

# A TOOLKIT OF MOTIVATIONAL SKILLS, THIRD EDITION

## HOW SMALL CHANGES CAN MAKE A BIG DIFFERENCE TO THE RESPONSE YOU GET.

This third edition of the best-selling guide to motivational skills will help you to:

Roll Resistance to	<b>R</b> APPORT
Engage to	<b>E</b> MPOWER
Acknowledge	<b>A</b> MBIVALENCE
Capture commitment to	<b>C</b> HANGE
Help others	<b>H</b> ELP themselves

**REACH4CHANGE.**



The *Toolkit* will provide you with:

- A user-friendly step-by-step explanation of what works.
- Online downloadable self-help exercises for those you are supporting.
- Exercises to develop your own motivational skills.
- Examples of application in a range of settings.
- Online trigger videos for you to see, hear and experience.
- Analysis of the videos to help you develop your own skills.
- Comprehensive downloadable teaching materials for you to cascade the learning.
- The most up-to-date research and proven evidence of effectiveness.

The range of settings where you can use the skills include: probation, prisons, social and health care, counselling, learning and development, management, substance abuse, caring and parenting. Indeed, it is relevant to any setting where you are supporting others to achieve change in their behaviour.

### Online Resources

Colour versions of the workbook materials, and example videos and teaching materials are free to purchasers of the book. Visit [www.wiley.com/go/fuller/motivational-skills](http://www.wiley.com/go/fuller/motivational-skills) to find out how to access and download these flexible resources.

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A TOOLKIT OF MOTIVATIONAL SKILLS

3RD EDITION

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# A TOOLKIT OF MOTIVATIONAL SKILLS

How to Help Others Reach for Change

CATHERINE FULLER  
PHIL TAYLOR | KATH WILSON

**WILEY** Blackwell

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# A Toolkit of Motivational Skills

How to Help Others  
Reach for Change

Third Edition

**Catherine Fuller**  
**Phil Taylor**  
**Kath Wilson**

**WILEY** Blackwell

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# About the Authors

**Catherine Fuller MA, BSc (Hons) CQSW, PGCertEd** is a former senior manager, staff developer and practitioner within the National Probation Service of England and Wales. She now runs an international training consultancy. She helps practitioners, their managers and employers in a variety of settings, develop skills, understanding, and confidence to facilitate change in others.

Catherine and Phil were at the forefront of developing motivational work with offenders in England and Wales and Catherine has since helped to establish motivational approaches within the staff training curriculum of new prison and probation services of Turkey, Serbia, Albania, Georgia, Kazakhstan, Macedonia, Bulgaria and Romania.

Information about training packages based on this book is available from:

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**Phil Taylor, BA (Hons)**, originally trained as a professional engineer, then made a career in the probation service as probation office manager and trainer. Later Phil had his own training business working in the criminal justice sector across England and Wales. On retirement he completed a Creative Writing and Art degree. Phil has a concern to describe complex ideas in ways that can be easily understood by practitioners.

**Kath Wilson, M.A, B.A (Hons), CQSW, PGDipEd**, is a Senior Lecturer in Community Justice and leads the probation programme at De Montfort University. Previously a probation officer, she teaches mainly

## About the Authors

around issues of values, diversity, and change within the Criminal Justice System, particularly in relation to probation and policing. Kath has helped develop the professional and practice development curriculum at De Montford University as well as materials for distance learners and has worked towards widening participation for probation programmes. She has carried out research within both Children's Care Homes and the Police Service including evaluating the use of restorative approaches to reduce escalation of risk.



# Preface

It has been 10 years since the second edition of '*A Toolkit of Motivational Skills*' was published and it feels like a timely point to develop this third edition.

The book reflects development in the authors' thinking as well as responding to the constructive feedback we have received on the second edition from individuals, trainers, and mentors, for which we are grateful.

The use of a motivational approach has undoubtedly grown over this period with a wider audience than originally envisaged in the second edition. Both organisations and individual practitioners have developed their skill base to address many different concerns. Motivational skills are now widely used in health, education, social work, probation, and work with alcohol and substance use. They are also increasingly used in a range of other settings, such as the business world. We know for example that parents and guardians have found the book useful in the approaches they use with children and to reduce conflict in the household.

The focus remains on a user friendly and accessible toolkit where people can follow through the motivational sequence by chapter or dip in and out as they wish. We have retained the key aspects of the book in terms of advice, guidance, and practical exercises to help in the development of skills for motivational work.

We have developed new on-line resources and the website now contains easily printable exercises that trainers and mentors can access. Those who are developing these skills independently will find them user friendly. There are also several video clips that show readers how some of the skills might look in practice. There are examples of interviews both with and without motivational skills to generate ideas about how to integrate these techniques into practice.

Readers may just want to view the clips in their own time or use the accompanying analysis and teacher's notes as an aid to learning, either

individually or in group work. The website contains trainer's guidance on how some of the video clips and exercises might be used.

The trainer guidance is designed so that those using the book as a teach-yourself resource will find them helpful.

Feedback from the first two editions encouraged us to broaden the user examples and discussion of research as the book reaches a wider audience. We have invited Kath Wilson, who is a Senior Community Justice Lecturer and Course Leader at De Montfort University, onto the writing team in response to reader requests that we explore how some of the approaches and skills identified emerged, and how they can become part of their toolkit.

Readers said their skills were enhanced when they had more understanding of the theories and research from which motivational skills evolved. We have therefore included a discussion about the theories, such as the work of Carl Rogers, as well as the evidence for the 'effectiveness' of a motivational approach. As this is a toolkit for motivational work we have also identified some of the other approaches that work well alongside motivational skills.

Important additions are the new sections in Chapters 2 and 3 about diversity and power, to help practitioners respond to discrimination that can affect both the life of clients and organisations.

We hope you will find it a valuable resource as you encourage and support change in the people you work with.

Catherine Fuller  
Phil Taylor  
Kath Wilson  
April 2019

# Acknowledgements

In the production of this third edition of *A Toolkit of Motivational Skills* we owe a debt of thanks to a vast number of people including course participants, colleague trainers and academics both nationally and internationally, practitioners and managers in a variety of settings, and friends and family. Of particular note we would like to thank:

**For illustrations:**

David Thompson

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Donna Smedley

**For assistance with creating the videos:**

Michael Shaw

**For layout, illustrations and proofreading:**

Linda Taylor

**For proofreading:**

Madeline Bullock

**For examples of practical applications:**

Bill Say, Nigel Hosking, John Yianni

# About the Companion Website

The third edition of *A Toolkit of Motivational Skills* is accompanied by a companion website:

**[www.wiley.com/go/fuller/motivational-skills](http://www.wiley.com/go/fuller/motivational-skills)**

The website includes:

**Set 1. Cathy and Dee talk about Smoking:** *A motivational interview in five parts.*

- Part One (5 mins. 18 secs.)
- Part Two (3 mins. 40 secs.)
- Part Three (3 mins. 04 secs.)
- Part Four (3 mins. 44 secs.)
- Part Five (4 mins. 24 secs.)

**Set 2. ‘Motivational Skills in Management’** – *Three management scenarios each with three takes. In the first take motivational skills are limited, in the second motivational skills are demonstrated, the third take reviews the different approaches.*

## **Scenario One. ‘Motivational Skills in Supervision’**

- Take One ‘Has she heard me?’ (3 mins. 17 secs.)
- Take Two ‘Listening to Rob’s concerns’. (5 mins. 0 secs.)
- Take Three ‘Review of the interviews’ (2 mins. 20 secs.)

## **Scenario Two. ‘Managing a Complaint’**

- Take One ‘Keep them Guessing’ (3 mins. 24 secs.)
- Take Two ‘What’s it all about’ (3 mins. 40 secs.)
- Take Three ‘Review of the interviews’ (1 min. 45 secs.)

## **Scenario Three. ‘An Unhappy Client’**

- Take One ‘Argue your case’ (4 mins. 0 secs.)
- Take Two ‘Listen and reflect’ (7 mins. 15 secs.)
- Take Three. ‘Review of the interviews’ (1 min. 32 secs.)



## WHY READ THIS BOOK?

This book is for you if you are struggling with any of the following questions:

‘How can I help someone who just doesn’t want to change something which is harming them?’

‘How can I help someone who wants to, but can’t change?’

‘How can I help someone who is resistant to every suggestion I make?’

The *Toolkit* explores all these questions and more. It won’t provide you with a magic wand to change others, but it can help you to change your approach, and in turn have a positive impact, not only on your own life, but everyone you communicate with.

## WHO WILL BENEFIT FROM READING THE TOOLKIT?

The third edition of *A Toolkit of Motivational Skills* has been written for, and with reference to, experiences shared by professionals, front line workers, staff developers, managers, carers, and parents in a variety of settings including criminal justice, social care, health, welfare, citizens advice, veterinary science, education, benefit and employment agencies, ‘Samaritans’, drug and alcohol services, security services, public transport, and youth services. Indeed, it is relevant to anyone who is helping someone struggling with change.

*A Toolkit of Motivational Skills: How to Help Others Reach for Change*, Third Edition.  
Catherine Fuller, Phil Taylor, and Kath Wilson.

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In updating the *Toolkit* from earlier editions, we have responded to feedback to retain clear and simple every-day explanations and exercises for both practitioners and for those undertaking change. These include trigger videos on the web-site “[www.wiley.com/go/fuller/motivational-skills](http://www.wiley.com/go/fuller/motivational-skills)” so you can see and hear how a motivational approach is put into practice, together with training materials and more in-depth updated research and theory sections.

## WHY A MOTIVATIONAL APPROACH TO HELPING PEOPLE TO CHANGE?

People who help others to change are often passionate about wanting to make a difference to others’ lives. You may be one of these people and under pressure to solve problems instantly. Many of the public service workers we have worked with mention that they only have 10 minutes to change lives and question what can be achieved in this time.

It is very easy in such circumstances to slip into a ‘fix-it now, righting reflex’. However, such an approach rarely works. We have found that the reaction to someone trying to ‘fix’ lives is often:

**F** – Fight or Flight

**I** – Intimation and

**eXit**

Time and time again the more people are warned, argued with, criticised, or threatened the more they resist, challenge, and continue to stay the same. Self-motivation is not a thing which can be given to someone: it needs to grow within each individual.

What you can do is plant the seeds from which self-motivation can grow and nourish the environment. ‘*A Toolkit of Motivational Skills*’ explores how the way you communicate can create that environment.

## TRY IT AND SEE

Try testing out the impact of different interactions by listening to the responses you get in everyday life.

Listen out for someone replying to you repeatedly with

‘Ah but ...’.

What did you say beforehand? What happens if you continue with the same approach?

If the other person voices reasons to stay the same is this ‘resistance’ or a normal response to your behaviour?

The more someone says they don’t want to, can’t or won’t change the more likely they are to stay the same.

Now listen out for someone saying ‘I want to ... I can or I will’.

The more you hear someone talk of change in this way the more likely they are to change.

What is it about your level of interest, compassion, and approach which enables these expressions of motivation in others?

How can you build on your own strengths and style to be more effective at helping others to change?

You cannot force someone to change, but you can change your own behaviour to get a different response. Small changes can make a big difference. If you are not getting the response you want, change what you are doing.

## HOW CAN THE *TOOLKIT* HELP YOU TO DEVELOP YOUR MOTIVATIONAL SKILLS?

The motivational approach outlined in the *Toolkit* is based on ‘Motivational Interviewing’ described by William Miller and Stephen Rollnick (2002, 2013). It is a ‘*collaborative conversation style for strengthening a person’s own motivation and commitment to change*’.

*The Toolkit* offers you a simple user-friendly approach to help others **REACH** for change in any interaction, not just formal interviews. You



do not need to be a therapist, academic or a professional to use the model, although you will notice that increasingly the approach is being used by a range of professionals. The principles apply equally to conversations undertaken by front-line practitioners, volunteers, peer mentors, carers, and parents. Indeed, any communication where you are helping others REACH for change.

REACH themes throughout the *Toolkit* include:

**R – Rapport**

**E – Empowerment**

**A – Ambivalence**

**C – Focus on Change**

**H – Help others Help themselves**

The *Toolkit* will help you:

## Reach for **Rapport**

Without rapport, communication is at best clumsy, and at worst there is conflict, tension, discord, argument, and resistance.

Rapport is **a partnership**. It has a clear shared remit, joint responsibilities and involvement. Unlike a confrontational or directive approach you, as the worker, are not the expert: the person undergoing change is the expert on what will help them to change.

High level rapport is only gained by a genuine interest and concern for the other person. The other person's interests are put before your own. Without this **compassion** for the other person you may use the skills, but the approach will not feel or be genuine. We all know what it feels like when someone tries to sell us something we don't want. Some of the skills identified in the *Toolkit* may be used in such a situation, but without this genuine desire to put the interest of the other person first there is still resistance.

A motivational approach **accepts** and values the person as they are. There may be aspects of the other person's behaviour which are harmful to them or others, but the behaviour is never the person. The person is fully accepted.

The **absolute worth** of each person undergoing change is recognised and valued.

Rather than focusing on negatives and areas to fix; positives are actively sought and highlighted. The emphasis is on **affirmation** and helping the other person build confidence and self-belief.

## **REach to Empower**

Empowerment is neither collusive (rapport without direction) nor controlling (your agenda without rapport). When you empower you:

## **Clarify Contracts and Expectations**

A good starting point is for both the practitioner and the person under-taking change to ask:

*How come I am working with this person towards change?*

To fully answer this question requires you to have a clear understanding of the working relationship between yourself and the other person. This will vary widely depending on your circumstances and the goals of any agency you work for. The words you use to describe the person you work with will reflect this relationship, for example, 'patient'; 'friend'; 'service user'; 'offender'; 'student'; 'client'; 'colleague'. Each of these implies different expectations and boundaries. A motivational approach avoids labelling others negatively which may reinforce rather than change problematic behaviour.

## **Express Empathy**

Each person you work with is unique and you need to respond to that difference, to be effective. One size does not fit all. Gaining accurate empathy includes understanding and responding to diversity and

genuinely seeking to understand and respond to the other person's perspective and experiences.

## Develop Discrepancy

People are more likely to be empowered to change if they identify their own reasons to. The *Toolkit* will in turn empower you to help others recognise where their behaviour conflicts with their own values and beliefs.

**Chapters 4, 7, and 8**  
for more on  
building empathy.

**Chapters 11, 12, and 13**  
for more on developing  
discrepancy.

It is the difference between 'intrinsic' motivation which comes from within and 'extrinsic' motivation which needs external rewards, sanctions, or threats.

## Avoid Argument and Unwanted Advice

If you think about your own interactions, there may well be some situations where you seem to be doing all the work; where you are constantly presenting arguments and reasons to change, and the other person is constantly arguing back all the reasons to stay the same. In such situations it can be easy to label such people 'resistant', 'in denial', or 'difficult'. A motivational approach sees such 'sustain talk' as a normal part of the change process and is linked with feeling uncertain or 'ambivalent' about change. If talk of staying the same starts to increase during an interaction, this is a sign to change your style of communication; to stop, to listen, reflect understanding and explore. Once all the reasons not to change have been explored, reasons to change can be explored and inconsistencies gently highlighted. In this way you 'roll with resistance' (Gordon 1970).

**Chapter 10**  
for more on avoiding  
argument and  
unwanted advice.

## Support Self-belief and Self-responsibility

The person considering change is encouraged to believe in the possibility of change and to take self-responsibility for change.

**Chapters 13 and 14**  
for more on self-belief  
and self-responsibility.

This principle of self-efficacy is supported by the cognitive behavioural work of Bandura (1977) and client-centred work of Rogers (1959), which found that the more you believe you can achieve something, the more likely you are to take on higher level tasks and the more likely you are to achieve them. There is evidence that the facilitator's belief in the possibility of change is also a contributing factor (Leake and King 1977), whether this is labelling someone negatively as a 'failure', an 'alcoholic' or an 'addict' or positively as capable of achieving change. Rosenthal and Jacobson (1992) have referred to this as the 'Pygmalion' effect.

We learn what we believe when we hear ourselves say it.

## ReAch for Ambivalence

Most people are ambivalent or in two minds about change. *The Toolkit* explores the nature of ambivalence and core skills to empower others to grow from it.

**Chapter 11**  
for more on  
ambivalence.

The '**A LOSS**' spiral introduced in the *Toolkit* will help you to

**A – Affirm** others and in turn build their self-confidence and readiness to change.

**L – Listen** so you can hear not only what is said, but also what isn't said: feelings, strengths, and areas of doubt.

**O – Open questions** effectively to draw out self-motivation.

**S – Summarise Selectively** to encourage disclosure and steer towards change

**S – Support Self-motivating statements** such as



**'I want to change'**



**'I can change'**



**'I will change'**

None of the skills are miracle techniques to 'use on people' to produce change. Without the spirit of motivational work, they may indeed produce the opposite effect. Of all the skills the most important is listening. Without listening, the others will not amount to a motivational approach. The acronym for recalling the skills **'A LOSS'** serves as a reminder that all change involves a loss and the stages associated with grief and loss (Kubler-Ross 1969), such as denial, anger,

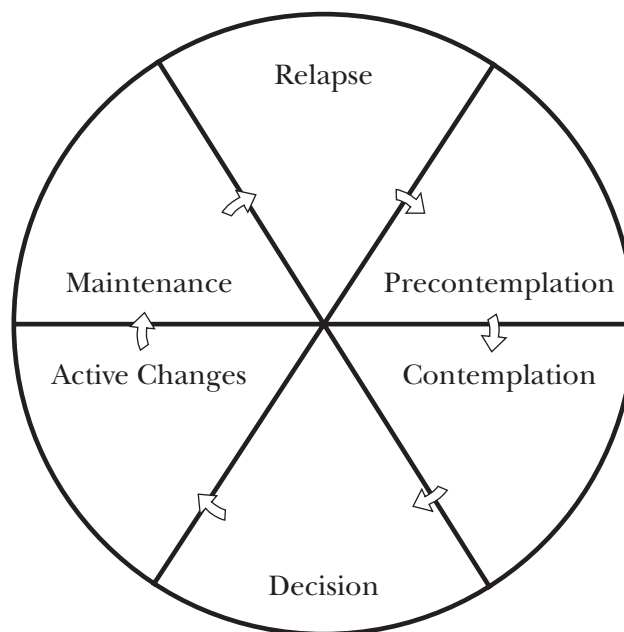
bargaining, depression, and acceptance may be experienced by the person undertaking change and need to be recognised, listened to and worked with by the facilitator.

**Chapters 7, 8, and 9**  
for more on A  
LOSS skills.

## ReaCh for Change

How the skills and principles are used varies according to how ready someone is to change. Prochaska and Di Clemente's (1982) research into behaviour change within the field of 'addictive' behaviours provides a useful model for a cycle of change.

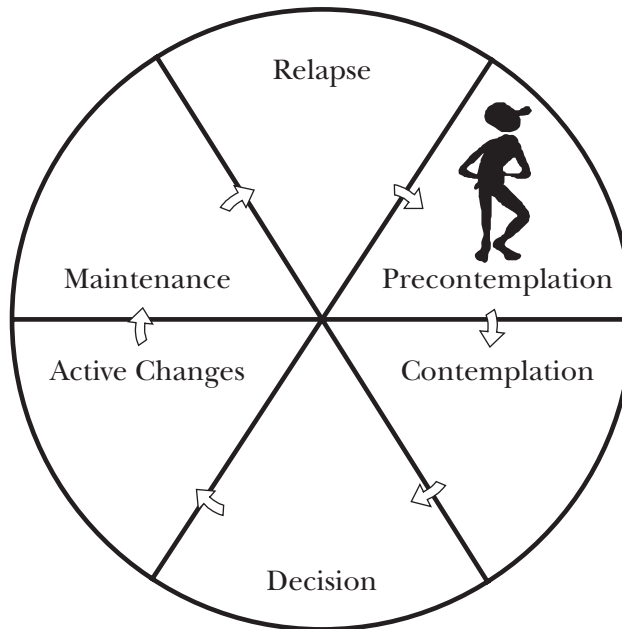
**Chapter 6**  
for more on the  
cycle of change.



Any individual you are working with could be at one stage for one sort of behaviour, another for other behaviour or be moving between stages.

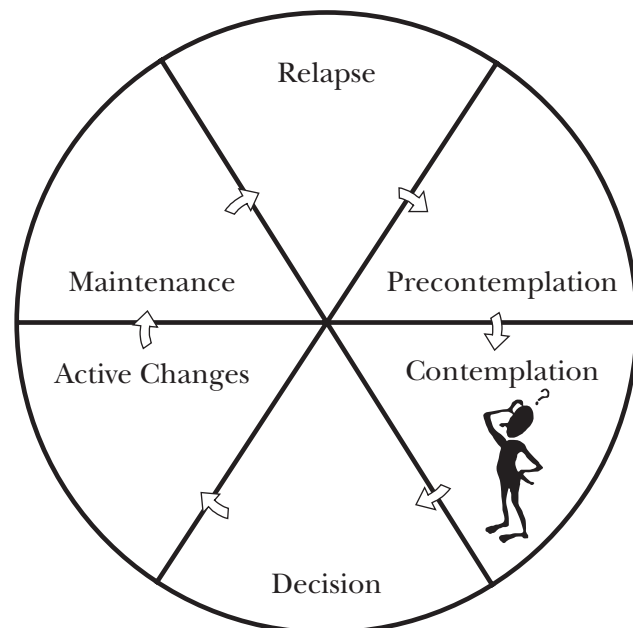
## Pre-contemplation

At pre-contemplation, change is not being considered. Other people may think someone has a problem, but s/he does not.



## Contemplation

Seeds of doubt have been sown. There is awareness of some of the advantages of change and the disadvantages of present behaviour. However, a clear decision to change has not been made. It is almost as if there are four voices in the head constantly arguing for and against change. The ambivalence this produces can lead to confusion and inactivity or continuation with the problematic behaviour as the easiest option.

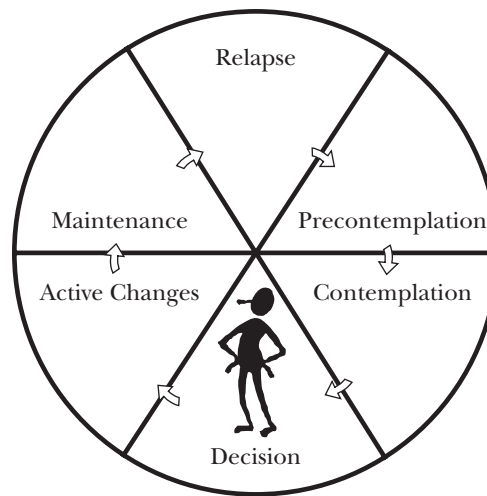


A motivational approach at this stage aims to help the individual explore and resolve ambivalence without trying to impose change.

## Decision

When there is a clear decision to change you will hear increased self-motivating language and reduced resistance talk. The art of the motivation approach is to assess whether someone is ready for change now, and to nurture his or her early intimations of change.

**Chapter 14**  
for more on the  
decision stage.

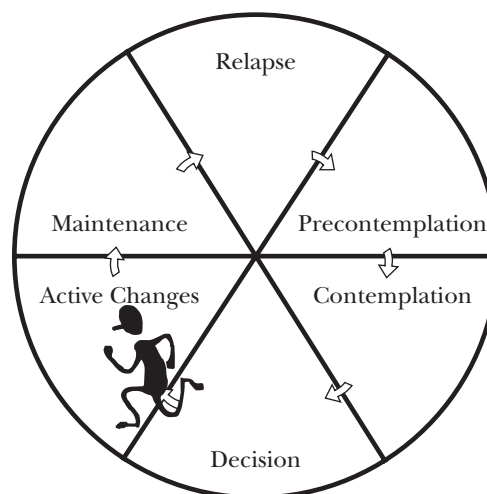


## Action

When someone is at action stage he or she has started to take small steps towards change.

**Chapter 15**  
for more on  
supporting change.

At the action stage, actively helping someone to overcome barriers can be very effective.





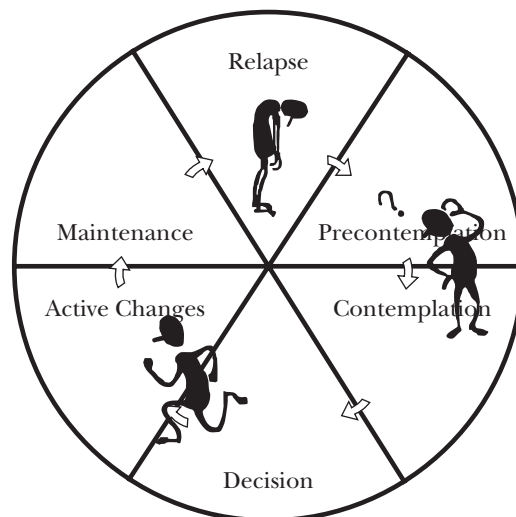
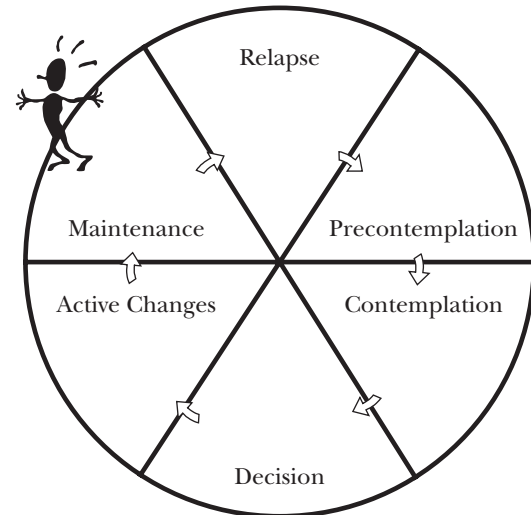
## Maintenance

At the maintenance stage change has occurred over a period of time. This is usually considered to be over six months or more. Cognitive behaviourist methods also work well at this stage and can be used in conjunction with motivational skills.

## Lapse

Prochaska and Di Clemente (1982) found that smokers tended to go around the cycle on average seven times before change occurred.

Lapse is a normal part of the change cycle. People react to lapse in different ways. Disappointment, anger, guilt, and loss of hope can lead to a more long-term relapse. A motivational worker affirms the person who has lapsed and returns with them to contemplation to re-establish optimism.



## Reach to Help Others Help Themselves

The last part of the REACH model explores how to help people effectively once commitment to change is established. It explores modelling and teaching new behaviours and establishes support structures for a new lifestyle. It explores how you can help yourself

develop your own skills and develop a motivational culture within the team you work in, your organisation, even your family.

## HOW TO USE THE BOOK

Most of the chapters include step-by-step practical exercises for you to develop your own skills and for you to use with the people you are helping to change. We have laid exercises out to be visually attractive and to appeal to all age groups. An electronic colour version of these exercises and trigger videos of applications are provided on **www.wiley.com/go/fuller/motivational-skills** which can be adapted to suit your requirements. Throughout we have avoided labelling the people you are helping to change as there is evidence that such labels can be counter-productive. In response to feedback since the second edition we have retitled exercises you use with others as 'Self-Help' worksheets recognising that not everyone you work with will be a 'service-user' or 'client' and that even this label can be unhelpful. We have on occasions referred to 'clients', 'service users', 'interviewees' or simply 'the person you are helping to change'.

We are indebted to Kath Wilson from De Montfort University for the next chapter which provides an analysis of the theoretical and evidence base of the Motivational REACH approach of the *Toolkit*.

Finally, Chapter 17 and the website include training materials which can be used by staff developers.



# Theoretical Origins and Evidence Base

In this chapter we will consider the evidence-base which indicates that Motivational Interviewing, and the adaptations in this *Toolkit* are effective when working with people who are considering change.

## WHY EVIDENCE-BASED?

Evidence-based practice is essentially practice that has been researched and found to be effective. It is currently a major UK government objective to ensure both statutory and voluntary agencies adopt evidence-based practice especially where resources are limited and must be targeted in the most effective way possible. Examples of this approach can be found from the Probation Service (Chapman and Hough 1998) to Mental Health Services (Crawford and Brown 2009).

The aim is for practitioners to understand the research that their interventions are based upon and for organisations to continually check that they are using the most effective tools. Professionals in a wide range of disciplines, adopt a variety of models and methods, interventions and approaches to assist in the way they work with patients, pupils and clients. These methods and approaches do not just appear, they are the practical application of theories and research.

*A Toolkit of Motivational Skills: How to Help Others Reach for Change*, Third Edition.  
Catherine Fuller, Phil Taylor, and Kath Wilson.  
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## WHAT THEORIES DOES MOTIVATIONAL INTERVIEWING DRAW UPON?

Motivational Interviewing, originally designed to help people overcome addictions, focuses on preparing and sustaining people through change. It is a counselling approach to behaviour change. Miller and Rose (2009) describe Motivational Interviewing as having two therapy approaches or active ingredients: firstly, it is person-centred and secondly, it is directional and strategic. The person-centred focus builds on the work of Carl Rogers (1959,1980) and helps create an atmosphere of acceptance and collaboration, which allows for motivation to develop and change to occur, whilst directional strategies increase ‘change talk’ and reduces talk of staying the same, ‘sustain talk’. Miller (2014) has experience of both behavioural therapies and the Person-Centred Approach, which he combined with Rollnick when developing Motivational Interviewing. Change is not seen as a single process, but as a cyclical one.

### A PERSON-CENTRED APPROACH

A feature of both a Person-Centred Approach and Motivational Interviewing is a strong relationship between client and practitioner. Indeed, the behaviour and style of the practitioner are central to both (Hagger and Hardcastle 2014). Practitioners are encouraged to explore their client’s current subjective understanding of their situation.

The client is seen as the central person who is responsible for their own behaviour change. Motivational Interviewing is designed to support client autonomy and is designed to ‘strengthen personal motivation to change’ (Miller and Rollnick 2013, p. 29). For Rogers every human being can realise their potential or self-actualise, they can grow and develop. This potential can be tapped, ‘if only a definable climate of facilitative psychological attitudes can be

provided' (Rogers 1980, p. 115). It is therefore the task of the practitioner to encourage the motivation that resides in the client rather than impose it.

This contrasts with other counselling approaches, such as psychodynamic approaches, where practitioners explore unconscious motives or interpretations of the situation. Moreover, it is not the counsellor who identifies the issues or who seeks solutions, rather, the client decides what to focus on and what the solutions might be. The focus is on building motivation and reducing ambivalence and resistance to change, often a feature of addiction and behaviour change (Hardcastle et al. 2013; Miller and Rollnick 2013).

Rogers (1980, p. 271) used the term **unconditional positive regard**, 'an acceptance of the other individual as a separate person, a respect for the other as having worth in his or her own right. It is a basic trust – a belief that the other person is somehow fundamentally trustworthy'.

Rogers was also early in recognising the importance of a skilful listening style as well as the use of empathy. For Rogers (1980) a key factor in any therapeutic relationship involves acceptance and acknowledging the inherent worth and potential of every human being.

This unconditional positive regard needs to be in place in any therapeutic relationship for change to occur (Csillik 2013; Miller and Rollnick 2013).

There is considerable evidence for the effectiveness of a Person-Centred Approach, particularly the elements of establishing empathy and rapport.

Miller found that the critical part of Motivational Interviewing was counsellor empathy and that 'the most empathetic therapists were successful with 100% of their clients' After two years, therapist empathy still appeared to be a determinant factor and predictor of weekly alcohol consumption (Miller and Baca 1983).

### DIRECTIONAL AND STRATEGIC

Motivational Interviewing also draws on models and theories of change, which makes it an approach of choice for directional as opposed to non-directional counselling. Supportive research for including this directive element where change is the desired outcome, is provided by Sellman et al. (2001) in their study of problem drinkers and Kemp et al.'s (1998) study of people with psychosis which found that Motivational Interviewing resulted in improved outcomes relative to a non-directive listening (Miller et al. 1980). The Prison and Probation services, not surprisingly, became interested in Motivational Interviewing for not only service users who abuse substances, but also general offending behaviour change programmes (McMurran 2009; Walters et al. 2007). Promising results where levels of readiness to change are variable also include addressing family violence (Murphy and Maiuro 2009), eating disorders (Schmidt and Treasure 1997) and conduct problems with young people (Naar-King and Suarez 2011).

**See Chapters 1 and 6**  
for more information  
on the Cycle of Change.

Prochaska and DiClemente's (1984) Trans-theoretical or Cycle of Change model, is key to providing this direction. It introduces the notion that motivation to change moves through six phases to culminate in change and that the facilitator of change needs to use

methods appropriate to the client's current level of readiness to change. Motivational Interviewing is particularly helpful at the Pre-Contemplation, Contemplation, and Lapse stages of the cycle where the emphasis is upon drawing out and reflecting 'change talk' and 'self-motivating statements' to promote change. There is also a focus on developing a sense of discrepancy or discomfort between short-term behaviour and longer-term goals expressed in these self-motivating statements. The notion of developing discrepancy has its roots in Cognitive Behaviourist Theories of 'cognitive dissonance' discussed below and it is not surprising that the Motivational Interviewing and Cognitive Behaviour Theories are often combined as they have been in this *Toolkit*.

## **WHAT EVIDENCE IS THERE THAT MOTIVATIONAL INTERVIEWING HELPS PEOPLE TO CHANGE?**

Motivational Interviewing has been tested in three main areas: addictive behaviours, health behaviours (including diet and exercise programmes), and treatment adherence. Several meta-analysis reviews in which results from several small-scale pieces of research into Motivational Interviewing have taken place have indicated that its use improves outcomes for users. Csillik (2013) notes that Motivational Interviewing is being increasingly used for psychological disorders such as anxiety, depression, suicidality, eating disorders, medication compliance, and pathological gambling.

The greatest evidence for the effectiveness of Motivational Interviewing is in comparison with confrontational approaches. The latter may take the form, for example, of 'challenging' a patient's account of their alcohol use or eating habits. Confrontation has been found to increase alcohol intake, whilst motivational styles have reduced intake (Miller et al. 1993, 2003).



Confronting those who commit sexual offences, for instance, can lead to a protection of self-image and limited disclosure. Those who commit sexual offences are likely to have constructed a wall of denial around their behaviour and its effects on victims. To have this battered down by a confrontational approach may just reinforce the wall or conversely lead to suicidal behaviour if the wall is knocked down too quickly.

A motivational approach is more likely to lead to engagement in therapy (Kear-Colwell and Pollock 1997; Mann and Rollnick 1996).

Sustain talk is gently questioned in a motivational approach rather than confrontationally challenged as this can lead to complete withdrawal from the rehabilitative process.

The Criminal Justice System is often under pressure to impose harsh punishment on offenders and indeed some forms of punishment may produce short-term compliance. Longer-term, though, punishment has been found to increase behavioural problems: whilst a motivational approach can produce commitment to long-term change. Lipsey (1992) found that punishments, such as intensive surveillance and shock incarceration, led to a 25 percent increase in reoffending rates compared with a control group (a similar group who had not been subject to these punishments). Gershoff (2002) provides a comprehensive analysis of the effects of punishment in a range of situations and comes to a similar conclusion. Where punishment does produce compliance, it is often short-term and the old behaviour tends to return when the punishment is withdrawn. A motivational approach aims for more than compliance; it aims for a commitment to long-term change.

For young people entering higher education, the self-motivation needed to transition from 6th form to university requires substantial

behaviour change in terms of, for instance, studying habits. For some, the temptations of independence and alcohol can become problematic. Brief Motivational Interventions have proved successful in colleges in addressing the use of alcohol, increasing the uptake of study skills and general student retention (Schaus et al. 2009).

Dillard et al. (2017) found that motivational interviewing was particularly effective for mental health improvement. Anxiety can often be exacerbated by an individual's perception of their failings. If a person cannot, for example, regulate their eating this can lead to issues around depression and low self-image. Motivational Interviewing can help increase readiness, motivation, confidence, and ability to change, thus decreasing depression or anxiety.

Motivational Interviewing has been found to be useful as a brief intervention, which is particularly pertinent to practitioners who only have a relatively short time to work with a client. Other approaches can take much longer in terms of identifying what the issues are and perhaps assessing their origin.

Motivational Interviewing also seems to be effective when delivered in several ways: one-to-one, individual sessions, group sessions and telephone or forms of Skype. Again, it is the quality of the communication that is key. Burke et al. (2003) found that on average one to four sessions made a significant impact on future behaviour and Woollard et al. (1995) found little difference in outcome between hypertensive patients who received six high intensity Motivational Interviewing sessions with those who received a single session.

There is evidence that condom use by patients with HIV increased significantly more in response to a motivational approach than in

response to self-help or education (Belcher et al. 1998). Dillard et al. (2017) used meta-analysis to establish if Motivational Interviewing, either alone or in conjunction with other interventions, would impact upon behavioural change in people living with HIV. They found that the use of Motivational Interviewing appeared to improve adherence, decrease depression and that risky sexual behaviours decreased. The team analysed 19 studies and found strong evidence that Motivational Interviewing had a positive effect on almost all behaviour outcomes studied (16 of 19 studies). Motivational Interviewing's effectiveness 'appears to be nearly universal, with improvements occurring across genders, lifespan and nationality/ethnicity'.

There is then significant evidence to support the universal use of Motivational Interviewing in a wide spectrum of clinical settings with flexible delivery methods.

## USING MOTIVATIONAL INTERVIEWING WITH COMPLEMENTARY INTERVENTIONS

The work by Raynor et al. (2013) is a good indicator that the ability to employ a range of skills and use them as necessary is important in bringing about change. Their research found that Probation Officers, who were able to draw upon a range of skills, were able to achieve higher rates of non-conviction of their service-users. The Officers in the research appear to have a surprisingly differing variance in skills and ability. Further, the service users that were supervised by Officers with an observable higher skills range and ability, were significantly associated with lower reconviction rates as well as reduced levels of risk. This group of Probation Officers were able to use a wider range of skills consistently,

and as necessary. In interviews with individual offenders they were able to vary the approach they used as the interview developed. The Officers that were seen to make the greatest impact were those who consistently showed this wider *range* of skills, as the research team spell out, 'all the skills can be important, and they seem to work together'. The range of skills Officers were being assessed on included Motivational Interviewing, non-verbal and verbal communication, pro-social modelling, cognitive restructuring and problem solving.

The ability to employ a range of skills when the situation calls for them is seen as significant in engaging service users and adds to the supportive nature of the relationship making it more successful.

Rather than view Motivational Interviewing as a one-off tool we have therefore included a range of complementary approaches in the *Toolkit*.

### **CAN MOTIVATIONAL INTERVIEWING BE COMBINED WITH OTHER INTERVENTIONS TO INCREASE EFFECTIVENESS?**

One of the significant findings from research is that Motivational Interviewing appears to improve outcomes when used in addition to other treatment approaches (Dillard et al. 2017; Hettema et al. 2005). It has become common, therefore, for Motivational Interviewing to be combined with other interventions when used for example to address substance and alcohol misuse. The following studies are examples of the evidence of the added value of Motivational Interviewing in conjunction with other approaches.

## MOTIVATIONAL INTERVIEWING AND COGNITIVE BEHAVIOURAL APPROACHES

Cognitive Behavioural Approaches are rooted in the present and look to the future. They focus on education in which the service user plays an active part. They combine cognitive, behaviourist, and social learning psychological theories, and focus on the relationship between the following:

- Affect (how you feel)
- Behaviour (what you do)
- Cognitions (what you think).

*Behaviourist Theories* focus on changing what you do. They build on research by Ivan Pavlov (1849–1939) famous for his experiment in which dogs presented with food accompanied by the ringing of a bell could eventually be made to salivate simply through the ringing of the bell. Pavlov termed this change to the dog's reflex as 'conditioning'; later called 'classical conditioning'.

Operant learning theory (drawing on BF Skinner [1904–1990]) argues that behaviour which produces pleasant outcomes will reoccur and behaviour which produces undesired outcomes will reduce. The theory highlights the ABC of behaviourism.

Antecedent conditions prompt  
**Behaviour**, which in turn produces  
**Consequences**.

Learnt patterns of behaviour can be unlearnt by reinforcement and conditioning.

**See Chapter 14** for  
examples of Motivational  
Interviewing and  
Behaviourist exercises  
once a decision to  
change has been made.

*Social Learning Theory* focuses on observing behaviour. The findings of Bandura's (1977) famous bobo doll experiment on modelling and aggression concluded that children learn social behaviour, such as aggression, by watching the behaviour of others. In modelling, Burgess and Akers (1966) further argue that criminal behaviour is learnt in an environment where it is the norm and more highly reinforced than non-criminal behaviour. The significance for practitioners is that they can provide positive, pro-social rather than anti-social role models to help people to change.

**See Chapter 15** for examples of learning by modelling.

*Cognitive Theories* are those which focus on thinking. Jean Piaget (1896–1980) studied child development and identified four stages in the development of reasoning. His work was subsequently adapted by Kohlberg (1984) to identify the stages in the development of moral reasoning.

**See Chapter 13** for exercises based on Cognitive Theories.

Project MATCH (1997a,b) is one of the most comprehensive pieces of research comparing the impact of Cognitive Behavioural and Motivational Interviewing approaches, with over 2,000 people. Both methods were found to be effective in different situations. Hettema et al. (2005) and Babor (2004) have since confirmed the effectiveness of combining these approaches.

Randall and McNeil (2017) highlight the effectiveness of Motivational Interviewing when used initially with clients who have anxiety issues and may feel ambivalent or reluctant to accept treatment.

**See Chapters 5, 6, 8, 11–15** for examples of exercises combining Motivational Interviewing and Cognitive Behavioural approaches.

Motivational Interviewing can help in moving people towards the 'action stage' where Cognitive Behavioural Approaches can be most effective, unless motivation dips again when Motivational Interviewing is again effective.

Smith et al. (1997) found that patients with diabetes were significantly more likely to improve self-monitoring of glucose intake if they received both a Motivational Interviewing session and a behavioural programme. Resnicow et al. (2001) found that the patients who received health education and a session of Motivational Interviewing were significantly more likely to increase their intake of fruit and vegetables than those who received health education alone.

In response to research the *Toolkit* has therefore combined elements of Cognitive Behaviourist Approaches as appropriate to an individual's level of motivation. Practitioners, should, however, be aware that few approaches are without their criticisms. There are tensions when amalgamating approaches that might have different philosophies. For example, there are elements of Cognitive Behavioural Approaches that are both directive and client-centred. The COMBINE research project (Miller 2004) indicates that most therapists favour one side of the 'dilemma' over the other. In fact, therapists frequently felt they were more skilled at either directive or client-centred. In practice then the therapist with a more empathetic, client-centred approach would spend more time using Motivational Interviewing than perhaps was necessary. This meant that action or treatment plans were slow to emerge. On the other hand, those favouring a Cognitive Behavioural or directive approach were found to sometimes rush the initial stage of engagement, not always having evoked the motivation needed to succeed. Those favouring a Cognitive Behaviourist approach may also be more directive in terms of treatment outcome, for instance they may see abstinence from alcohol as the only acceptable treatment outcome, which may not be the same



as the service user wants. In deciding your approach to working with service users it is worth, therefore, considering what the treatment goal is for you or your organisation.

## MOTIVATIONAL AND DESISTANCE APPROACHES

The motivational REACH approach of this *Toolkit* also links with the concept of ‘desistance’ which focuses on what stops people from behaving in a problematic way rather than focusing on why they started. For instance, it supports Hirschi’s (1969) work on social bonds which explains why people conform or do not offend, as opposed to most research that concentrates on why people do.

### **Both Motivational and Desistance Approaches are Client-led and Individual**

Practitioners of both approaches use the term ‘client’ or ‘service user’, rather than a more labelling and self-fulfilling term such as ‘offender’. The client is seen as more than their behaviour and capable of change. What may stop one person offending may not stop another. For the practitioner this means more listening, less talking. For people in the process of change, they often create a new identity for themselves. They are no longer for example a ‘drug user’, ‘offender’, ‘violent person’, ‘inadequate father’. This links well with ideas and exercises in Chapter 13 around affirmation and finding one’s own voice. Developing affirmation and self-motivation statements such as ‘I can change, and I am no longer that person’ are part of a new narrative and a new way forward.

### **Motivational and Desistance Approaches are Positive and Future-Focused**

The focus is on strengths, what the person wants to achieve and ensuring a good life rather than ‘risks’ and ‘needs’. Positive factors are sought by



exploring all aspects of a person's life not just the 'risky' behaviour. The nine positive factors of desistance being:

1. Family and relationships
2. Getting older and maturity
3. Sobriety
4. Employment
5. Something to give
6. Hope and motivation
7. Place in a social group
8. Not having a negative labelling identity such as 'offender'
9. Being believed in.

Stafford et al. (2013).

In contrast perhaps to Cognitive Behavioural Approaches, the desistance approach puts the emphasis for change in a more holistic, flexible, and person-centred approach to supporting people. Rather than identifying cognitive 'deficits' in a person's thinking, it seeks to identify areas in the client's life that reinforce positive behaviours. Desistance can be described as the process of stopping or 'giving up', most commonly, offending but has also been applied to a range of practice such as those attempting to desist in/stop their drug or alcohol use, and more widely in medical fields such as dentistry. There is a recognition that a wide variety of health issues are not just dependant on individual medical conditions, but also are subject to psychological and emotional concerns. So for example in dentistry, diagnosis and treatment involve a holistic approach including psychosocial, nutrition, and lifestyle. The task then for dental practitioners is how to guide the patient away from habits such as smoking or drinking, using models such as desistance and motivational skills to improve the patient's well-being, alleviate distress, resolve

crises, and increase his/her ability to live a more highly functioning life. Hegde et al. (2015) advocate incorporation of these processes and skills as part of training for those involved in dentistry.

**See Chapter 13** for exercises influenced by a Desistance Approach.

Desistance is a process that will take time, possibly over or beyond your contact. Farrall and Calverley (2006) talk about ‘planting a seed’ that may take time to germinate and part of the task of the worker is to support the individual through the process. The Motivational Skills outlined in this *Toolkit* can be considered as a good way of starting and maintaining the desistance process.

Motivational Skills are therefore central to positive change no matter what approach the practitioner employs, be it Cognitive Behavioural or Desistance.

## DIVERSITY, POWER, AND DISCRIMINATION

As well as drawing on an evidence base, the motivational skills of this *Toolkit* have a value base which embraces diversity and associated values of compassion, fairness, empowerment, collaboration, listening, and honouring client autonomy. Rather than treating everyone the same, a motivational approach values and responds to difference and recognises the power dynamics and potential discrimination within the context you are working within.

Burke and Harrison (2000, p. 283) argue that discrimination such as racism exists and can be seen in ‘the differential outcomes for less powerful groups in accessing services in health and welfare, education, housing and the legal and criminal justice systems’. You may be familiar with the Macpherson Inquiry (1999) into the investigation of the murder of Stephen Lawrence. This looked at how black people have difficulty in accessing services with the Criminal Justice System as well as receiving a fair service.

In considering whether you and your organisation are providing a fair service which is motivational to all, Thompson's (2009) Personal Cultural and Structural model of discrimination can be helpful. The model proposes that discrimination and inequality operate at three interconnected levels.

### **Personal**

- Belief, attitudes, and behaviour.
- Ideas that people have about themselves and others.
- Response when encountering certain people or situations.
- How people regard and/or treat others.

### **Cultural**

- Assumed consensus about what is true, right, good, normal.
- Commonly accepted values and codes of conduct.
- Habitual ways of doing things.

### **Structural**

- Structures and institutions within society that act to perpetuate social divisions, prejudice, and discrimination.

Thompson's central point is that acts of personal discrimination or oppressive individual beliefs, attitudes and behaviour do not take place in isolation; they are within the context of culturally assumed consensus (commonly accepted values and codes of conduct) which itself exists within a broader societal framework of structures and institutions. Individual attitudes and acts of discrimination/oppression are supported by the cultural context, structures, and institutions within society.

In attempting to combat stereotypes about how men should behave, the Samaritans state that there must be explicit links between alcohol reduction and suicide prevention strategies and both must address the relationship between alcohol consumption, masculinity, deprivation, and suicide (Samaritans 2018). They are attempting to

explore not only immediate issues around and individual's alcohol use (Personal), but also cultural norms and expectations of men to behave in certain ways which conform to a stereotype about masculinity and what a 'real' man should be.

What are your own stereotypes and bias in terms of, for example, race, gender, and sexuality? How can you ensure you do not discriminate and are able to work with a diverse group? How can you ensure you drive rather than “roadblock” change. A commitment to valuing diversity is at the heart of a motivational approach; without which there is no engagement nor change.

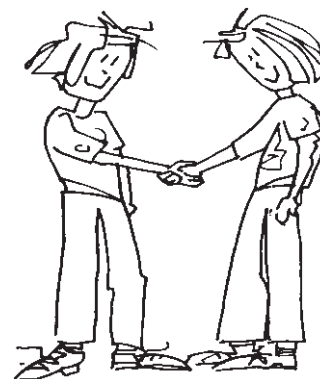


# How to Use the Toolkit to Meet Individual Requirements

Motivational work seeks to understand and respond effectively to each individual you work with to help them achieve change. This chapter provides an overview of how the *Toolkit* can help you achieve this. It offers signposts to some of the important differences between individuals and gives suggestions to adapt materials accordingly.

*Every person is like all other persons is only like some other persons  
and is also like no other person.*

In some respects, everyone you work with is unique and the response you get from an intervention with one person will never be exactly the same as the response you get from another. An essential starting point is therefore to gain empathy and rapport with each person you work with. The skills to build this rapport are explored in **Chapter 4 – Establishing Rapport**.



In other respects, the individuals you work with will have similarities with some people, but not with others. We have seen how research indicates that an individual's stage of motivation is a significant factor in determining how they will respond to interventions. The *Toolkit*

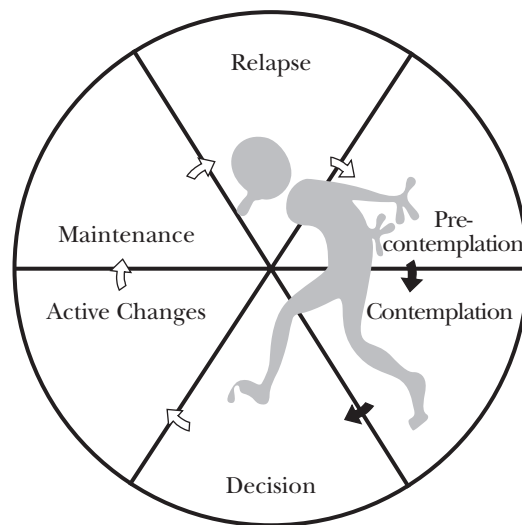
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provides examples of effective communication for change at each of these stages.

**Chapter 5 – Exploring current motivation** – will help you to start to explore motivation with each person you work with and to ensure your approach is appropriate for everyone.



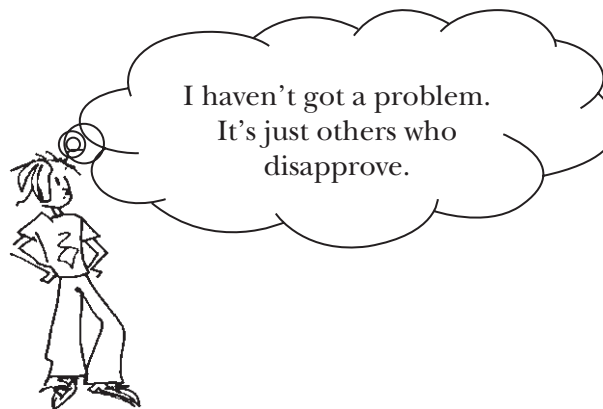
**Chapter 6 – The cycle of change** – provides exercises to help you and the person you are helping to change, make a more accurate assessment of which stage of motivation is relevant for a particular behaviour, and how best to work towards the next stage.



**Chapter 7– Listening, Chapter 8 – Summarising and reflection, Chapter 9 – Open questions**, will help you to develop these three key motivational skills which are used in different ways to build and maintain motivation to change.



**Chapter 10 – Working with resistance** – will help you to make a positive response to resistance to change that can enable people to move on. At the pre-contemplation stage a skilful response to resistance can sow seeds of doubts about the stuck behaviour.



**Chapter 11 – Exploring ambivalence** – provides exercises to nourish the seeds of doubt sown and explore the ambivalence which results. (Early contemplation stage.)



**Chapter 12 – Developing desire to change** – provides you with ideas to help people resolve ambivalence in favour of change. (Middle contemplation stage.)





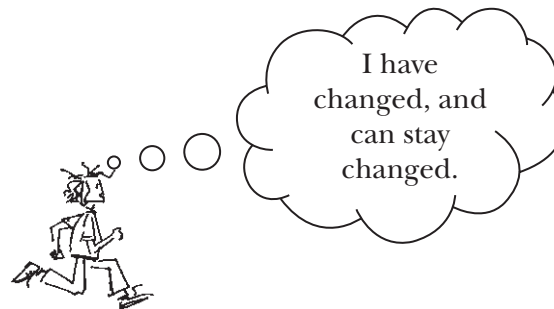
**Chapter 13 – Affirmation and building confidence** – will help you build confidence in someone who wants to change, but does not feel they have the confidence to make a start. (Contemplation stage and relevant to decision, action, maintenance stages.)



**Chapter 14 – Motivational action planning** – provides exercises to assist action planning once a firm decision to change has been reached. (Decision stage.)



**Chapter 15 – Supporting change** – provides you and the person changing with exercises and ideas to maintain change and to recover from any lapses occurring in the journey. (Action, [Re]lapse, and Maintenance stages.)



## THE TOOLKIT AND LEARNING

The *Toolkit* has been designed to meet the needs of different learning styles. Kolb (1984) found that most effective learning takes place when people:

1. Use 'here and now' examples.
2. Reflect upon experiences.
3. Apply learning from one situation to another and relate to general principles.
4. Rehearse and plan how to apply learning.

Honey and Mumford (1986) further found that people have a preference to start this cycle of learning at one of four different points, to first:

- Understand the theory. (THEORISTS), or
- Identify how it is relevant to their practice (PRAGMATISTS), or
- Try out new experiences (ACTIVISTS), or
- Reflect on their existing practice (REFLECTORS).

The *Toolkit* includes all aspects of the learning cycle and considers different preferences for starting points.

- ✓ It can be read to reflect on existing practice;
- ✓ It can be used to explore research, theoretical understanding, and make connections with your other work;
- ✓ It can be used to select an exercise to use in response to a specific issue.

As you develop your motivational skills you may find it helpful to identify how you prefer to learn and how this effects your communication when working with others who have different learning styles. With practice you can improve the skills in the styles that are a lower preference for you, to meet the learning needs of those you work with. (See Honey and Mumford 1986.)

*An Activist style* is most helpful when working at the *action stage*.

*A Reflector style* is useful at *pre-contemplation* and early contemplation in helping people to start to think about their current behaviour. It can also be helpful at *relapse* to help identify what went well and less well the last time someone made a change.

*A Theorist style* is useful at *contemplation* in identifying reasons to change and to see connections with other behaviour.

*A Pragmatist style* is helpful at *decision stage* in making plans to change behaviour and planning how to build new behaviours at the *maintenance stage*.

## INDIVIDUAL PREFERENCES FOR VISUAL, AURAL, AND KINAESTHETIC (FEELING AND TOUCH) SENSES

Another important learning style is the individual's preferred use of their senses in learning about and describing their world.



*Visual people* take in information best through their eyes. They are helped by writing and pictures. They remember in pictures, some in full colour and great detail. The language they use contains many seeing words, e.g. 'I see what you mean'. 'That looks good to me'. 'I get the picture'. Using visual language when talking to them, helps build rapport. In the face of excessive verbal explanations, they simply turn off.

Hence this book has many pictures. The written exercises, when completed enable the people to take a 'look' at their own situation. When they write something down it becomes real to them.

*Auditory people* take in information best when listening. They also like to work out their ideas by talking about them with others. Unlike some visual people, they can respond well to work conducted in a traditional interview. They use auditory language, e.g. 'I hear what you say'. 'It's music to my ears'. 'That sounds good to me'. Using auditory language helps build rapport. They may be turned off by too much paper work. Some people cannot form any pictures in their mind; others may only have fuzzy pictures. This



book has lots of skills which can be expressed verbally. When an Auditory person says something, it becomes real to them.

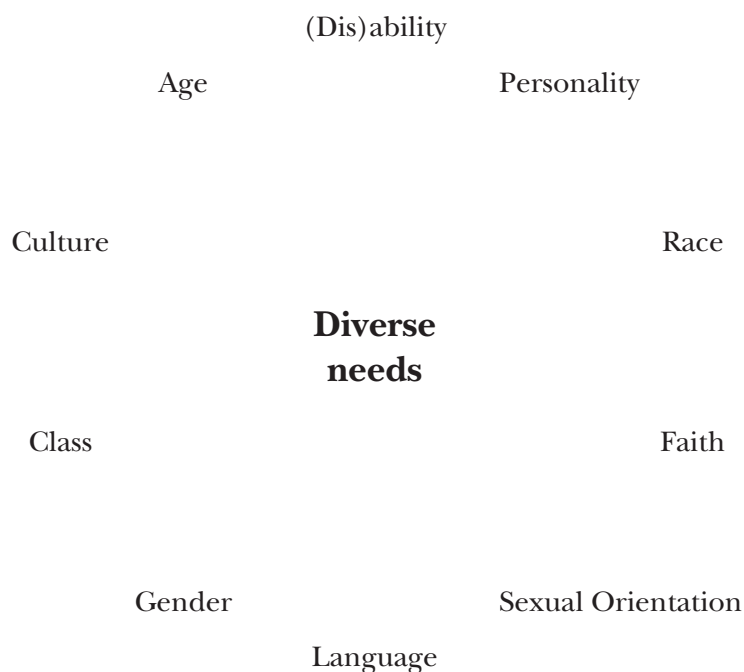


*Kinaesthetic (feeling) people* take in information best through their physical senses, experiencing what it feels like. It's almost as if there was an imprint of the physical activity, or the sensual experience in their brain hence, 'flying

by the seat of their pants'. What does smoking feel like in the lungs and nose? Kinaesthetic people also refer to emotions. What they feel about something is very important to what they decide to do. Kinaesthetic people use feeling words, e.g. 'Let's get to grips with this'. 'That feels good to me'. 'It made no impact on me'. Using feeling language helps build rapport. This book suggests activities which might be undertaken to give learning experiences. It also builds skills to draw out and work with feelings. What a Kinaesthetic person feels is real to them.

*Most people learn* best when there is a combination of senses in use. Their dominant sense is then reinforced by the other senses. However, if a Visual person is asked to work without any visual input they will be in difficulty. Similarly, for Auditory and Kinaesthetic people. Good practice therefore is to ensure you always use a variety of senses in every piece of work. Once you notice the dominant sense of someone, you can improve rapport by focusing communication around that sense.

There are many other differences the people you are communicating with will have including the following:



Within each of these areas you may find it helpful to:

- ☒ Change the imagery so that it reflects gender, faith etc. appropriately.
- ☒ Change verbal examples used so that they reflect sexual orientation, culture, age etc.
- ☒ Adapt exercises involving images, speaking/listening, or movement/touch to consider individual's sensory abilities and preference.
- ☒ Adapt your communication to respond to different levels of understanding.
- ☒ Be aware of cultural expectations which are likely to help the other person feel more comfortable.
- ☒ Use professional interpreters and advisors where required.

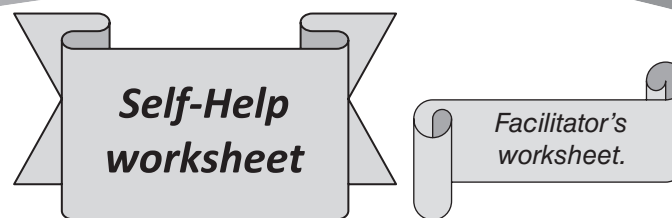
## **POWER, DISCRIMINATION AND EMPOWERMENT**

For each of these variables above, it is also worth considering power and how you can change potential discrimination to empowerment in your relationship with the person you are helping to change.

How far do your personal beliefs, attitudes, and behaviour influence your practice?

What are the cultural myths and assumed consensus about different groups of people you work with?

How far does your organisational structures, act to perpetuate social division, prejudice and discrimination, or to empower?



### USING THE EXERCISES

The exercises for facilitators and for those undertaking change have been designed to appeal to a wide range of styles and circumstances. They can be located easily throughout the *Toolkit* by looking for the appropriate symbol and can also be found in colour on the website [www.wiley.com/go/fuller/motivational-skills](http://www.wiley.com/go/fuller/motivational-skills). The exercises can be adapted to meet the different needs of your organisation and the different people you are helping by changing the wording and imagery or by discussing the content with the person you are helping to change.

The exercises below provide examples and frameworks for you to identify how you can adapt some of the material to your work.

The *first exercise* considers how to change language used for people who have reading ages under 11. You may wish to change the language in this way if you are working with younger people, or people who have low basic skills. The result will be different in each of these cases.

A significant proportion of adults supervised by helping professions have difficulties understanding complex language, yet many of the materials provided are geared to a much higher level of understanding. For this reason, the *Toolkit* exercises have been written in straight forward language and are visually attractive for use with all age groups including young people. Many people in organisations use ‘jargon’ and abbreviations which people outside of their organisation do not understand. How true is this in your organisation?

The *second exercise* sheet may be used to reflect on existing practice in terms of responding to different needs or for you to keep a record of approaches which have worked for other people.

The *third exercise* aims to help you explore your practice in more detail in relation to two specific learners with very different needs.