebastian Kaplan:

Sure thing. Yeah. So, as we're back ... We're out of role now. I'm just wondering though, for you, Glenn, what was that experience like for you as the ... playing the client?

Glenn Hinds:

I was genuinely trying to put myself into his shoes. Obviously I was painting the picture as I was going along. And I recognize how easy it would be just to become the client from hell for you, and I was trying not to do that. But certainly the way I felt heard by you, it was ... drew me towards you. It left me with a space in my own mind where I had to fill in with my own thoughts about, "What's this about?" Yeah, getting to that place where it was like, "Yeah. Okay, I could cut down." And for me that's where it felt like this character got to in that session. The idea of going any further than that was just creating a resistance, "Don't be pushing me any further than this. Cutting down is a big deal."

Sebastian Kaplan:

Yes.

Glenn Hinds:

But cutting down was in the picture.

Sebastian Kaplan:

Definitely. Right. I'm just trying to imagine what a listener to this episode is thinking or experiencing. And certainly there are people that would say, "Well, that happened too quickly," or, "That's not what happens in my job." And sure. Like we said-

Glenn Hinds:

I suppose what I'm saying is then to consider, for people to consider, is less about the specific content and detail and outcome, but to pay attention maybe to what it was you were doing in relation to how I was being, and to listen to the motivational interviewing skills that you were using. Was what we described as the spirit, was it present there? How was Seb being to this guy? How was he responding to the talk about his wife, talk about the doctor, talk about his own feelings, talk about ... Just notice what it was you were doing, and how does that fit with what we've been talking about for the previous two podcasts?

Sebastian Kaplan:

Yeah. And I'll share just some reflections on the exchange from my own recollection here and just how it fits with some of the pieces we've discussed so far in these first two episodes. I felt that it was very important for me, as part of the engagement process, to acknowledge the frustration that the client felt being told what to do and asked about smoking every single time the client came to see the doctor, frequently at home. And while that's ... So that speaks to an important decision point, I suppose, [inaudible 00:53:12]. How much do we reflect and perhaps even invite some more discussion about not changing? Like a reflection about the frustration of people nagging him about smoking would likely lead to the client to talk more about how sick they are of people telling him to stop smoking.

Sebastian Kaplan:

And some people might think, "Well, is that the direction we really want to go in? That's not really inviting change talk. That's not exploring the reasons not to smoke." It is one of those ways that MI has some flexibility. And it's not solely about change talk at the expense of everything else that's happening in the room. It just felt very important at that early part of the encounter to just acknowledge that, "I hear you. I'm hearing what you're saying, that this has been a frustrating experience today, and this is not the first thing that's happened." And that, to do that, is a way to very quickly have the patient onboard, at least onboard with the conversation, not necessarily onboard with cutting back on smoking and quitting yet, but certainly with being more onboard with having a conversation about it.

Glenn Hinds:

So the engagement of the process is, so I felt heard by you without you trying to explain to me why my wife was nagging me. You didn't take her side. You stayed with me, and that was different.

Sebastian Kaplan:

Exactly. And it was a reflection of your wife nagging. It was reflection of Dr. Jones nagging. And it also wasn't me saying, "You know what? They have a right to nag." Those are two very different things. And thinking about focusing, in my head I was thinking to myself, "Well okay, here's a couple of things coming up. There's smoking obviously. There are these chest pains. There's diet, which you brought up as well. I was considering asking him more explicit questions about how you would like to use our time, and I decided against it. I can't remember the exact exchange, but it was clear that you made a shift from the discussion of your age, and your kids, and diet and all that. It was quite clear that you had decided already the focus was going to be about, "How might I cut back?" You talked about the pride issue and telling your wife and all that, or not telling your wife. But it was very clear to me that you had made that shift. The focus had been established, and I just made the decision in the moment not to explicitly say, "How would you like to use our time?" or something of that nature.

Sebastian Kaplan:

I felt like I could have just jumped quickly onto the plan that you had started crafting about cutting back from one and a half packs to a pack. I really did want to hear a little bit more though about why you would want to make the change. I think that's worthwhile time spent. I think a lot of times practitioners, when we hear clients say sort of the right answer so to speak, we tend to gloss over that, or tend to just say, "Okay, great. Great, let's move on." And I think it is important to spend just a moment and say, "Why would you do that? Why would you cut back? Why would you stop doing this or stop doing that?" to really further and strengthen the client's motivation to change.

Sebastian Kaplan:

And as far as the planning process, it had already been established to an extent. You had already made a passing comment about patches and gums, that that was something that you were worried about and anticipating what our conversation would have been like. And you already had this fairly well ... not the most specific plan in the world, but it was specific enough. You had a reduction in quantity. You had these times of day that you had been thinking about already, so it just seemed like you were naturally creating your own plan, and it wasn't worthwhile to clutter that up with other ideas or suggestions or anything like that. I did leave the door open for further discussion about other branches in our subsequent session though.

Glenn Hinds:

In some ways it's almost like what you're describing is that what was happening in that session was that I was deciding to begin to pack my bags before I started to leave, whereas the plan would've been how to get to where I was going. So, still gathering my

ideas together, and that the structure part of it was that you offered me the opportunity to come back, again, giving me information about what other choices I might have in the future, but again there was no pressure on, "When you come back in two week's time, you'll only have smoked one pack a day." "That's okay, so we'll see how you're getting on." And that flexibility without ... That the expectation that was being created was being created by me, the patient. It was me that was saying I would be smoking 20 a day rather than you telling me that that's what I should be doing. And I think that was different for the patient, and it leaves with me that it's I'm working towards my own goal at this point.

Sebastian Kaplan:

Yes. Yes, absolutely.

Glenn Hinds:

I'm just conscious of there's so much more we could continue to do and explore what we just had in that conversation. And maybe that's something for listeners to consider thinking about. What did you hear, and what questions did that create for you that you might want us to reflect on? And again, invitations for people to think about their sessions that coming up, working with compassion. I'm looking at Rogerian work. We've also now confirmed Dee-Dee Stout who's going to talk to us about trauma-informed practice.

Glenn Hinds:

So, let us know what you think. Give us some questions that you might want us to answer. Just say hello. And we really appreciate you taking the time to listen to us, and we will speak to you very soon. Thanks, Seb.

Sebastian Kaplan:

Okay. Thank you, Glenn. Thank you, everybody.