

The background of the cover is an abstract painting. It features two seagulls in flight against a sky-like background of white, light blue, and pinkish-red brushstrokes. Below the birds, the background transitions into a deep blue area with swirling, textured brushstrokes, suggesting water or a turbulent sky. The overall style is expressive and painterly.

# MOTIVATIONAL INTERVIEWING IN PROBLEM GAMBLING COUNSELLING

APPLICATIONS AND  
OPPORTUNITIES

A Clinician's Guidebook

Letty Tumbaga  
Lukas Ryan  
Elissa Macaw

MI Specialist/Consultant  
Helen Mentha



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Motivational Interviewing in Problem Gambling Counselling:  
Application and Opportunities—A Clinician’s Guidebook

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## LIST OF ABBREVIATIONS

CAT	Commitment, Activation and Taking Steps
CBT	Cognitive Behaviour Therapy
DARN	Desire, Ability, Reasons, Need
GH	Gambler's Help
GHS	Gambler's Help Southern
IDT	Interactive Drawing Therapy
MET	Motivational Enhancement Therapy
MI	Motivational Interviewing
OARS	Open-questions, Affirm, Reflect, Summarise
PG	Problem Gambling
PGC	Problem Gambling Counselling







## CHAPTER 1 INTRODUCTION

### WHY A GUIDE ON APPLICATIONS OF MOTIVATIONAL INTERVIEWING (MI) IN PROBLEM GAMBLING COUNSELLING?

As therapeutic counsellors in the Gambler's Help sector, we each come with our own style of counselling. Our therapeutic approach may be largely cognitive-behavioural, psychoanalytic, humanist-Rogerian, narrative, solutions-focused therapies or a combination of these approaches. Some may also prefer creative therapies. Mostly, though, we do not stick to one approach. We commonly find ourselves drawing from a number of therapeutic approaches to provide the best care to our clients. We also strive to continuously enhance our skills set in our preferred therapeutic approaches as well as try out and develop new and effective ways of engaging and assisting clients and their families or loved ones with the impacts of problem gambling.

It is in this context that we offer this guide. Motivational interviewing (MI), when done well and effectively, can sit comfortably with other therapeutic approaches that each of us currently uses or prefers. MI can likewise enhance our client's and our own experience of therapy.

Many of us have heard of MI and its effectiveness in engaging clients and facilitating change. Many of us are also aware that it is used extensively in the treatment of drug and alcohol addiction in Australia. Its popularity is supported by strong empirical evidence of its success in changing behaviour (Miller, 2014). At the time this document was written, there had been at least 200 randomised clinical trials showing MI to be efficacious in the treatment of many conditions, particularly addictive behaviours like substance abuse and smoking (Miller, 2014; Nastally & Dixon, 2012). MI has also been found to be an effective approach to problem gambling (e.g., Diskin & Hodgins, 2009; Hodgins, Currie, Currie & Fick, 2009; Kuentzel, Henderson, Zambo, Stine, & Schuster, 2003; Oei, Raylu & Casey, 2010).

Despite growing recognition that MI can help to facilitate behaviour change in various areas and shows great promise in problem gambling treatment, Gambler's Help Services have not explored its systematic adoption in problem gambling counselling. Without agreements or common frames for its application in problem gambling counselling, MI can be open to misinterpretation and piecemeal applications that may limit its effectiveness in the field. Even counsellors who have attended MI training and are already making an effort to incorporate MI in their clinical practice admit that they would welcome practical suggestions on the use of MI in problem gambling counselling to ensure that they are applying MI effectively. This guide offers a user-friendly resource that we hope will help counsellors translate MI theory into practice.



## WHAT DOES THIS GUIDE AIM TO DO?

Specifically, this guide has been developed for several purposes, namely:

### Enhance PG counsellors' understanding of MI

Firstly, the guide has been developed to introduce MI to PG counsellors who are unfamiliar with MI or renew the interest of counsellors who may have been trained in MI but have not had the opportunity to fully incorporate it in their practice. It is also hoped that this guide will sharpen PG counsellors' understanding of what MI is and is not, and encourage discussions on why and how MI can be integrated with different therapeutic approaches when providing problem gambling treatment and counselling.

### Suggest MI applications in problem gambling counselling

The guide also suggests practical ways MI principles and key MI concepts can be applied when working with clients with problem gambling. It offers specific individual and group applications in light of different problem gambling counselling contexts.

### Showcase how MI can work with another therapeutic tool

MI has always been shown to work well with other therapeutic approaches and tools, as long as both are coming from a compatible, client-centred mindset. As such, the guide also showcases how the use of metaphors, images or drawings can accompany MI, as a concrete example of how MI can complement other therapeutic tools or be integrated in other treatments. The use of metaphors and images may also enhance client's change talk and connect with problem gambling clients who may find it difficult to engage in talk therapies.

## HOW WAS THIS GUIDE DEVELOPED?

This guide draws from relevant material on MI as well as years of counselling experience of therapeutic counsellors at Gambler's Help Southern who have undergone MI training. Guidance has also been sought from an external consultant, a clinical psychologist and a specialist trainer known for her MI expertise.

## HOW IS THIS GUIDE ORGANISED?

The guide is divided into five chapters:

**Chapter 1** is an introduction to the guidebook. Chapter 2 provides an overview of key principles and concepts of motivational interviewing, with a focus on MI 3, the latest version of MI.

Problem gambling (PG) counsellors who have attended MI trainings before 2013 should note that Miller and Rollnick have refined MI in 2013 (MI 3), and the older MI conceptualisations, including the Motivational Enhancement Therapy developed in the 1980s, are now considered outdated.

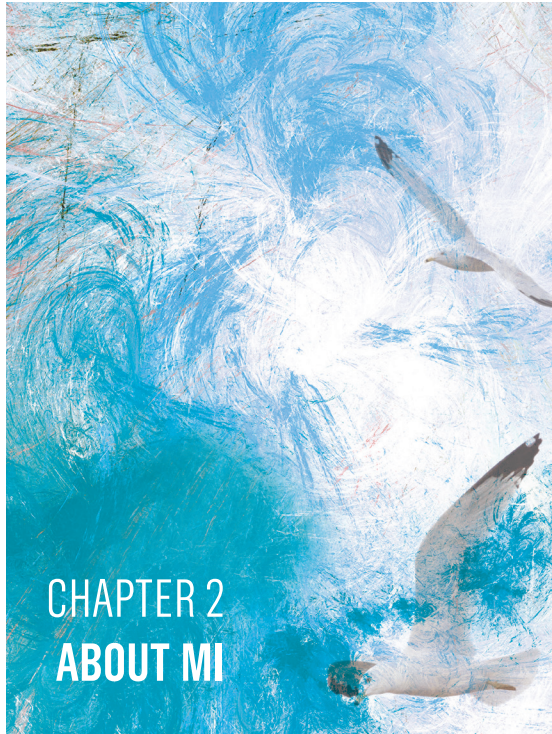
As such, **Chapter 2** summarises key concepts of the latest version of MI, as developed and refined by William Miller and Steve Rollnick (2013). This overview will provide the foundation for the discussion of its application in problem gambling counselling in the next chapters.

For PG counsellors to achieve in-depth understanding of MI, they are encouraged to do further reading, specifically: Miller, W. & Rollnick, S. (2013). *Motivational Interviewing: Helping People Change*, 3rd edition. NY: Guilford Press. As well, attendance in MI training run by facilitators with up to date knowledge and skills on MI and who are able to live and model the MI principles, is highly recommended. The Motivational Interviewing Network of Trainers (MINT, check link <http://www.motivationalinterviewing.org>) website offers some guidance on what to look for in trainers.

**Chapter 3** gives an overview of the use of metaphors, images or drawings in therapy as therapeutic tools as well as separate therapies in themselves (e.g., metaphor therapy and interactive drawing therapy). It also features some of the ways drawings and metaphors have been used within other non-MI therapies. Specific experiences on the extensive use of interactive drawing therapy in problem gambling counselling are presented in this chapter as well. Like Chapter 2, this third chapter will assist in contextualizing the next chapter on the integration of MI and images and metaphors in problem gambling counselling.

**Chapter 4** and **Chapter 5** showcase how MI and images and metaphors can be integrated in individual and group PG counselling. **Chapter 4** focuses on applications of MI in individual problem gambling counselling and **Chapter 5** proposes ways that MI can be adopted more systematically by Gambler's Help Services when running groups. Both chapters offer ways to integrate the use of metaphors and images with MI as a way of enhancing the meaning of change for clients as well as providing an additional tool for counsellors and clients to explore change. Client experiences are presented and examples of client drawings, images and metaphors are included to illustrate the integrated approach.





## CHAPTER 2 ABOUT MI

Motivational Interviewing can be described as a “collaborative conversation style for strengthening a person’s own motivation and commitment to change” (Miller and Rollnick, 2013). It specifically aims to address a person’s ambivalence toward change and is based on client-centred counselling. However it differs from a pure form of client-centred counselling in that it is goal-orientated.

This chapter provides a summary of key principles and concepts of Motivational Interviewing. Key elements are explained, including the ‘spirit’ of MI, four MI processes as well as core MI interviewing skills. Consideration is given to how these elements are brought together to enhance and encourage client’s change talk, as a way of refreshing or grounding PG counsellor’s understanding of MI. This chapter sets the foundation for Chapter 4, which will describe some concrete ways MI can be adopted in problem gambling counselling. This chapter draws heavily from the various MI references, most particularly *Miller & Rollnick (2013)*.

### THE SPIRIT OF MI

There is an underlying perspective with which a counsellor practices MI. This perspective is called the Spirit of MI. MI embodies a person-centred approach anchored in faith in the client’s capacity, curiosity about their perspective and respect for our client as our equal. Within this relational style, counsellors are encouraged to be aware of, and resist the temptation to give in to, the desire to persuade or direct the client to take a certain path (the righting reflex). This requires us to be very mindful of what we bring and how it may influence the course of the conversation.

Miller and Rollnick (2013) have identified four elements of the Spirit of MI. These elements are Partnership, Acceptance, Compassion and Evocation. To practice MI, a counsellor needs to not only express these four elements but also to authentically experience them on some level. Without the spirit of MI, assisting a person to change can be reduced to a battle of wits between the counsellor and client and counselling can become an attempt to get the client to do something they don’t want to do.

## Partnership/Collaboration

MI involves active collaboration between counsellor and client. This is not a relationship where the counsellor takes the role of expert and the client passively receives advice and information. The client is considered to be the expert on themselves. The counsellor takes the role of guide and tries to create an interpersonal atmosphere that is not coercive but is conducive to exploring possibilities of change together. Such an atmosphere activates the client's own resources and motivation for change. The counsellor's role is to understand the client's circumstances through the client's eyes rather than trying to fit the client into a preconceived template of how change should take place.

## Acceptance

Acceptance has a number of aspects. The first of these is what Miller and Rollnick (2013) call 'absolute worth'. This is a quality that accepts the client as they are. It is an attitude that trusts that the client, if given the right environment, will progress and develop. Carl Rogers used the term 'unconditional positive regard' to describe this quality. Rogers considered that when a person feels themselves to be unacceptable their ability to change is thwarted, but when they have an experience of being accepted they feel free to change. Absolute worth involves a fundamental respect for the client and as such does not exploit, judge or put conditions on worth. This focus on the worth of the human being can also ground us as counsellors when clients have engaged in unpleasant behaviours that challenge our sense of right and wrong.

Demonstrating accurate *empathy* is another aspect of acceptance. Empathy involves taking a genuine interest in, and trying to develop an understanding of, the client's perspective. Carl Rogers considered that empathy becomes an effective aid to change when it is accurately expressed to the client. In MI, one of the core methods of expressing accurate empathy is the skilful use of complex reflections.

The third aspect of acceptance is respect for the client's *autonomy*. This attitude holds that each client has the right and capacity to direct their own lives. In the client-centred approach to therapy developed by Rogers, it is considered that a client will develop in a positive direction when provided with the correct therapeutic conditions. When the client's autonomy is not respected then the work can become coercive and controlling. Acceptance of autonomy also acknowledges the reality that we can't make anyone think, feel, say or do anything so let's not try; instead, MI invites us to work together to see what might be possible.

The fourth aspect of acceptance in MI involves *affirmation*. The counsellor acknowledges and communicates to the client an appreciation for the client's strengths and efforts for change, rather than pointing out what is wrong with the client and what is wrong with their attempts to change. In a deeper sense, affirming the client is an opportunity to demonstrate their worth, by treating them with respect and dignity. In doing so, affirmation creates a lived experience for the client of being valued, and may help them to see themselves as being someone who is worth the effort of making positive change.

## Compassion

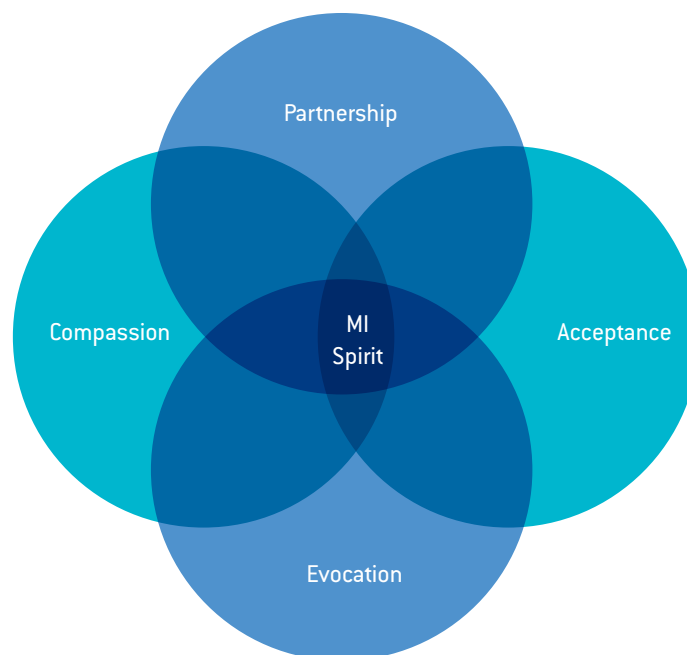
The quality of compassion is part of the spirit of MI. Miller and Rollnick (2013) define compassion as 'a deliberate commitment to pursue the welfare and best interests of the other' (page 20). Compassion needs to be included in the spirit of MI because it is possible to practice partnership and acceptance in the pursuit of self-interest. In MI the counsellor has compassion because the MI counsellor is providing the service primarily for the benefit of the client and not themselves. The quality of compassion is often expressed within the MI conversation by a gentleness or kindness in the manner of the counsellor.



## Evocation

Traditional therapeutic assessments are sometimes focused on identifying a client's deficits. MI uses a strengths-based approach. The understanding is that a person already has within himself or herself much of what is needed, and the work of the counsellor is to evoke it. In this sense, evocation is the art of going fishing rather than fixing or telling. The motivations for change and the strengths and resources for change need to be recognised and drawn upon from within the client by the client and the counsellor together. The process of evoking increases the likelihood that the content of the conversation will be more relevant and meaningful, as it is based on what already lies within the client. Evocation also offers an invitation to the client to actively engage with their dilemma. They may gain new insights as they bring what is within them to the surface for closer examination.

FIGURE 2.1 SPIRIT OF MI



## THE FOUR PROCESSES OF MI

There are four overlapping processes in MI: Engaging, Focusing, Evoking and Planning. These processes may emerge in sequential order but usually they overlap or recur during a series of counselling sessions. For example, the need to re-engage with a client may occur during the evoking or planning process.

### Engaging

Engaging is the process where the counsellor and client develop a working relationship. In a more practical sense, this might be thought of as 'settling into a comfortable conversation'. Engagement is an essential foundation for the therapeutic work that follows. Elements of the engaging process will be described in a later section.

## Focusing

The engaging process generally leads to a focus on what the client wants to address. The process of focusing involves clarifying and maintaining a specific direction for the therapeutic conversation. A topic of conversation (e.g. gambling) does not become a focus until the client connects with it as a meaningful area for them to consider or address.

## Evoking

The third process is evoking. This process is at the heart of MI and involves eliciting the client's own reasons and motivations for change. The strengths and resources for change are drawn upon from within the client. In this process, the counsellor becomes more thoughtful and strategic in how they work with the client's motivation for change, which requires good engagement and a clear shared focus.

## Planning

The planning process emerges when a person begins to think about how they might make the change and what it would be like after the change has been made. The planning process involves the client developing a commitment to change and also a plan of action. A specific form of treatment — for example, couples counselling may be part of a plan of action to support self-exclusion from a gambling venue, while financial counselling may form the remainder of the plan. It may also happen that once a client has made a decision to change they don't need any further assistance to plan their change. Other clients may require significant ongoing support to both develop the plan and build a feeling of readiness to move into action.

One way to think of the four processes is to see them as layers that build on the previous processes, rather than as separate steps – in this sense, we always want to keep our eye on how we are going in the earlier processes even if we have moved on to the next. For example, we always want to keep attending to how the *engagement* is going, or whether we are maintaining *focus* or need to change the focus, and that if we have moved into planning, we should still be using an *evoking* style. While the processes sound straightforward, in reality the counsellor is more likely to use a skilful ebb and flow between them as needed. For example, as already noted, engaging is seen as foundational and may require further work and enhancement across sessions and through all processes.

## CORE SKILLS OF MI: OARS

The practice of MI involves using four core communication skills. These skills are also used in many other forms of counselling. They are: asking open questions, affirming, reflective listening, and summarising. These four skills are known by the acronym OARS.

### Open Questions

In MI open questions are used to elicit the client's own ideas, feelings and plans. Open questions encourage the client to communicate and express their own experience and knowledge of their situation. Closed questions are less helpful because they encourage short 'yes or no' responses. This type of closed-question interview style implies that the counsellor is the active expert gathering facts that will enable the expert counsellor to come up with a solution for the client's problem. Some closed questions may be necessary but they should be used sparingly.



The open-ended question style encourages exploration of the client's motivation and the expression of change talk. This style trusts that the client is the real expert in knowing their own situation, values and goals.

## Affirming

The counsellor remains alert to client strengths, abilities, good intentions and efforts to change and then comments on them. Affirming the client's strengths and abilities shows respect for a client and their worth as a person. It also emphasises that MI relies on the client's motivation and resources for change. Affirming is best done when it is specific and anchored in the client, rather than what the counsellor thinks. E.g. "I'm proud of you!" is a form of approval whereas "You must be proud of yourself" is an affirming statement. "Well done!" is less powerful than "You showed real courage when you did X, even though you felt very anxious and wanted to give up".

## Reflective Listening

Listening carefully to a client and then making reflective statements about what the client has said helps to deepen understanding. The well-engaged client will let the counsellor know whether the counsellor's understanding is accurate or not. Reflective statements from the counsellor also provide the space and opportunity for clients to hear again their thoughts and feelings. When a client feels understood and listened to, they are encouraged to talk and explore further. In MI the encouragement is for counsellors to use complex rather than simple reflections. Simple reflections simply repeat or reword what the client has said – they do not require much thought or risk on behalf of the worker. Complex reflections, on the other hand, require the counsellor to think more deeply about what has been said and offer a guess about the underlying meaning. The specific reflection chosen depends on how the conversation is going and what would be most helpful next.

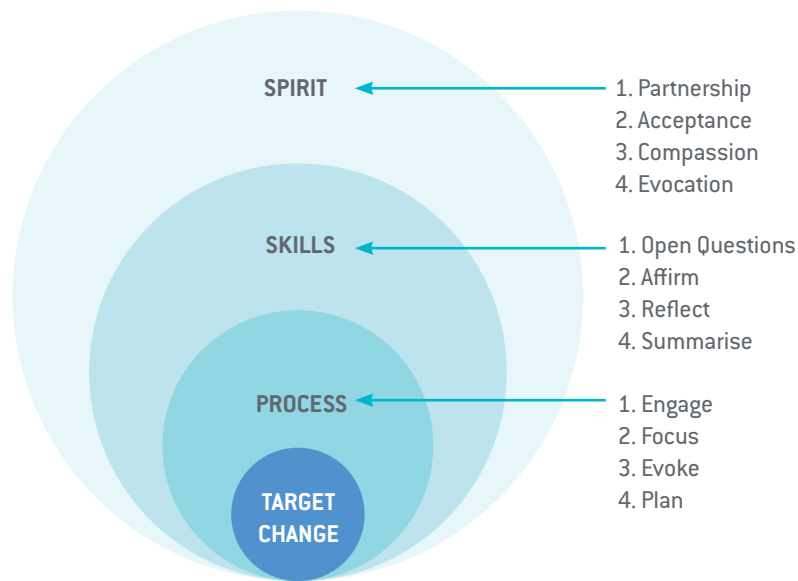
- Client:** I'm feeling depressed today
- Counsellor:** You're feeling down. Your mood is low today. (Simple Reflection)  
What do you think is going on to cause this mood? (Open Question)
- Client:** My wife is really angry about my gambling and the debt. She says she has had enough and hardly speaks to me anymore.
- Counsellor:** The financial problems are causing serious conflict at home. You are also worried about the future of your marriage. (Complex Reflection)

The complex reflection adds meaning or emphasis to what the client has said. Miller and Rollnick (2013) use the image of an iceberg to distinguish between simple and complex reflections. What is seen of the iceberg above the water is reflected back to the client as a simple reflection, what could lie below the surface is reflected back as a complex reflection.

## Summarising

Summaries are a longer form of reflection. A summary draws together what a client has been saying and offers it back to the client. A good summary demonstrates that a counsellor has been listening and values what the client has been saying and expressing. Summaries also give the client an opportunity to add more to the conversation or to say what the counsellor has missed. Summaries can also shape where the conversation goes next, based on what was included in the summary.

FIGURE 2.2 THE CORE MI FRAMEWORK



## INFORMING AND ADVISING WITHIN MI CONVERSATIONS

Providing information and advice to a client is appropriate in MI if all possible attempts have been made to first evoke the information or ideas from the client and it is given to the client with permission. While providing information, suggestions or professional opinion has its place, *how* it is done is critical to whether the conversation remains consistent with MI or not. There is an art to the skilful provision of information or advice – it needs to be collaborative, joining with the client as an equal partner, and respects the client’s autonomy.

The timing of information or advice can also be an important factor. For example, information offered too soon can elicit defensiveness, or too late can generate frustration. Ideally, it is offered once the client has recognised a need and is interested to hear what we have to say. As such, offering information or advice is generally seen as more of a last resort than a first resort, and should preferably only occur when the client is ready or duty of care requires it.

Further, the counsellor needs to continue to work with the client to assist them to reach their own conclusions about the information provided. A useful format for providing information and advice within MI is ‘elicit-provide-elic’ – first we ask what they know, then we ask permission to offer what we know, then we ask them what they make of that information. In the spirit of MI the client has the autonomy to agree or not to agree with the advice given, to act on the information given or not to act. This doesn’t mean that we ignore our duty of care. There may be times we need to act against the client’s wishes – e.g. provide information to Child Protection or call a mental health crisis team – but we just need to be clear that at this point we are departing from MI and responding to a crisis or legislative requirement. However, the spirit of MI remains a powerful engagement tool to ease and assist clients through difficult situations.

## USING THE MI FRAMEWORK TO ATTEND TO THE LANGUAGE OF CHANGE

The Spirit, Four Processes and OARS alone are not MI – it is possible to use any of those elements in other ways of working. It becomes MI only when all of these elements are brought

together in a purposeful way to tune in to our client's relationship with change and the language they use to express it. This means developing an ear for our client's '**change**' and '**sustain talk**.'

## Cultivating Change Talk and Softening Sustain Talk

Change talk and sustain talk are the client's arguments for and against change. When people are ambivalent they usually express arguments in favour of change and also arguments against change. This indicates that both motivations exist within a person at the same time. If a counsellor argues for change, an ambivalent client will probably voice the counter argument, which is against change. If a client continually expresses arguments against change they can talk themselves out of changing. However if a person hears themselves expressing arguments in favour of change they can talk themselves into change. A predominance of change talk is a predictor of behaviour change (Moyers, Martin, Houck, Christopher & Tonigan 2009).

### Change Talk

When a client expresses arguments in favour of change their statements are called 'Change Talk'. MI identifies various types of change talk.

1. Preparatory change talk involves a *Desire* for change, self-perceived *Ability* to change, *Reasons* for change and the *Need* for change. These four types can be remembered by the acronym **DARN**: Desire, Ability, Reason and Need. These types are referred to as preparatory change talk because none of them indicate that change is going to happen.

- **Desire** language usually includes the verbs: want, would like, wish or hope.

Example – 'I want to stop gambling. I only do it out of habit now – I don't enjoy it any more.'

Example – 'I'd like to have some money in the bank so I will stop or cut down on my gambling'

- **Ability** statements indicate that the change seems possible – either identifying confidence or competence in themselves or options that seem genuinely worth considering. Words such as 'I can', 'I am able to', 'I could' or 'I would be able to'

Example – 'I stopped gambling for a few months last year. I could try again.'

- **Reasons** statements do not imply ability or desire but indicate why a change might be helpful – e.g. how the change may lead to something else they do want or value.

Example – 'If I stopped going to the casino I would probably have more money and avoid that depressed feeling when I lose.'

- **Need** language expresses the importance or the urgency for change but once again does not imply desire or ability.

Example – 'I have to do something about my gambling before my wife finds out about the debt.'

The **DARN** categories of change talk, in themselves, do not indicate that a person intends to change, but represent the side of ambivalence that is in favour of change.



2. Mobilising change talk indicates movement toward a resolution of ambivalence in favour of change.

- **Commitment** language indicates the likelihood of action.

Example – ‘I will ring the self-exclusion people this afternoon.’

- **Activation** language indicates a movement toward action but not quite a commitment.

Example – ‘I am prepared to make an enquiry about self-exclusion.’

- **Taking Steps** is a form of speech which indicates the person has already done something or taken some action towards change. It may not be a commitment to change their gambling behaviour but it is a step in that direction.

Example – ‘I went to a GA meeting last week.’

Mobilising change talk can be remembered by the acronym CAT – Commitment, Activation and Taking steps. In MI the important thing is to listen for language that indicates movement towards change.

## Sustain talk

Sustain talk involves statements or arguments against change. Change talk argues for change. Sustain talk is the opposite of change talk. A predominance of sustain talk or an equal mix of sustain and change talk is associated with maintaining the status quo.

Following are examples of sustain talk using the DARN-CAT categories:

- Desire – ‘I really enjoy the atmosphere and the thrill of gambling at the casino.’
- Ability – ‘I’ve tried before and failed, I don’t think I can quit.’
- Reasons – ‘Playing pokies gets me out of the house.’
- Need – ‘I need a place to zone out.’
- Commitment – ‘It’s in my genes. I’m not going to try to stop.’
- Activation – ‘I’m not ready to change.’
- Taking Steps – ‘I can’t get to the counselling appointment. I’m on my way to the casino instead.’

MI is about learning to listen, explore, affirm, and highlight a client’s change talk or any speech that favours movement towards a particular change goal. It is normal for clients to be ambivalent about change which they can articulate as sustain talk or any speech that favours status quo rather than movement towards change. MI is about increasing the ratio of change talk to sustain talk or softening sustain talk and enhancing change talk of our clients.

In other words, MI is the skilful use of the component elements to allow the client to genuinely explore the pros and cons of change, with a gentle guiding toward helping the client to build their argument in favour of positive behaviour change. One reason change talk is “favoured” within MI is that the sustain talk already has a head start – the client is already listening to that voice within them, with potentially negative consequences. The counsellor seeks to evoke the change talk – the other voice that is already within them that hopes for something better.

At this stage, it is important for a counsellor to be aware of their own agenda and try not to impose it on their client. Instead, counsellors learn to pay close attention to their client’s perceptions and meaning of change.

## SUMMARY OF KEY FINDINGS FROM BEHAVIOUR CHANGE LITERATURE BY WILLIAM MILLER (2015)

On change:

1. Ambivalence about change is normal
2. Ambivalent people already have their own motivations (for and against) and if we listen, we are likely to hear both
3. Motivations take different forms of speech
4. There is a balance between pros and cons, and change tends to happen when that balance tips toward the pros of change
5. People literally talk themselves into or out of change

On conversations about change:

1. The mindset of the clinician matters: what you see is what you get
1. Empathic listening matters (and empathy is a learnable, measurable skill)
2. Affirmation also matters
3. When people are ambivalent, persuasion evokes defensiveness
4. Pushing back against the negative normally strengthens it
5. A guiding style that helps people to voice their own motivations for change encourages them to move toward change
6. Expressing to another person your intention to make change increases the likelihood it will happen

## MYTHS ABOUT MOTIVATIONAL INTERVIEWING

MI was first introduced some 30 years ago and since then it has been widely disseminated. Due to MI's complexity, its rapid dissemination has resulted in some blurring of boundaries with other approaches. In 2009 Miller and Rollnick published an article entitled, "Ten Things that Motivational Interviewing Is Not" with the intention to clear up confusions so that MI is practiced and taught in line with the way MI was developed. The following is a summary of that article:

### 1. MI is not based on the transtheoretical model

The transtheoretical model for change (commonly referred to as the DiClemente's Stages of Change, and encompasses stages from precontemplation, contemplation, preparation, action, maintenance) is a conceptual model about why and how change occurs, whereas MI is a specific clinical method for tapping into motivation for change.

### 2. MI is not a way of tricking people into doing what they don't want to do

MI starts from the premise of honouring personal autonomy. If someone lacks the inherent motivation for change, MI cannot force that change to occur.

### 3. MI is not a technique

MI is more complex than a set of instructions advising "do A and then B", it is rather a skilled communication method that is learnt over time and with practice.

**4. MI is not a decisional balance**

Many assume that MI is simply being able to run a decisional balance. This technique enables a client to explore the pros and cons of change, and is usually used to facilitate decision-making, whilst the counsellor remains neutral and avoids guiding the client in a particular direction. A decisional balance can be applied within MI. However, it is not MI, and there are times when the use of the decisional balance would not be recommended within MI.

**5. MI does not require assessment feedback**

Assessment feedback, which was previously part of Motivational Enhancement Therapy (MET), is not an inherent or essential element in MI. The clinical style of MI can proceed with or without assessment feedback.

**6. MI is not a form of cognitive-behaviour therapy**

CBT generally involves teaching a client new skills, challenging erroneous beliefs, restructuring more rational and adaptive cognitions and beliefs. MI is typically a few sessions and is not about teaching new skills or installing anything in a client rather it is about eliciting from a person what is already there. The underlying spirit of MI is fundamentally humanistic rather than cognitive or behaviourist.

**7. MI is not just client-centred counselling**

MI departs from client-centred counselling in that it is consciously goal-orientated and that it has intentional direction toward change.

**8. MI is not easy**

MI involves a complex set of skills that are used flexibly responding to moment-to-moment changes in a client. It requires practice with coaching and feedback over time.

**9. MI is not what you were already doing**

Research has shown that there is no correlation between clinicians' self-perceived competence in reflective listening and their actual observed proficiency in practice. MI requires practice in retaining clarity of purpose and calmness and using thoughtful reflective listening statements to facilitate change.

**10. MI is not a panacea**

MI is not meant to be a comprehensive approach to treatment. Rather it is a tool for addressing problems relating to making behaviour or lifestyle change and where the person is ambivalent about doing so. It is not intended to address all situations. MI has not been developed for people who are already at the point of making change.

## EIGHT LEARNING TASKS OF MI

Counsellors who want to enhance their understanding of MI and aim to be able to apply MI effectively in their clinical practice may find the following eight core learning tasks of MI a useful roadmap. This list was developed by William Miller and Terri Moyers (2006), based on their observations from teaching MI to a wide range of professionals. Students of MI may find they make better progress focusing on one task at a time with purposeful intention over a period of time, rather than attempting to become competent in all eight tasks at once.



1. Embody the Spirit of MI
  - Form respectful partnerships based on compassion and acceptance
  - Let go of the expert role.
  - Resist the urge to give unsolicited advice
  - Become more adept at evoking rather than telling.
2. Develop skilful use of OARS:  
Client Centred counselling skills
  - **O**pen ended questions
  - **A**ffirm
  - **R**eflections, with emphasis on the use of complex rather than simple reflections
  - **S**ummarise
3. Recognise change talk and sustain talk
  - Discern the difference between clients expressing a desire for change (change talk) or expressing reluctance (sustain talk) to change in their statements
  - Learn to hear the subtle change talk sitting within more neutral or negative statements.
4. Elicit and strengthen change talk
  - Skilfully respond to change talk
  - Open up and evoke more change talk
  - Reinforce change talk through reflections and summaries
5. Roll with sustain talk and discord
  - Re-engage when there is friction in the relationship
  - Diffuse resistance to change rather than reinforcing it.
6. Help clients develop a change plan
  - Assist the client to explore the potential to move from openness to change to commitment to change
  - Start with what the client wants to achieve and evoking the steps for what the client hopes to do to achieve the goal.
7. Consolidate client commitment
  - “The commitment happens when a person feels ready, willing and able to change. (Miller and Rollnick, 2013)”
  - Maintain a focus on the commitment and specific implementation plans.
8. Transition and blend with other therapeutic approaches:
  - Integrate MI with other approaches.
  - As stated earlier, MI is not a panacea. It is possible to integrate MI with other interventions or use it as a transition to other approaches. It is useful to recognise the limitations of MI and to consider opportunities to improve treatment outcomes. For example, a counsellor who sees families can use MI to engage, focus, evoke and plan whilst still using family systems therapy.

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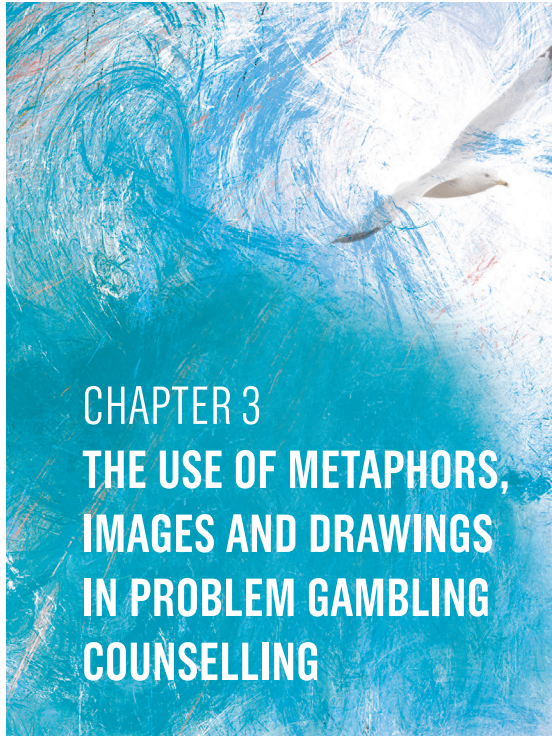
### **SUMMARY OF KEY FINDINGS FROM THE LITERATURE ON TEACHING BEHAVIOUR CHANGE STRATEGIES TO PROFESSIONALS BY WILLIAM MILLER (2015)**

On learning complex skills (such as communication about change):

1. Knowledge about a skill (reading, observing, attending workshops) normally does not change practice much
  2. People tend to overestimate how much they have learned (i.e. their use of a new skill)
  3. Feedback and knowledgeable coaching based on observed practice improves skill.
- 

## **A GENERAL NOTE ON THE PRACTICE OF MI**

As counsellors, there are many ways we can decide to adopt MI in our clinical practice. Some of us who believe that the MI principles and key elements resonate with our personal values and beliefs may choose MI as our primary therapeutic approach and our practice philosophy. We then work to ensure that MI permeates our work with clients and our attitude towards life and the world. Others may decide to be consciously “MI aware,” committing to its principles, whilst using different elements of MI with clients when they see fit. Whichever way we decide to adopt MI in PG counselling, there is clear value in treating our clients in a manner consistent with the spirit of MI— with compassion, acceptance, genuine respect, partnership and collaboration; and consciously integrating MI principles and elements with other complementary therapeutic approaches we use.



## CHAPTER 3

# THE USE OF METAPHORS, IMAGES AND DRAWINGS IN PROBLEM GAMBLING COUNSELLING

This guidebook has three objectives: enhance PG counsellors' understanding of MI; describe and suggest concrete applications of MI in problem gambling counselling; and showcase how MI can work with another therapeutic tool, specifically metaphors, drawings and images. Before we describe how images and metaphors can accompany or be integrated with MI in problem gambling counselling, it is fitting to describe this complementary therapeutic tool separately, to facilitate our appreciation of its usefulness in therapy.

As such, Chapter Three provides an overview of the therapeutic value of metaphors, images or drawings. It features a perspective from neuroscience of its benefits. As well, it examines how other therapies, such as Cognitive Behaviour Therapy (CBT) and Psychodynamic therapies can make good use of images and metaphors within their therapeutic frames.

Two distinct therapies of Metaphor Therapy and Interactive Drawing Therapy, both of which primarily use images and metaphors, are also discussed in this chapter to showcase how the use of drawings and metaphors have formed the core of a number of recognised therapeutic approaches. Examples of how these therapies have been used in problem gambling counselling are also described briefly.

## BENEFITS OF USING IMAGES, METAPHORS AND DRAWING IN THERAPY

Related literature supports the value of visual prompts as a therapeutic tool particularly with 'clients who are not verbally or conceptually fluent, have depressive affect or are emotionally and cognitively overwhelmed' (IDT, 2013, p.4). Oster and Gould Crone (2004) have also pointed out that creative therapeutic techniques enhance a clinician's understanding of the client's underlying dynamic, especially when 'clients' direct verbal dialogue is constricted and insight into problems and their causes is limited' (p. 27). Not only can drawings, images, and metaphors serve as alternative methods of engaging and communicating with clients, they also have been identified as valuable tools with resistant clients, especially nonverbal and withdrawn individuals (Oster & Gould Crone, 2004).



Oster & Gould Crone (2004, pp, 27-35, 162) documented some of the benefits of using visual prompts or tools in therapy including:

- May be less threatening and provide a sense of safety and comfort
- Allow a novel curative approach through which clients who have come for therapeutic assistance can portray and see their emotions that otherwise they could not easily describe
- Can provide focused discussion and indirect platform for discussion rather than addressing emotional matters in a straightforward fashion (Moon, 1994, as cited by Oster & Gould Crone, 2004);
- Allow new levels of awareness, and can support innovative approaches to problem solving
- Provide client with an opportunity to graphically represent their worlds, and as such enlarge their framework for communication
- Invite intense feelings that have been suppressed during verbal interactions to more easily emerge through the use of drawings
- Lend valuable structure to sessions through the use of concrete markers and strong visual learning tools.

## SUPPORT FROM NEUROSCIENCE

The therapeutic benefits of using metaphors and images are supported by literature in neuroscience. Faranda (2014) describes our brain's innate tendency for play, association and metaphors. These image-based processes offer a client a way to experience self-representation and self-restoration. Faranda argues that using an experiential approach to explore metaphors enables a felt experience within a body-mind system that can be more effective than just the intellectual experience of seeing a mental concept in one's head.

Faranda (2014) cites neuroscience research that indicates that the origins of one's sense of self are formed in the midbrain rather than in the higher cortical areas. He argues that the felt experience of metaphors is more therapeutically efficacious than the intellectual or 'head' experience alone. He emphasises the need to enter into the exploration of metaphor with a sense of 'play' or 'as if', because in this mode the midbrain is stimulated. By entering into the pictorial language of a metaphor the midbrain area is activated and it is in this part of the brain, the image forming part of the brain, where there is the potential for restoration and reintegration of one's sense of self; which ultimately becomes more therapeutic for our client.

## USE OF METAPHORS AND IMAGES IN OTHER THERAPIES LIKE CBT AND PSYCHODYNAMIC THERAPY

By using client-generated metaphors, rather than counsellor-generated metaphors, the client can be assisted to explore and come to an understanding of their belief systems that are reflected in their metaphoric speech. The client's insight then may stimulate motivation for change.

Advocates (e.g., Kopp, 1995) argue that using client-generated metaphors as a tool in therapy can enhance therapies like CBT. Cognitive behavioural therapies tend to emphasise the logical aspects of cognition such as self-talk, automatic thoughts and self-schemas. Using and exploring metaphors in the context of CBT would add another dimension to the 'cognitive' aspect of this approach. A client's schema or belief system, for example, can then be explored in a manner that incorporates not only logical thought but also affect and metaphor or picture language that are not always accessible to the verbal or intellectual faculty (Kopp, 1995).

Kopp also argues that metaphors already play a role in psychodynamic therapy. Psychodynamic theory indicates that thinking in images lies closer to the unconscious

processes than does thinking in words. When metaphors emerge in speech they communicate the 'experience' of an issue, feeling or a situation in life rather than an intellectual or verbal 'description' of that issue or situation. Kopp (1995) also points out an interesting connection between the psychoanalytic term 'transference' and the word 'metaphor'. The literal meaning of the word 'metaphor' in the original Greek language means 'to carry over from one place to another' - 'meta' meaning 'above or over' and 'phorien' meaning 'to carry or bear from one place to another'. This is also the literal meaning of the word 'transference' the carrying of something from one place to another. Therefore 'metaphor' and 'transference' describe similar processes, both can be understood to carry symbols and ambiguities from one time in a person's life to another or from one person to another. Clearly, however, the term 'metaphor' does not convey the full meaning and complexity of the term 'transference' as it is understood in psychoanalytic theory; but it shows how metaphors and images can play a role in the psychodynamic approach.

## USING METAPHORS AND IMAGES IN PROBLEM GAMBLING COUNSELLING WITHIN EXISTING RECOGNISED CREATIVE THERAPIES

Metaphors are often expressed verbally in a counselling setting. They can then be explored either verbally or visually. An example of what a PG client might say about their gambling behaviour is, "it is like being trapped in a cage" or "in sticky glue".

A number of problem gambling counsellors already use therapeutic modalities like Interactive Drawing Therapy and metaphor therapy that invite clients to create their metaphors and images in sessions. The use of IDT, for example, has proven to be very beneficial to many clients with problem gambling in Gambler's Help Southern in the last 3 years (Wan, 2015; see <http://gamblershelpsouthern.org.au/interactive-drawing-therapy/>). Other studies (Zhang & Everts, 2012) have also provided a little more than anecdotal evidence of IDT's usefulness in helping non-English speaking or migrant clients with gambling problems gain insight into their problems. These clinical experiences suggest that metaphors, images and drawings can provide an enriching therapeutic experience to various clients with a gambling problem.

Here are some of the ways metaphors and images can be adopted in problem gambling counselling within the frames of recognised therapies like metaphor therapy and IDT.

### Metaphor therapy in PG counselling

Kopp (1995) provides specific guidelines for working with images and metaphors in a therapeutic context in his book *"Metaphor Therapy: Using Client-generated Metaphors in Psychotherapy."* The guidelines developed by Kopp have been adapted for a gambling context as follows:

#### 1. Entering the Client's Metaphor/Image

The counsellor guides the process by following the client as the client creates a narrative or drawing of his/her image.

#### 2. Exploring the Image

The counsellor invites the client to explore the image/metaphor. This assists the immersion into the metaphoric imagination.

##### Cognitive/Thinking

Ask the client to talk about the setting and scene of the image.

What is being said in the image - what action is taking place?

What is being heard, smelt, touched, etc.?

What lead to this scene – what happens next?

**Feeling/Emotions**

Encourage the client to explore their feelings in relation to the image. The counsellor guides the exploration but does not introduce new elements into the image.

What is it like to be in this image?

What is your experience?

What are you feeling?

**3. Transforming the Image (engages the client's motivation to change)**

The counsellor invites metaphor/image transformation.

If you could change the image in any way, how would you change it?

The counsellor may offer suggestions here if client is unable to come up with any changes. The client is free to reject or accept any suggestions.

If the client has drawn their image then encourage them to do a new transformed drawing of their image reflecting the changes.

**4. Connecting Metaphoric Patterns and Gambling Problems**

What parallels do you see between your image and the gambling problem?

How might the way you changed the image apply to your current situation?

*Adapted from 'Metaphor Therapy', Richard Kopp, 1995.*

## Using IDT in Problem Gambling Counselling

Russell Withers, a New Zealand-based counsellor, created and holds the patent for IDT. It uses drawing and writing techniques to complement and extend talking and cognitive processes in therapy. A blank page is used as a therapeutic tool, which a client fills with drawings and words as the therapeutic conversation unfolds. The written word or images on the page provides visual material for a client to interact with. The counsellor actively interrupts and reflects the client's cues back to the client as they emerge, in a way that seeks to move the client into self-reflection and insight.

According to Withers (2006), IDT is not orthodox art therapy, which is described by Schaverien's (1992) as having two main emphases—the process of creatively making 'art', and the use of the resultant product for analysis and diagnosis. IDT does not focus on producing art products or artistic imagery, pays no attention to the aesthetic or creative structure of the client's expressive work, and does not attend to issues of design intent, or the client's ability to 'draw'. As he says, stick figures and gingerbread men are sufficient for IDT to move into therapeutic endeavour. The IDT page is simply a tool, not a product, and it can be torn, cut, burned, buried, or thrown away.

IDT also discourages diagnostic interpretation, because it can lead counsellors to be prescriptive. It also seeks to move the client from an initial focus on factual, cognitive and logical processes to affective, experiential and subjective ones. (Withers 2009).

The role of the IDT counsellor is to assist the client portray or "layer their internal world onto the page, activate the imagery, observe this as represented on the page, develop or modify the material and, finally, internalise the transformed or reframed content". IDT is "interactive, with the counsellor actively participating and partnering with the client in the process of drawing out and deepening the work.

IDT training is provided regularly in Australia and with training, PG counsellors can skilfully use IDT with their clients.

Here is a sample of IDT drawings from a client with a gambling problem as he worked with a problem gambling counsellor (see Lee's story).



## LEE'S STORY

20.09.2014

Lee<sup>1</sup> is in his 50s. He is working full time and living with his wife. Lee started gambling on horses and dogs in 1995. He had sought counselling from Gambler's Help Southern (GHS) twice prior to his last request for service in 2009. Lee had a back injury at work in 2000. It was a difficult time for him. He felt depressed, anxious and his self-confidence was diminishing. Lee was on anti-depressants for two years around that time. Lee's wife has been managing the family finance after she discovered that Lee gambled away some of their savings some years ago. Lee has a supportive and respectful relationship with his wife. When Lee called GHS in 2009, he wanted to attend a support group and see a counsellor infrequently (ie. once every two to three months). Although his wife was controlling his money, he went to the TAB whenever he had access to cash to buy something. He also pawned items from home to get money for gambling. Lee described himself as 'semi-depressed' then. Problem gambling has affected his self-esteem as well as his relationship with his wife. Lee was under a lot of pressure from work and family. For example, he needed to help his aged parents who are from a migrant background and have language difficulties. In the past, Lee used gambling as a circuit breaker to relieve stress, frustrations and anger. In his journey of recovery, Lee learnt to recognize his anger and to deal with unpleasant emotions in healthier ways. He also became more in touch with his inner strength and robustness. As counselling progresses, a new identity emerged. He is no longer a tree that is bent by life challenges. Instead he sees himself as a tree standing tall and has the potential of bearing fruits. Lee's wife is relaxing the financial control as Lee is rebuilding the trust. While things are going well, Lee is also cautious of the risk of relapse. A healthy tree requires balanced soil and nurturing. He is mindful that he too needs to have a balanced life and be aware of his own emotions and actions.

[1] 'Lee' is a pseudonym

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## THE STORY ABOUT LEE'S SET OF 10 DRAWINGS

20.09.2014

Lee has been seeing Lowell Wan, a Therapeutic Counsellor of GHS since 2009. Drawing was introduced in 2011. Lee accepted the invitation to participate in Interactive Drawing Therapy (IDT) and appeared to be comfortable in the drawing process. He was invited to 'show' issues or experiences on a page. The purpose of drawing is not to produce artworks. Instead, IDT uses right-brain drawing and writing techniques to complement and extend the left-brain, talking and cognitive processes. The page is used as a therapeutic tool – drawing and words fill the page as the therapeutic conversations unfold. Typically, Lee creates 2 to 3 drawings in a session. As Lee started to think about terminating counselling in 2014, the idea of celebrating his recovery journey through a 'mini art exhibition' emerged. The selection of artwork and the preparing the narratives for these 10 drawings is a collaborative process. Lee was asked to select the most significant drawings and give a title to those drawings in a review session. He also shared his reflections on these selected drawings. Lowell then drafted the narratives for Lee to review. A 'mini art exhibition' was used as a celebration of his journey of recovery in Lee's last session. His wife was invited to be the audience. This set of drawings and narratives were also showed in an IDT peer supervision group who provided reflections through drawings and words. These drawing reflections were also shared with Lee in the last session. Lee provided consent to use this set drawings in a real life art exhibition to promote public awareness of problem gambling.

### LIFE BEFORE GAMBLING - A GOOD LIFE

06.08.2011

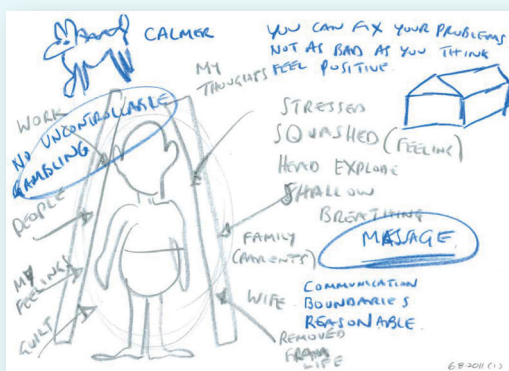
My name is Lee. Before my gambling problem started, life was pretty good. This is the 'old me' who enjoyed life. I was a bit of a joker. Life was generally happy and relaxed. I enjoyed sports and having pets. I love nature. My wife and I used to have spontaneous drives to the country. I felt united with my wife. I drew this picture in yellow because it is a bright happy color.



### BEING SQUASHED BY MANY THINGS

06.08.2011

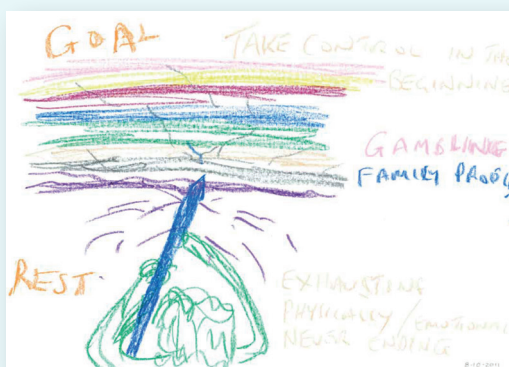
When problems in life were mounting up, I felt like I was squashed by many things. It was like a blank figure being squashed by two blanks. Everybody wants a piece of you. Where are you? You disappeared. I am disappearing fast! I don't know who I am. I was under a lot of pressure. Work was stressful and my parents' health was deteriorating. I felt my head was going to explode! Gambling is a circuit breaker for me – a way to relieve stress temporarily. If my 'old me' can say something to this stressed person in the picture, he would probably say something like 'you can fix your problems', 'It is not as bad as you think' and 'feel positive'. My 'old me' would probably do something relaxing, like being with my dog, spending some time in my shed or go for a massage.



### SLOWLY GETTING TO THE TOP

08.10.2011

I had an episode of 'uncontrolled gambling' in the few days before this picture was drawn. I ended up pawning some items to get money to gamble. I was having a pretty stressful time at work. Some people at work has made some racist remarks and over-reacted to things. I was blamed for no reasons a few times!! I was also having some family problems. My parents were getting frail. My dad went into a nursing home. My brother had a mental health condition and a drug problem. I was so stressed! I was feeling annoyed, guilty, helpless and angry. I felt drained emotionally and physically – I was unable to move or act. I realised that I need to take a rest before I start breaking through all my problems. This is the beginning of taking control.



## MY PROTECTIVE SHIELD

05.11.2011

My gambling has been more controlled. I felt like I have put a 'protective shield' over me to guard me from uncontrolled gambling. My protective shield is made of many layers (black, grey, orange, peach and yellow). When I drew this picture, I felt that the orange shield was turned on. I reckon it was '60% protection'. The next shield is in peach color and it represents '80% protection'. I think I would feel happier, more content and more confident when I have the 'peach shield' on. What would help me to put on the peach shield? Maybe slower pace, permission to live, enjoy life and relax. I put a green dot near the heart of the figure in the drawing. It represents 'doubt'. Sometimes I doubt myself and my ability to deal with life challenges.



## THE BENT TREE OF LIFE

31.03.2012

I stayed away from gambling for about a month and things became a little bad recently. I had three things in the pawn shop. I didn't understand why I started gambling again. Things have been good. Work and finance had been progressing well. Maybe I was not used to being not stressed. Maybe it is related to self-sabotage and self-worth. Doubts creep in sometimes. I was asked to show 'doubt' on the page. The first thing that came to my mind was 'Richmond', my beloved football team. Recently I challenged my workmate (who is a Carlton supporter) to break his Carlton mug if Richmond wins. I knew that Richmond would not win but I still made a dare. I ended up breaking my Richmond mug the day after the match. I challenged my workmate in spite of the doubt because I love the satisfaction of winning against the odds. I took the chance.

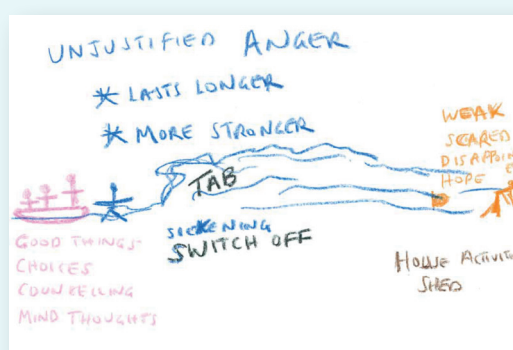


I also took a chance in my previous work place. There was a billiard tournament in the work place. I doubted my ability to win but I just went for it. That was my inner strength. I ended up winning the tournament! Sometimes I have 'inner strength' and sometimes 'doubt' is more present. It was like a 25% to 75% ratio at the time I drew this picture. It was like a bending tree. The tree was 30% down. The forces that bent the tree are life challenges and myself. Although the tree was bent, it was still alive, not broken. It was sturdy and flexible. It was NOT touching the ground! What helps the tree to get more upright? I think 'inner strength' and 'action' would reverse the bending process. I like to be 10% more upright by the middle of the year.

## UNJUSTIFIED ANGER

28.04.2012

I had a period of uncontrolled gambling after something happened at work. I was bullied at work – way over the top than a normal person cops. It was UNJUSTIFIED!! I felt an overwhelming



sense of anger, like a tidal wave. It was like being swamped by the tidal wave. I felt weak, scared and disappointed. It was sickening and I went to the TAB to switch off. This tidal wave of anger lasted for about a week.

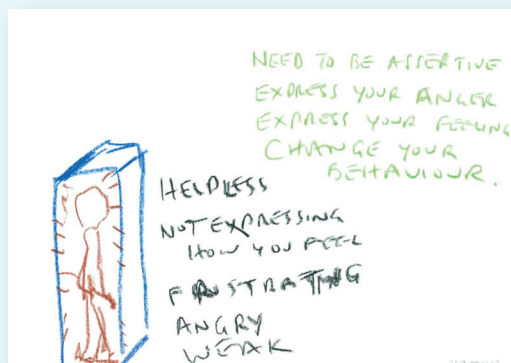
I felt more hopeful after talking about it. I could see a 'rescue boat' with a team of people trying to reach me. Maybe I can channel my energy into house activities and doing up my shed next time I feel that angry again.

### BREAKING THE ICE BLOCK

21.07.2012

I used to internalise my anger. In the past I froze when I felt angry. It was like being frozen in an ice block – feeling helpless, frustrated and weak. I stopped my track when I froze.

I realised that I need to be assertive and express my feelings. By expressing my anger, I am slowly melting down the ice block.

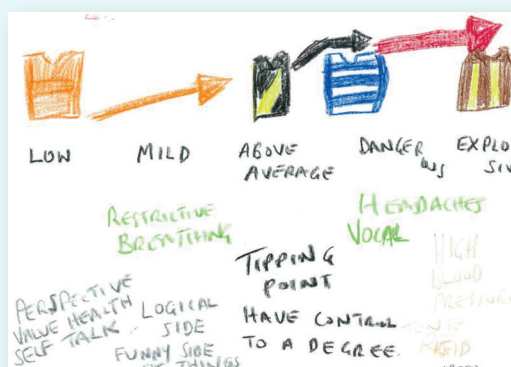


### MY ANGER GAUGE

01.09.2012

I learnt to recognise my anger level. I don't like scaling base on numbers. To make gauging my anger level fun, I drew up an anger scale using footie T-shirts as symbols for severity. I love watching footie. This is my ranking of footie teams for this year. There are five level of anger – low, mild, above average, dangerous and explosive.

Now I can recognise my anger and know when I am at a more dangerous anger level. In the old days I did not realise that I am doing harm to myself by gambling. Now, I asked myself: Do I really want to do it? Am I really so angry that I gamble \$1,000 or whatever away?

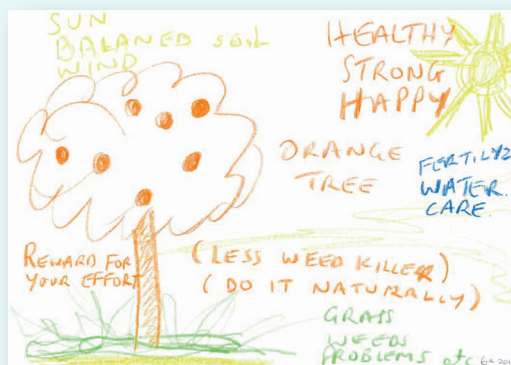


### THE REWARD TREE

06.04.2013

I haven't been gambling for a few months when I drew this picture. I felt more confident and having more self-worth. I started to adopt an attitude of helping myself before helping others. I also found ways to deal with work pressure. I noticed myself buying music CDs again and getting back to music.

I felt that there was an internal shift. I started to have an internal defence mechanism – 'pushing out' and 'defend by attacking'. This is different to my earlier drawing of 'my protective shield'. I felt that I have robustness in me. It is like the orange tree in my garden. I moved it four times but it still survives and bears fruits! The orange tree needs a sunny spot to blossom. I realised that I also





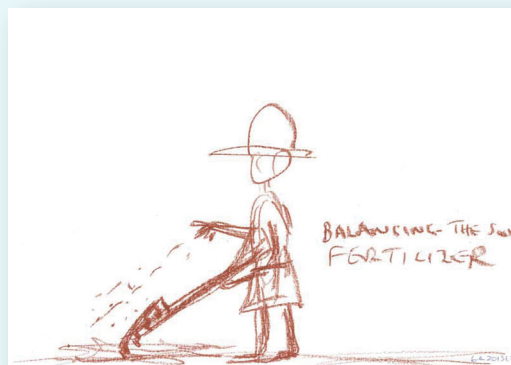
need the sun. The sun represents having fun in my life. The orange tree represents the beginning of the new me. What you want to do? What you want to be? There seems to be a lot of possibilities now. You can never reach any potential when you are broken down. A tree standing tall is one that bears fruit.

## THE MAINTENANCE OF LIFE

06.04.2013

A healthy tree needs fertiliser. I realise the importance of nurturing myself and maintaining my life. I am learning to become more aware of my behaviour and my needs. This is my prescriptions for myself:

- Have fun
- Do the thing you want to do
- Take health checks
- Live life



## POSTSCRIPTS

### LEE'S JOURNEY OF RECOVERY

#### 1. Dealing with 'Doubts'

Lee's practice of 'taking the chance' Through the exploration of Lee's response to his doubts, I learnt about his inner strength and his practice of 'taking the chance' and giving things a go. When Lee was first invited to do some drawings in a counselling session, he readily accepted the invitation. I wonder if it was an expression of his 'taking the chance' practice. As a result of him taking the chance and showing his feelings and issues through drawing, I got to witness the development of some very expressive and creative imageries. These drawings have the potential of helping people understand the journey of recovery and offer hope to people who are struggling with a gambling problem.

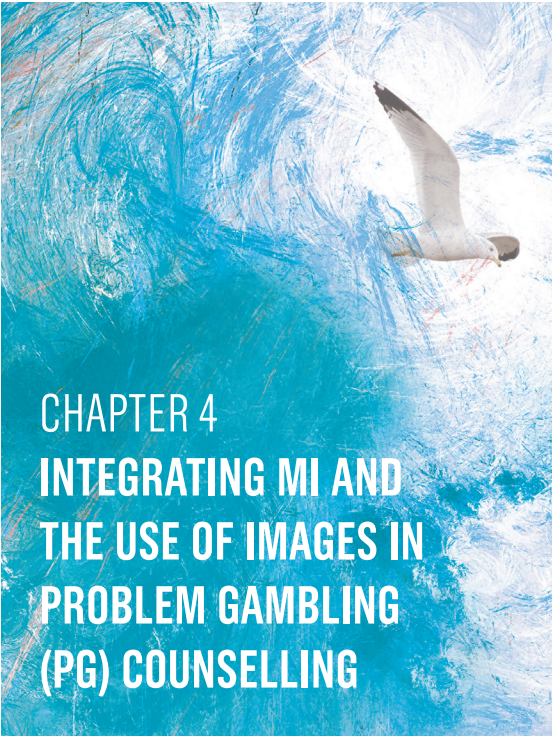
#### 2. Looking at Anger

During some of the counselling sessions in 2012, Lee talked about a number of events that made him feel stressed, upset and angry. I noticed that he did not put down the word 'anger' when he was invited to write down his feelings on the page. I wondered if it had been difficult for him to acknowledge and express anger. I shared this observation with Lee and we agreed to use the next few sessions to explore anger. This led to the drawings titled 'Unjustified Anger', 'My Anger Gauge' and 'Breaking the Ice Block'.

#### 3. An orange tree standing tall

When Lee reflected on the drawings selected for the art exhibition, he shared that the orange tree represents 'the beginning of the new me'. Through the process of selecting the significant drawings, adding titles and reflecting on the drawings, Lee seemed to gain a stronger sense of his new identity – a tree standing tall and bearing fruits.

*Written by Lowell Wan, Therapeutic Counsellor, Gambler's Help Southern | Sept 2014*



## CHAPTER 4

# INTEGRATING MI AND THE USE OF IMAGES IN PROBLEM GAMBLING (PG) COUNSELLING

Chapter Four aims to present concrete and practical ways of applying key elements of MI in problem gambling treatment or counselling. This chapter also demonstrates how the use of metaphors and images can be incorporated in the MI approach.

## ADOPTING THE APPROPRIATE MI THERAPEUTIC STANCE IN PG COUNSELLING

Before we describe some of the possible applications of MI in PG treatment, emphasising the recommended therapeutic stance in the practice of MI in problem gambling is important. This is captured by Miller and Rollnick's (2013) definition of motivational interviewing:

*Collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring a person's own reasons for change within an atmosphere of acceptance and compassion. (p. 29)*

Whilst this definition outlines key elements already presented in Chapter Two, it also emphasises how MI is **more** than a set of therapeutic techniques. It is a warm and collaborative relational space intended to promote client involvement in therapy as well as client self-efficacy (Cowlshaw, Merkouris, Dowling, et. al, 2012). Rather than viewing MI as a set of techniques for 'motivating' or 'interviewing', it helps to think of MI as a gentle conversation about change and what matters most in a person's life.

## WHEN MAY IT BE BENEFICIAL TO INCORPORATE MI IN ONE'S PRACTICE? A PROPOSED FRAMEWORK FOR APPLYING MI IN PG COUNSELLING

**Using MI to address ambivalence and assist Gambler's Help (GH) clients move through the stages of change**

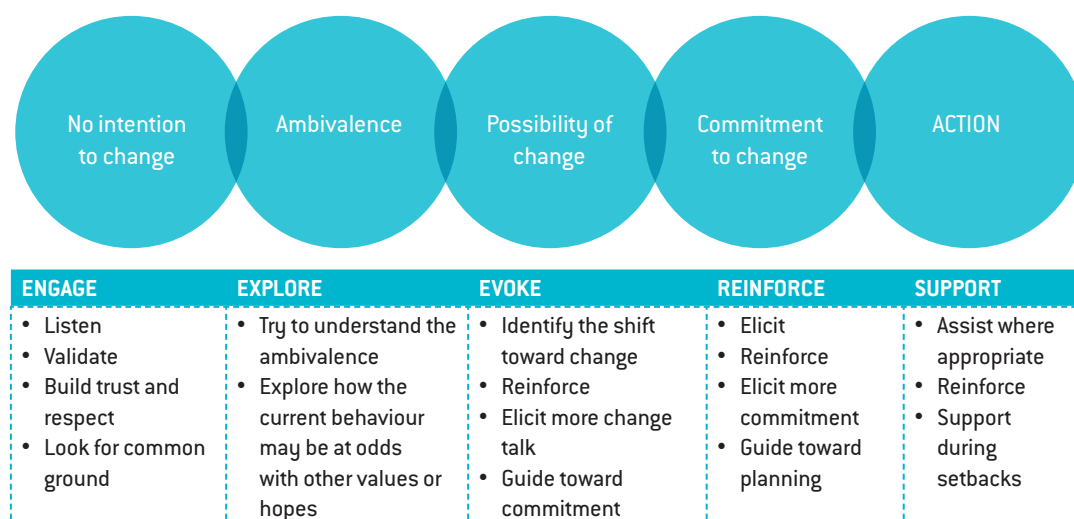
As highlighted in Chapter Two, motivational interviewing is a counselling style designed to help clients recognise their ambivalence, soften their sustain talk and move towards change (Miller & Rollnick, 1991). Gambler's Help counsellors would acknowledge that dealing with

client ambivalence is a key feature of problem gambling counselling. Most clients who attend therapy are ambivalent about stopping or controlling their gambling behaviour, even when they know they have a problem.

Client ambivalence presents in different ways. There are clients who may express a genuine desire to limit their gambling but feel they do not know how. There are others who feel they ‘should’ but think they are stuck. There are clients who may want to stop completely but keep relapsing; others who want to cut down or control their gambling but only for a period of time. Some go through the motions of seeking help to make their family happy, but may not be convinced that therapy would help them. Others attend counselling not to change their behaviour but for reasons which can contribute to ambivalence, like wanting to have someone to talk to on a regular basis.

As PG counsellors, our attitude towards our client’s ambivalence can impact on how we work with our client. We can see ambivalence as resistance and become bogged down by it. What MI offers is a therapeutic perspective that helps us deal more effectively with client ambivalence. MI invites us to see ambivalence as a natural component of change, and even a “step closer to change” (Miller and Rollnick, 2013, p. 6). With MI, we have very practical tools for exploring client ambivalence and helping our clients move through the stages of change, namely from *No intention* to *Ambivalence*, to *Possibility*, then *Commitment* and *Action*.

FIGURE 4.1 GUIDING ACROSS THE CHANGE PROCESS



Source: Helen Mentha

## Using MI with other therapeutic approaches or tools

MI is often used in conjunction with other psychotherapies. For example, a number of studies (e.g., Carlbring et al., 2010; Oei, et. al, 2010) have shown that MI combined with CBT can be even more effective in treating pathological gambling. In light of this, PG counsellors who adopt other therapeutic approaches but are interested in MI have the responsibility of ensuring that MI is integrated effectively with other therapeutic approaches they use.

This guide, in showing how drawings, metaphors and images can be introduced or integrated with MI, aims to demonstrate how this can be done and how MI can sit comfortably with other therapeutic approaches or appropriate therapeutic tools to enhance client engagement and change talk within MI.

The choice of the use of images, metaphors and drawings as an example for showing how other approaches can be integrated to MI is strategic as well. As discussed in Chapter 3, it is recognised that sometimes established talking therapies fail to connect with some problem gambling clients, particularly some of our most vulnerable clients. This may include individuals

who do not talk much, or have limited English language facility, or individuals who communicate or respond better with visual or nonverbal cues. Using therapeutic tools like drawings, metaphors and images to complement evidence-based therapies like MI may increase the likelihood of engaging more clients in therapy. Using drawings, images and metaphors may also enhance and enrich a client's change talk, which is a core element of MI.

The following questions highlight how images, drawings and metaphors can be integrated in MI:

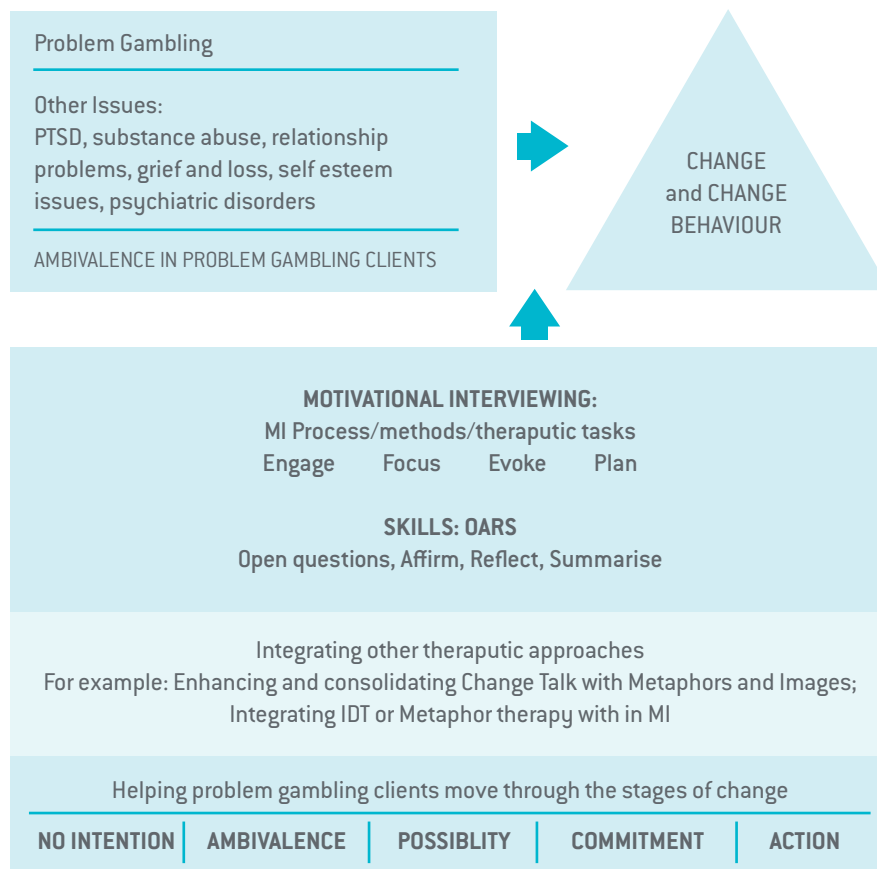
- How do we use images, metaphors, or drawings to take the person's thinking further?
- Can images and metaphors capture what the change represents?
- Can images and metaphors make client's change talk further come to life?
- How can images and metaphor be helpful and not reinforce stuckness?
- How can images and metaphors help "change" take stronger roots?

Different kinds of images and metaphors can be used with MI, namely:

- Asking clients to draw or generate their own metaphors and images across the MI processes, which can mean integrating IDT or metaphor therapy within MI; or simply using drawing, images and metaphors as therapeutic tools to enhance MI processes.
- Asking clients to find available images or metaphors in media, the internet or find objects around them (e.g., photos, existing art work, ordinary objects or paintings) that can capture different elements of their change talk

The next sections of this chapter will describe how MI can be applied to problem gambling counselling; and will suggest a few ways the use of images and drawings can be integrated within MI processes to enrich our client's change talk and their journey towards changing their situation and gambling behaviours.

FIGURE 4.2 APPLICATION OF MI IN PROBLEM GAMBLING COUNSELLING: A SNAPSHOT





## MI PROCESSES IN PROBLEM GAMBLING

In MI, PG counsellors guide clients through the processes of engaging, developing a clear focus, evoking change talk for meaningful change and developing a plan to move toward change. The four processes are as much a guide for the counsellor as they are for the client – a road map for creating change in a meaningful way. How these concretely translate in problem gambling counselling are explored in some detail below. Suggestions of ways that drawings, images and metaphors can be used by PG counsellors are interwoven in each MI process as optional tools.

### MI Process 1: Engaging

Engaging is about building a strong therapeutic alliance with each of our clients at Gambler's Help, whether this be the client with gambling problem or their partners or families. Defined by Rollnick and Miller (2013) as “establishing a mutually trusting and respectful helping relationship,” (p 40), this first process invites a counsellor to take interest in the individual, couple, or the family, whilst seeking to understand the journey that has led them to seek help. Individuals who have a gambling problem may feel shame and embarrassment about their actions, and may attend anxious and stressed. Many could also be ambivalent and unsure if they want to continue with therapy. As such, helping them engage in their therapy by forming a collaborative partnership is critical.

Engagement can happen within seconds or it can take longer. It is not a linear process, and counsellors need to regularly monitor client's engagement.

Questions a counsellor might ask themselves to monitor engagement:

- Am I showing respect to my client?
- Am I listening and do I understand my client?
- Am I making my client feel welcome and cared for?
- Does this feel like a collaborative partnership?

### Skills of Engaging

We are not trying to bring about change here; we are simply listening, validating, building trust and respect and looking for common ground. This entails exercising active listening skills and interviewing skills (OARS, discussed in Part 1) consistently throughout therapy.

It is also about framing questions in a way that communicates our curiosity and interest as counsellors which can further open opportunities for exploration;

- What brings you to counselling today?
- How do you feel about being here?
- Tell me about your gambling. What role does it play in your life?
- What benefits do you get from gambling? What are the things you don't like about gambling?
- What have you noticed about your gambling? How has it changed over time?
- What have others told you about your gambling?
- What would you like to get from coming here?

It may also mean capturing the essence of a client's story and reflecting it back to them, often with a deeper meaning for their consideration.

**Counsellor:** What brings you to counselling?

**Client:** I am concerned about my gambling, but I do not know if I can stop. I have tried so many times to stop but I have failed. I enjoy it too much I think

**Counsellor:** You wonder if you can give up your gambling and at the same time it worries you.

- Client:** For my own good, I guess. I mean it's really serious. I am gambling a lot, spending most of my pay. Sometimes when I wake up in the morning I feel really awful, and I can't think straight.
- Counsellor:** You have a strong sense it is harming you.

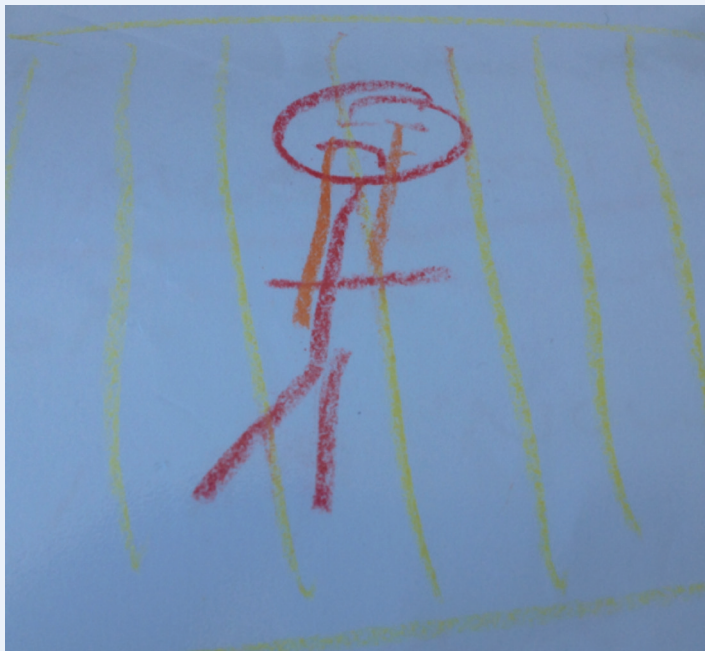
In essence we are not just asking questions of the individual who is gambling or their family, we are letting them know that we have heard what they said and we reflect to them a deeper meaning for consideration. When we reflect and it strikes a chord with the client, engagement occurs and the possibility for change begins.

### OPPORTUNITY FOR INTEGRATION—USE OF IMAGE OR METAPHOR IN ENGAGING

We can listen here for metaphors that clients/families use to describe how they are or the role of gambling in their lives (e.g., feels like an albatross, roller coaster ride, and slug). If we can pick it up and reflect them back to the client, we show that we are listening. We can further ask clients to describe their metaphors in detail or draw it, then be curious about its meaning to the client. When reflecting about the meaning of client's metaphors, we can explore a client's perspective of what it may mean for them to change.

#### What might this look like? Using metaphors and images in MI

*George, age 63—"my gambling, my prison"*



#### Other metaphors used by clients to describe their problem gambling

Dark hole	Jumble of stuff	Safe haven, where no
Zone	Stormy clouds	one cares
Dark tunnel	Pushing my buttons	Boxed in
Quicksand	Nothing to look forward to	Escape
Sisyphus rock	Trapped	Mess
Charade	Being used to "crap"	Hand on my ears
Walking dead	Child	Prison
Façade		

**Example of MI interventions around engaging with imagery:**

- George:** I usually try not to think about how I feel, I cannot describe it
- Counsellor:** Would it help to put it on paper? Draw what you feel about your gambling.
- George:** Well, it feels dark, it feels like a prison (draws)—Yes, that's right my gambling-my prison
- Counsellor:** So you do know how it feels, It's a dark prison—that must be tough. What is that like?
- George:** It's really dark, smelly, ugly. I am alone inside, I am afraid. No one knows I am in here, people have forgotten me.
- Counsellor:** It's frightening, you feel out of your depth, you think nobody cares or understands. You want to be free from gambling
- George:** Yes I want to be free, been wanting freedom for a long time; I know some people care, my daughter does but I do not know how to ask for help. But I cannot do it myself, free myself from the prison. I need help. That is why I am here

## MI Process 2: Focusing

Focusing is the process where we assist the client – whether the individual who is gambling or their partners or families – to seek and maintain a clear sense of direction in therapy. It means helping clients navigate their circumstances and the many issues they bring to therapy to decide on a focus or direction along with deciding on specific achievable goals. Miller and Rollnick (2013) use 'agenda-setting' as a way of defining the process of focusing—where both client and counsellor can outline key concerns and define a way forward. The process is rarely straightforward, especially when counsellor and client have differing agenda or when clients have many conflicting but equally urgent priorities. Even when a focus has been identified, it may still constantly require review, adjustment, alignment and alteration.

When done well, focusing eases ambivalence, as well as assists clients to feel that they have a direction or a focus, especially when they have multiple problems, conflicting aspirations and a range of priorities. Focusing can also put a client's ambivalence in perspective – that it is something to understand and acknowledge so the client can move to change talk, rather than as an obstacle in therapy.

### Adopting a guiding style when focusing

A skilful MI counsellor usually adopts a guiding style when helping clients focus or gain a sense of direction. Using a guiding style, a client can be asked to talk about their reasons for coming to therapy, and then assisted to decide what they want to focus on. It can also be about having a conversation about why and how the client may want to address their key concerns. Focusing allows both counsellor and client to stay on track, with the client deciding what they want to do and the counsellor helping them remain on course.

Focusing can be related to assisting clients identify what they want to work on in each session, or more generally, what they want to have achieved within a specific timeframe.

Guiding as a focusing style may happen early in problem gambling counselling, and is particularly helpful in assisting clients move from ambivalence to possibility. Most of the time, most clients attend therapy to curb their gambling behaviours. However, many will be ambivalent or doubtful about their ability to change their gambling. A guiding style then provides clients an opportunity to explore and understand their ambivalence and then identify how they want to deal with their gambling behaviours or related concerns. Having clients feel they have a focus or a direction enhances self-efficacy and moves them more easily through the stages of change. A focus may also be less threatening than a specific goal, where the client feels they are moving in a meaningful direction without feeling pressured to take specific steps before they are ready.

## Focus partly defined for problem gambling counsellors

According to Miller and Rollnick (2013), focus can be defined by a client, a setting and a counsellor's clinical expertise. As problem gambling counsellors who are employed at Gambler's Help services, our focus is already partly defined by the kind of clients we see and our setting. In a way, we all expect to see clients affected by problem gambling and clients who wish to create an agenda around curbing or managing their problematic gambling behaviours. Whilst these provide a very specific focus, more work needs to be done to help clients clarify why and how they want to work on their gambling behaviours given their unique circumstances, including the adverse consequences they are suffering because of their gambling. Focusing may also mean ensuring that the conversations we have with clients in therapy have a direction and help them have a growing understanding of their unique circumstances and the options they have and what they want to work towards. Focusing is at its strongest when the client not only agrees for PG to be the topic of conversation, but also connects with a belief that looking at their gambling is also relevant or meaningful for them.

## Skills to handle different focusing scenarios and weaving in the use of metaphors and imageries across scenarios

Miller and Rollnick (2013) describe three kinds of focusing scenarios, and very specific counsellor skills are recommended for each scenario (see Table below). It may often be the case that we will encounter all three scenarios in just one client, with the focusing process becoming even more complicated when we work with couples and families. Typically, most of our clients want to stop or manage their gambling so their focus seems clear (scenario 1). However, it can quickly become evident that things are not as straightforward as each client often faces usually complex circumstances. As such, most of the time, PG counsellors find they are working with clients in scenarios 2 & 3.

The table below lists some of the skills needed by counsellors and expounds on ways metaphors, drawings and images can be used to help clients find or enhance their sense of direction or focus in each scenario. Suggestions on how drawings, metaphors and images can be used to focus in each scenario are also listed.

Scenario	Focusing skills to be used by counsellor	Possible use of drawings, metaphors and images
Scenario 1: Client knows where they want to go, the focus is clear  Context: no need to spend too much time on focusing	<ul style="list-style-type: none"> <li>• Confirmation and acknowledgement</li> <li>• Listening for client's motivation to move in the chosen direction</li> </ul> <p>* Can move to next MI process: evoking</p>	Client can be asked to draw an image/metaphor to capture where they want to go.
Scenario 2: Client has several options and needs to decide	<ul style="list-style-type: none"> <li>• Structuring</li> <li>• Considering options</li> <li>• Zooming in</li> <li>• Using visual aids</li> <li>• Agenda mapping skills: choosing to change topic, changing direction, ask clients to prepare before session, getting unstuck, raising a difficult topic, fitting in an assessment, clarifying your roles in tough circumstances</li> </ul>	Clients can be asked to choose from a deck of images/metaphors created by PG clients in the past to capture the different directions and problems they face, and to rank these images from least to most important that they want addressed
Scenario 3: The focus is unclear and we need to explore	<ul style="list-style-type: none"> <li>• Orienting, listening for key themes, following various streams whilst trying to map the terrain</li> </ul>	Counsellor can summarise all the themes identified by the client, then ask client to pick a metaphor/image that would capture these themes. <i>(see box on What this can look like in session)</i>



## OPPORTUNITY FOR INTEGRATION—USE OF IMAGES OR METAPHORS IN FOCUSING

Clients who find it difficult to identify goals or describe what they are hoping for can be asked to find objects or pictures in the internet or at work or at home to represent what they want to work on in therapy. They may also be provided a set of ambiguous pictures like those below, and asked to choose a picture that would best represent what they see to be what they want to work on in therapy.

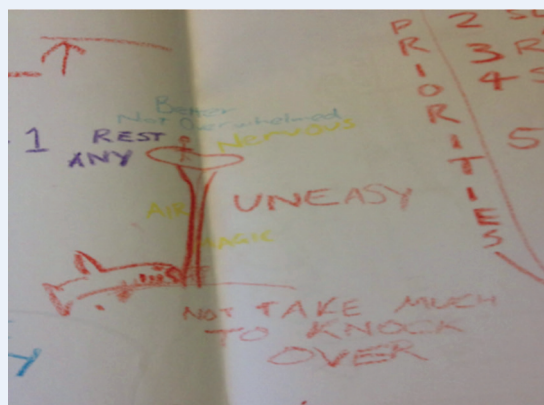
Some questions that can be asked:

- Why did you choose the picture? What about it resonates with you?
- What does it say about what you want to achieve in therapy?



### What might this look like? Using metaphors and images in MI

Steve, age 25—These are my priorities because I often feel fragile



### Metaphors used by clients that can indicate focusing

Baby step/First step

Getting off my arse

Doing it hard but its okay

Finding way to comfort

Building my nest egg

Focusing on the rainbow

## Strategy for information exchange

In focusing, sometimes counsellors are asked to provide information. For example, in problem gambling counselling, clients often ask the counsellor to outline concrete strategies that can help them curb their gambling behaviour. MI suggests that whilst counsellors provide the necessary information, they still leave it to the client to decide which options they would like to implement. More specifically, MI endorses the use of *Elicit-Provide-Elicit* when providing information or when clients require information:

	Tasks	In practice
Elicit	<ul style="list-style-type: none"> <li>Elicit what client knows, then asking permission to share information</li> <li>Clarify information needs and gaps</li> </ul>	<ul style="list-style-type: none"> <li>"What do you know about...?"</li> <li>"May I...? or Would you like to know about...?"</li> <li>"What would you like to know about?"</li> <li>Is there any information I can help you with?</li> </ul>
Provide	<ul style="list-style-type: none"> <li>Prioritise</li> <li>Be clear</li> <li>Support autonomy</li> <li>Don't prescribe the person's response</li> </ul>	<ul style="list-style-type: none"> <li>What does the person most want/need to know?</li> <li>Avoid jargon; use everyday language</li> <li>Offer small amounts with time to reflect</li> <li>Acknowledge freedom to disagree or ignore</li> <li>Present what you know without interpreting its meaning for the client</li> </ul>
Elicit	<ul style="list-style-type: none"> <li>Ask for the client's interpretation, understanding or response; or what the client made of it</li> </ul>	<ul style="list-style-type: none"> <li>Ask open questions</li> <li>Reflect reactions that you see</li> <li>Allow time to process and respond to the information</li> </ul>

## MI Process 3: Evoking – Preparation for change

Once the working relationship has been created and a focus established, the client is ready for Evoking. The skills involved in evoking include recognising change talk, knowing how to evoke and responding to change talk. The presence of change talk predicts subsequent change so one of the goals of MI is to strengthen change talk. It is also important to be able to recognise and respond to sustain talk and signs of discord in the working relationship.

Other aspects involved in this third process include strengthening and evoking of hope. Hope is considered an important client attribute in change.

At times, a client may present with no apparent interest in change (no intention stage of change). Being able to evoke a client's motivation to change becomes an important task for counsellors in MI.

### OPPORTUNITY FOR INTEGRATION—USE OF IMAGES/METAPHORS IN EVOKING

During the evoking process a client may express a verbal metaphor that portrays something about the client or specifically about their gambling behaviour. The counsellor can invite the client to use the metaphor in a therapeutic way.

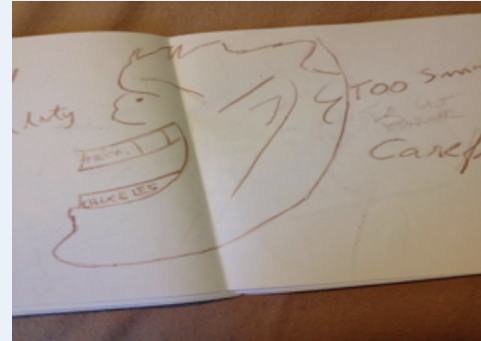
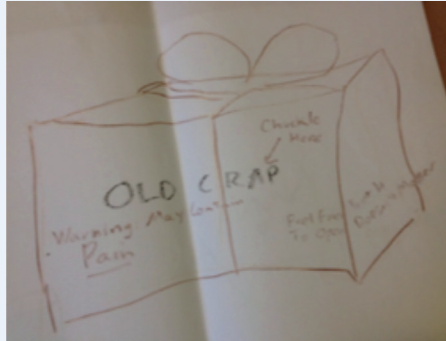
Aspects of the metaphor that hold potential for change could be attended to. The client for example can be invited to transform the metaphor either verbally or visually in the form of a drawing in order to evoke the experience of change. In order to maintain an MI approach the counsellor would not focus unnecessarily on aspects of the image that promote the experience of maintaining the status quo or sustain talk.

If the client is not able or willing to engage in this metaphor/image aspect of the work then the counsellor puts it to one side. In the spirit of MI the client's autonomy is fully respected. Having been prompted by the invitational style of the counsellor, the client may however bring an image or metaphor along to a later session.

### What might this look like: Using metaphors and images in MI

*Jim, age 26, playing pokies*

**Evoking is about selectively choosing parts of the image that could assist client move towards change:**



Client: "I would rather not open the box"

"I feel like I am the joker. I can outsmart anyone. But no one trusts me."

Counsellor: "You have a sense that looking at the past will derail you, and this is about moving forward."  
"It is important for you to feel in charge."

"You think you are getting away with things, but it makes you feel dishonest and you want people to trust you."

### Evoking Change Talk

Ambivalence is a normal part of the change process. It involves being simultaneously pushed or pulled in at least two opposite directions. A person can remain in an ambivalent state for a long time. A person may decide that nothing can be done and, given ambivalence can be very uncomfortable, it is best to stay with the status quo.

Evoking change talk helps people to keep moving through the natural process of resolving ambivalence in the direction of changing their gambling behaviour. People tend to become more committed to what they hear themselves saying. It has been shown that increase in change talk during a session is associated with successful change (Miller and Rollnick, 2013 pp 169 - 170). Sustain talk is not ignored – it is listened to, respected and reflected. However in MI the counselling conversation is arranged in order to evoke and explore change talk in particular.

### Ask Open Ended Questions

The DARN-CAT acronym is useful when asking questions to elicit change talk.

It is best to develop a collection of preparatory change talk (**DARN**: Desire, Ability, Reason and Need, see page 17) from the client before entering into the mobilising change talk (CAT- Commitment, Activation and Taking steps, see page 18).

However if the client enters counselling already clear about wanting to change then it is possible to by-pass the evoking process and move straight into planning.

Desire – explore the appeal of making the change

Tell me what you don't like about how things are now?

How would you like things to change?

Ability – explore what a person can do, is able to do or could do and evoke feelings of confidence, competence and strengths.

What do you think you might be able to change about your gambling behaviour?

What ideas do you have about how you could change?

Knowing what you know about yourself, what gives you confidence that you could do this?

Reasons – explore specific reasons why and how the change connects to other aspects of their lives that matter.

What might be the good things about quitting gambling?

What are the three most important reasons for changing your gambling behaviour?

What else might improve?

Need – explore the sense of importance or priority to make the change

How important is it for you to change your gambling behaviour?

What needs to happen?

How urgent is this change?

### **The Importance Ruler**

On a scale from 0 to 10, where 0 means ‘not at all important’ and 10 means ‘the most important thing for me right now’, how important is it for you to change your gambling behaviour?

The answer will be between 0 and 10. The follow-up question evokes the change talk – for example, if the answer was 5, ‘And why are you 5 and not 1?’

If the follow-up question has been ‘why are you a 5 and not a 9?’ the answer would be sustain talk, whereas asking ‘why are you a 5 and not a 1?’ is more likely to evoke change talk, that is, the reasons why change is important.

For example ‘I chose a 5 and not a one because I know if I don’t stop losing money on the pokies my rent is going to get further behind and I could get kicked out of the house.’

### **Querying Extremes**

When it seems a client’s desire for change is low then another way to elicit change talk is to ask clients to describe the extremes of their concerns.

‘What concerns you the most about your gambling behaviour?’

‘Suppose you continue gambling as you have been, what do you imagine are the worst things that could happen?’

It may also be useful to ask about the best outcomes if change is made.

‘If you were successful in making the change how would things be different?’

### **Looking Back**

Change talk can be elicited by inviting the client to remember times before the gambling was a problem in their life. This can highlight the discrepancy with how things are at present and the possibility of life being better again.

‘What were things like before you started to gamble? What were you like back then?’

### **Looking Forward**

Encouraging a client to envision a changed future can also elicit change talk.

‘If you did decide to stop gambling, what do you hope would be different in the future?’

A client can also be asked to look forward and anticipate how things might be if no change is made.

‘Given what you have experienced as a result of gambling up to now, what do you expect might happen if you don’t change?’

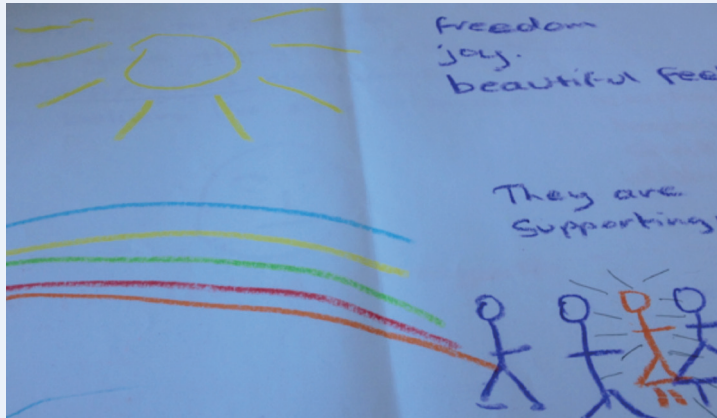


## OPPORTUNITY FOR INTEGRATION—USE OF IMAGES/METAPHORS IN EVOKING

Inviting the client to represent 'looking back' or 'looking forward' in a drawing may assist the client to consolidate their change talk into a visual form. The resultant drawings can be reviewed later in the MI conversation as part of the counsellor's summary of change talk.

### What might this look like? Using metaphors and images in MI

Linda, 49



#### Other Metaphors used by clients in the Evoking Stage

Charade is over

Head above water

Momentum

Feeling life intensely

Not totally out of the woods but I am on the road

Counsellor: If you keep on track, what is it that you see in your future?

Linda: There is sunshine and there is a rainbow. I feel free. There is joy.  
I am supported.

## Responding to Change talk

How a counsellor responds to change talk can make a difference to the amount and quality of change talk. Open questions, Affirmations, Reflections and Summaries (OARS) are used to respond to change talk.

### Open Question

When an MI counsellor hears change talk, they ask more about it. They ask for elaboration or for examples. They use an open question.

Client: When I lose money I feel really bad about myself.

Elaboration question: In what ways do you feel bad?

Example question: Tell me about the last time that happened.

### Affirmation

Here the counsellor recognises and values what the client has said about change. It can be a simple acknowledgement highlights something specific within the person.

- Client:** I have got to do something about paying off my gambling debts.  
**Affirm:** Being debt free is important to you.
- Client:** I think I can stop gambling once I really decide to.  
**Affirm:** Once you make up your mind about something you get it done.

### Reflection

Reflective listening, a core skill of MI, also strengthens change talk. When a counsellor reflects change talk the client is likely to respond with more change talk.

- Counsellor:** What problems is gambling causing you?  
**Client:** I have money problems.  
**Counsellor:** What kind of money problems?  
**Client:** I blew \$200 yesterday on some stupid American basketball game, then drew out another \$100 lost that then drew out another \$100 and lost that as well.  
**Counsellor (reflection):** And that really starts to add up.  
**Client:** I've lost \$30K in the last twelve months.  
**Counsellor (reflection):** and that's a lot for you.  
**Client:** I can't afford that amount of money. It is all debt on credit cards and loans.  
**Counsellor:** Your gambling feels like a burden. How much?

(Reflections are best followed by silence, so the person can think about what was said. Sometimes we may follow up a reflection with a question, but less is more with reflections.)

### Summarising

As defined earlier, a summary collects and links transitional change talk material and allows the client to hear their own self-motivational statements out loud. An MI summary is a 'bouquet' of the client's own change talk. Each bit of change talk is like a flower and the counsellor gathers these flowers into a bouquet and presents them to the client as a summary.

An example of a summary structure:

1. Indicate you are about to summarise -  
 "So let me try to pull together some of what we've talked about so far"
2. List a selection of change talk -  
 "You thought you had gambling under control but now you have started to wonder about that and you're not quite sure now. Things have been quite difficult for you over the past few months because your gambling has been causing financial stress. Your husband is getting angry with you because of the money you are spending and you are concerned about how this is affecting your marriage." *Then, finish with an open-ended question that evokes more change talk -*  
 "What else have you noticed?"

A summary like this can be offered periodically throughout the evoking process.

### Sustain Talk and Discord

Sustain talk expresses the client's own motivations favouring the status quo, and is considered to be a normal part of the change process. It expresses one side of ambivalence.

Discord in MI includes disagreement, not being "on the same wavelength", talking at cross-purposes or a disturbance in the relationship. A counsellor can experience discord when a client is arguing with, interrupting, ignoring or discounting the counsellor.

Sustain talk concerns the target behaviour or change. Discord is about the relationship between the counsellor and the client.

The following are examples of sustain talk and discord and how we may respond to them. It should be emphasised however that responses are only examples and not prescribed scripts. It is important to remember that these MI techniques should aim to make the client feel they are heard. It should not deepen discord or sustain talk. Ideally, the counsellor communicates curiosity and gains a perspective of where the client is at. It is hoped that by responding appropriately, we maintain engagement and may also encourage change talk. However this is left to the client; and there is no attempt to trick or manipulate a client into moving to change talk, which sometimes can happen when using amplified reflections.

### **Responding to Sustain Talk**

One type of response to sustain talk involves reflective listening.

#### ***Straight Reflection***

- Client:** I don't think gambling is really much of a problem for me.  
**Counsellor:** Your gambling hasn't caused any real difficulties.  
**Client:** At times it does. Any gambler can tell you that you have a run of bad luck.

#### ***Amplified Reflection***

Another form of reflective response to sustain talk is to give an amplified reflection. It reflects what the person has said with added emphasis or intensity. This needs to be done thoughtfully, within a well-engaged relationship, or it can run the risk of sounding sarcastic.

- Client:** I don't think my gambling is affecting my marriage. I'm pretty happy.  
**Counsellor:** There is nothing that can be improved in your relationship it is as good as it can be.  
**Client:** I'm pretty satisfied but I guess my wife is not so happy.

#### ***Double Sided Reflection***

A doubled-sided reflection acknowledges the sustain talk and includes change talk that has been expressed previously. Focusing on sustain talk only, generally does not lead in the direction of change.

It is usually better to state the sustain talk first, connect the two halves with 'and' instead of 'but', and then add the change talk at the end of the reflection. This structure reduces the risk of sounding critical and invites the client to respond to the change talk.

The conjunction 'and' highlights the ambivalence by giving equal emphasis to both the sustain talk and the change talk. Whereas the conjunction 'but' tends to wipe out what has just been said. For example, 'You really want to change but you think it is going to be difficult.' The use of 'but' tends to negate the change talk. However by putting the sustain talk first and using the conjunction 'and' causes the sentence to have a very different effect, 'You think it is going to be difficult and you really want to change'.

- Counsellor:** You think it is going to be hard work to change the gambling behaviour and you also know how important it is for you to make a change to improve your marriage.

#### ***Emphasising Autonomy***

Telling people they must or have to change usually provokes a reactive stance and increases sustain talk. Emphasising that a person has a choice seems to make it more possible for them to change.

- Client:** I don't want to stop gambling.  
**Counsellor:** It is certainly your choice. No one can make you do it. OR It is up to you what you want to do. You could stop gambling, reduce the amount you gamble or keep gambling as you are.

### ***Reframing***

Reframing is a method used in many counselling approaches. A reframe invites the client to view their situation from a different perspective.

**Client:** My wife is always nagging me about the gambling.

**Counsellor:** She must really care about you and the marriage.

### **Signs of Discord**

#### ***Defending***

Defending occurs when the client feels the need to do so. It may take the form of minimising the problem, justifying their behaviour or blaming others. A person who defends feels the need to protect their integrity, autonomy or self-esteem. When defending occurs during a counselling session it probably means the client is feeling personally threatened.

#### ***Oppositional Stance***

When a client takes an oppositional stance they probably perceive the counsellor as an adversary rather than an advocate.

For example, “You don’t know what you are talking about.” “You’re wrong about that.” Responses such as these could indicate the development of a power struggle.

#### ***Interrupting***

When a client interrupts a counsellor and talks over them it could be indicating discord. It could mean that the client does not feel understood or that the client feels the counsellor is speaking too much and not listening to them.

#### ***Disengagement***

Signs of disengagement include: when a client becomes inattentive, distracted, ignores the counsellor or changes the subject.

A counsellor can contribute to discord through their mood or approach. A counsellor can stop listening effectively when they are tired or stressed, or distracted by inner frustrations about the work with a particular client. A counsellor can begin arguing for change and start to provide solutions, which may illicit a polarised reaction from the client and sustain talk. A counsellor can become restless or impatient and push forward becoming out of ‘sync’ with the client and leave the client behind.

#### ***Sources of Discord***

Discord can occur in all four processes of MI: Engaging, Focussing, Evoking and Planning. In the evoking process if the conversation is pushed to quickly into the change direction discord can emerge. Discord can also emerge if the process moves prematurely into the planning process.

#### ***Responding to Discord***

When tension, discord or arguments arise in conversations about change it is helpful to respond in an MI consistent way. MI responses to discord are very similar to the responses to sustain talk. The key is to respond in a spirit of collaboration and curiosity that respects the client’s autonomy and does not invite defensiveness.

#### ***Reflections***

**Client:** I see no reason why I should stop (sustain talk) and you aren’t going to make me (discord).

**Counsellor:** Its important you make decision that you feel right about

### ***Apologising***

When discord arises then it is helpful to apologise in order to maintain the working relationship.

“Sorry, I must have misunderstood you.”

“I didn’t mean to criticise you.”

### ***Affirming***

Sincere affirming reduces defensiveness and shows respect to the client.

**Client:** You don’t know what you are talking about.

**Counsellor:** You have thought this through, and your position is based on your experience.

### ***Shifting Focus***

When discord emerges it can be helpful sometimes to shift focus away from the topic that has inflamed the discord rather than continuing that part of the conversation.

## **Evoking Hope and Confidence**

MI involves motivating change with a particular focus on confidence. MI can be used to strengthen hope when confidence is low. Increasing confidence talk is a way to strengthen hope. It involves drawing on resources that already exist within the client. The approach involves asking open questions that evoke confidence talk and then respond with reflective listening.

“How might you go about making this change?”

“What might be a good first step?”

“What obstacles might arise and how might you deal with them?”

### ***The Confidence Ruler***

“On a scale of 0 to 10, where 0 means not at all confident and 10 is extremely confident, where would you say you are?”

“Why are you at 5 and not at 0?” (When the answer given was 5)

“What would it take to go from 5 to a higher number?”

The answer to these questions will be confidence talk.

### ***Identify and Affirm Strengths***

A counsellor will notice strengths and attributes of the client during the counselling process. These can be affirmed at the time and can also be referred to later in the process to strengthen hope and confidence when needed.

The client could be shown a list of adjectives that describe ‘successful changers’.

Accepting	Committed	Flexible	Persevering	Stubborn
Active	Competent	Focused	Persistent	Thankful
Adaptable	Concerned	Forgiving	Positive	Thorough
Adventuresome	Confident	Forward-looking	Powerful	Thoughtful
Affectionate	Considerate	Free	Prayerful	Tough
Affirmative	Courageous	Happy	Quick	Trusting
Alert	Creative	Healthy	Reasonable	Trustworthy
Alive	Decisive	Hopeful	Receptive	Truthful
Ambitious	Dedicated	Imaginative	Relaxed	Understanding
Anchored	Determined	Ingenious	Reliable	Unique
Assertive	Die-hard	Intelligent	Resourceful	Unstoppable



Assured	Diligent	Knowledgeable	Responsible	Vigorous
Attentive	Doer	Loving	Sensible	Visionary
Bold	Eager	Mature	Skilful	Whole
Brave	Earnest	Open	Solid	Willing
Bright	Effective	Optimistic	Spiritual	Winning
Capable	Energetic	Orderly	Stable	Wise
Careful	Experienced	Organised	Steady	Worthy
Cheerful	Faithful	Patient	Straight	Zealous
Clever	Fearless	Perceptive	Strong	Zestful

Miller & Rollnick, 2013. P 218

The client would be asked to find adjectives on the list that describe their own strengths. These strengths are then explored with open questions and reflective listening.

### OPPORTUNITY FOR INTEGRATION—USE OF IMAGE/METAPHOR IN MI

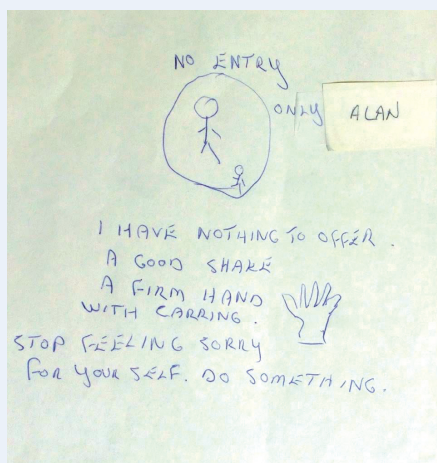
Once a client has identified their strengths they could be invited to draw a representation of themselves having these strengths. The strengths could be drawn in the form of words, colours, shapes, animals etc. If the client wishes to develop additional abilities then these can also be included in the drawing, and kept in mind by the counsellor so that the development of these abilities can be incorporated into the next MI process – Planning.

#### What this might look like in session? Using metaphors and images in MI

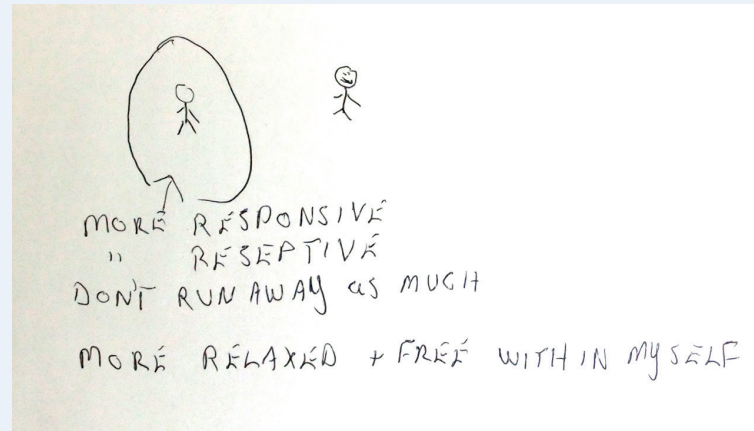
*Claire, age 65*

This client presented with a long history of gambling on EGMs. She was depressed and had indicated that she had lost interest in life.

In the early course of therapy, the client expressed that she felt she was living in a cocoon. She was asked to represent this in a drawing (drawing 1) and encouraged to add the words that would express her thoughts and feelings. She was then invited to draw how this metaphor could be changed (drawing 2). She added words to describe how the cocoon had become a house full of people where she was friendly and in charge.



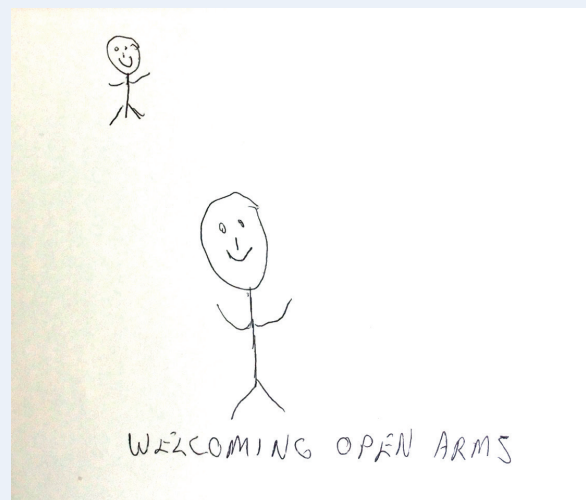
Later in the course of therapy she was shown the two drawings and was invited to represent herself again. At this stage, she has gained significant control of her gambling problem. She drew the cocoon again. This time, though, it had an opening and wrote the words 'more relaxed and free with myself'.



Once more, she was invited to draw another picture to represent how she now felt about herself (drawing 4). First she drew a small happy figure. Then, after looking at her series of drawings, she made the observation that she had drawn herself as a very small figure.

She was invited to draw again.

This time, her drawing was of a larger figure with hands raised and a smile to which she wrote the words 'welcoming open arms'.



The first two drawings applied to the stage of Evoking—the drawings elicited change talk and imagination of how she could be – thus building motivation to change.

The last two drawings applied to a review or summary of a therapeutic process. Laying out the early drawings for the client and for her to then experience and acknowledge the progress she has made since the early stage of therapy was very enlivening for her.

### **Review Past Successes**

It can be helpful to explore changes the client has made successfully in the past.

“What things have you managed to do in the past that initially you were not sure you could achieve?”

“How did you do that?”

Explore what worked in the past, and highlight those attributes that can be generalised and applied to the current gambling situation.

When confidence talk emerges it is important to respond in a way that supports and strengthens it. The four responses (OARS) are used:

- Open questions asking for elaboration or examples
- Affirm the client's strengths and abilities
- Reflect the client's self-confidence statements
- Summarise the client's reasons for hope about change

### **Developing Discrepancy**

The discrepancy between a person's present state and their desired state is a motivating factor for change. However if the discrepancy is too large it can be daunting. Being aware of the discrepancy may be so uncomfortable that a person avoids thinking about it as a way to defend themselves. A person may also feel unable to do anything about the discrepancy because they believe it is beyond their ability. For action to be taken, a person needs to have sufficient self-confidence they can do something about it.

In MI the term 'discrepancy' is used to describe the gap between the person's current behaviour and his or her own goals and values. Unless a person's gambling behaviour is in conflict with something she values highly, then there is no basis for significant change. The MI approach considers change to depend on a person's intrinsic motivation.

When a client appears to have no intention, it suggests he is in the “no intention” stage of change, then discrepancy may need to be discovered or introduced as a possibility. This involves a process between counsellor and client in conversation together considering reasons why change may be worth considering.

### **Exploring Goals and Values**

The counsellor takes time to explore the client's own goals and hopes for the future, and listens for points where current gambling behaviour conflicts with attaining those goals or contradicts the client's values. Once the client has described their goals or values, the counsellor can evoke change talk by asking:

“Why is this important to you?”

“How do you reflect this value in your daily life?”

“How does gambling fit with each of your most important goals (or values)?”

Such questioning can assist to develop the client's awareness of discrepancy between current behaviour and their intrinsic values. Enquiring about the ways these values could also be helpful in making the change can also be useful in evoking ability change talk.

### OPPORTUNITY FOR INTEGRATION—USE OF IMAGES/METAPHORS IN EVOKING

A client could be invited to draw an image of their current circumstances that are being influenced by gambling behaviour and then to transform this image by representing in a second drawing what their life circumstances would be like as they fulfil their goals and express their values. The counsellor would encourage the client to represent in the transformed image what the client really cares about in their life.

#### What this might look like in session? Using metaphors and images in MI

*Dora, age 42, has stopped gambling for 4 years*



Current with gambling:  
Always anxious, depressed, unable to  
keep a job, struggling business, lonely



What might be without gambling  
[Transformed image]: Productive,  
thriving business with job on the side,  
happy, supported and loved

### Exchanging Information

The important foundation for providing information is the underlying spirit of partnership and an emphasis on personal choice. Providing information should not take the form of a lecture or an attempt to persuade the client. One approach is to ask the client what they already know about the area of concern. It is then probably best to provide one bit of information at a time and then check in with the client about their response to what has been said so far. The counsellor notices any change talk and responds accordingly.

### Exploring Others' Concerns

It can be useful that when a client attends therapy primarily because someone else in their life is concerned about their gambling, to explore how the client understands the concerns of the significant other, what they are and why do they have them.

The counsellor uses reflective listening and notices any change talk that may emerge.

### MI Process 4: Planning for Change

The fourth process in MI is planning. It is important to make a good judgement as to when it is time to move from evoking to planning. A premature move will likely undo progress made so far through engaging, focusing and evoking.

In the planning process it is important to maintain the principles of MI, that is, to continue with a collaborative style evoking the client's own ideas and respecting the client's autonomy.

### Signs of Readiness

There are various signs indicating that the client is ready to start planning for change.

One indicator is an increase in frequency and strength of change talk. The more a client talks about their desire, ability, reasons and need for change (DARN) the more they are indicating readiness to talk about how to proceed with change. There is a transition from preparatory change talk to mobilising change talk.

Examples of mobilising change talk are:

“I’m ready to stop gambling.”

“I am willing to give it a try.”

“I’ll do whatever it takes.”

At the same time it is likely to see a decrease in sustain talk. Equal sustain talk and change talk is ambivalence. When change talks starts to tip the balance there is movement toward change.

Another indicator is that the client seems to be taking steps towards change. For example:

**Client:** I got through the weekend without gambling.

**Counsellor (MI Consistent):** You have really worked hard at this and put in a lot of effort over the weekend.

**Counsellor (MI Inconsistent):** What about the other days of the week?

**Client:** I searched on the internet and found the telephone number for the self-exclusion program.

**Counsellor (MI consistent):** You are interested in using the self-exclusion program as part of your plan.

**Counsellor (MI inconsistent):** You now need to ring that number.

**Client:** I told my wife that I have started to gamble again.

**Counsellor (MI consistent):** That must have taken some courage to do that.

**Counsellor (MI inconsistent):** Did you tell her how much money you have lost?

In MI it is best to celebrate and affirm all steps towards change.

When a client asks questions about change it can be a sign that they are considering change.

For example:

“What do people do to stop gambling?”

“Can I continue to come here for counselling?”

“Do you think you can help me stop?”

Another sign indicating movement towards planning a change is when the client makes statements indicating that they are starting to imagine what things could be like after a change has been made. The client is imagining a possible future, a future more in line with their goals and values.

### OPPORTUNITY FOR INTEGRATION— USE OF IMAGES/METAPHORS IN PLANNING FOR CHANGE

At this stage a client could be invited to draw their imagined future. The drawing can be metaphoric in nature e.g. being free as a bird, or can portray the practical things they will have in their life once a change has been made, or represent in some way their improved relationships.



### What this might look like in session? Using metaphors and images in MI

David, age 35—"It is time I was there for my son."



### Other Metaphors used by clients in the MI Stage of Planning

Handshake (accepting self)

Freedom

Letting the past go

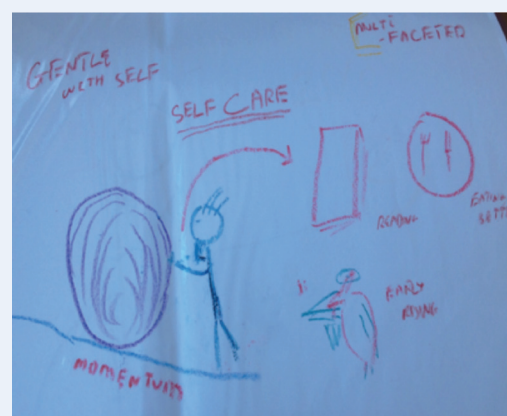
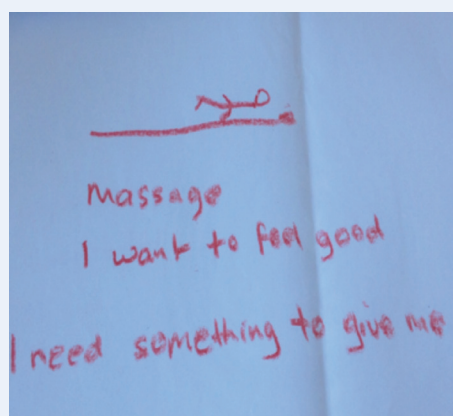
### What might this look like in session? Using metaphors and images in MI

Kate, age 55, history of gambling on pokies

I need something to give me hope

Simon, age 40, with history of gambling on pokies

I will keep this momentum. I will be gentle with myself and work on self-care



### Moving from Evoking to Planning

When there are signs that the client is moving towards change then the counsellor faces a decision point regarding starting to talk about a change plan.

One way to confirm the signs is to ask the client directly:

“Would you be willing to think about how you might change your gambling behaviour or is that something that you are not ready to do right now?”

Another way to transition to planning is to provide a summary of all the change talk the client has provided so far in the sessions. The client may not have heard the full list of change talk before so such a summary can be a significant experience for the client.

This summary is then followed by a question, for example:

“So what do you think you will do?”

“So what are you thinking about gambling at this point?”

“I wonder what you might decide to do?”

These open questions are not asking for a commitment, which is a later step. A question that asks for a commitment would be – “So what are you going to do?” Such a question puts pressure on the client and will probably provoke defensiveness.

The counsellor’s summary statement pulls together the person’s own desire, ability, reasons and need (DARN) and then the counsellor asks an open question which gives the client the freedom and space to consider what they have heard and what they might do.

#### OPPORTUNITY FOR INTEGRATION— USE OF IMAGES/METAPHORS IN PLANNING FOR CHANGE

As part of the counsellor’s summary, any transformed metaphors and image drawings explored by the client up to this point, could be incorporated in order to enrich the summary.

### Developing a change plan

The collaborative spirit of MI and the use of OARS continue through the development of a change plan. The task of the counsellor is to elicit from the client their own change plan. The client needs to feel ownership of their own plan.

The counsellor needs to be careful not to impose a plan onto the client. There can be a tendency for the counsellor to push for change and therefore to get ahead of the client’s readiness to commit to the change. The result for the client is an increase in sustain talk and possible discord in the therapeutic relationship.

For a plan to be clear it needs to include a clear goal. An example of a clear goal would be, ‘to stop gambling on pokies starting from today’. A less clear goal such as ‘to gain more control over my gambling’ has a less focused nature. It would help if such a goal had more clarity so that specific steps towards achieving it could be identified. For example, to elicit from the client what their own definition of control is and what successful control would look like for them. Such a goal can then begin to be clarified and may include such things as dollars allocated to gambling per week or the number of gambling events per month. Goal clarity makes it easier for the client to see progress towards achieving their goal.

A change plan may involve components other than changing gambling behaviour. It may emerge in a conversation about change that a person is concerned about the impact their behaviour is having on significant others. After conversation with a counsellor the client may

consider couples counselling or family therapy as part of their change plan. As often is the case, financial counselling may also be part of a change plan.

The planning process needs to be conducted using the skills and spirit of MI. Planning builds on the processes of engaging, focussing and evoking.

### **Strengthening Commitment**

Once a change plan has been developed the next step is for the client to put the plan into action. It is important to ascertain whether the client intends to act on the plan or whether the client has doubts about it or wants to make adjustments to it.

The counsellor listens for mobilising language. Mobilising language indicates movement in favour of change.

“I probably will organise the direct debit to pay off the bills.” This statement is getting close to intention.

Sometimes a client may commit to taking a step towards a goal rather than committing to the ultimate goal. For example:

“I plan not to gamble today.” This is a step in a change plan that could have as its ultimate goal to stop gambling altogether.

Intention to change can be evoked by the counsellor asking questions such as:

“What step are you willing to take this week?”

“What step in your plan do you think you are ready for?”

At this point a summary statement could be made by the counsellor drawing together the client’s mobilising statements, broader goal of change and the specific step they intend to take. Although closed questions are typically discouraged in MI, they can be very helpful at this point in checking out whether the client has moved into commitment. For example, this summary could be followed by a closed question designed to focus on commitment:

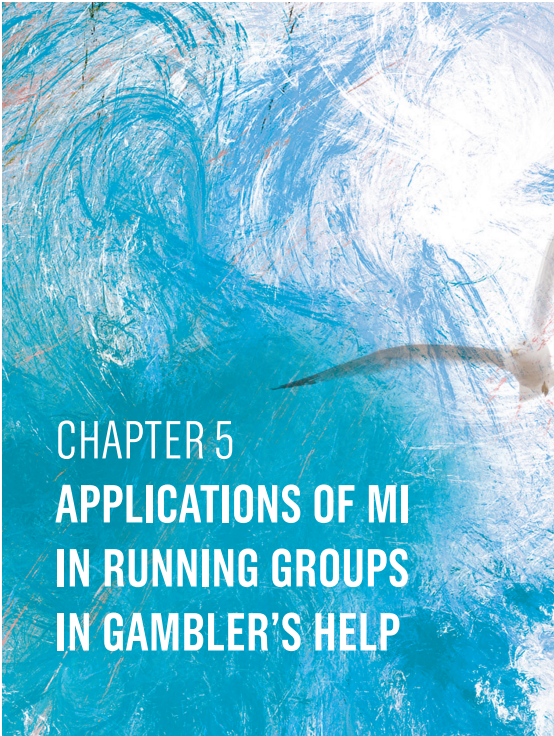
“Is that what you are willing to do?”

It needs to be kept in mind that it is not helpful to pressure the client to make a commitment statement. Up to this point in the conversations about change, motivation for change has been building within the client but may not have been expressed outwardly. Change can happen without the client making commitment statements. “The commitment happens when a person feels ready, willing and able to change” (Miller and Rollnick, 2013, page 290).

If there is reluctance about the change or the change plan, then this can be explored. This exploration may evoke sustain talk but can prove useful to develop understanding about the client’s doubts or concerns. Once these concerns are identified the counsellor and client can problem solve them in a collaborative way.

## **A final word on finding opportunities to integrate MI with other therapies or treatment tools**

In problem gambling counselling MI may sometimes be used as a brief intervention on its own or the MI spirit may underlie counsellor’s therapeutic approach. However in this chapter we have shown how another therapeutic modality, in this case the use of metaphors and images can be incorporated with the MI approach. In a similar way a client’s treatment plan may start with MI and then move into other modalities such as CBT, psychodynamic therapy, couples or family therapy, while still maintaining the spirit and principles of MI.



## CHAPTER 5

# APPLICATIONS OF MI IN RUNNING GROUPS IN GAMBLER'S HELP

## BENEFITS OF USING MI IN GROUPS

MI has been shown to promote camaraderie and strong bonds among participants, a key ingredient of successful group treatment. MI achieves this by ensuring focus on the following:

- (a) interaction between and among the counsellors and group members is collaborative rather than authoritarian/controlling,
- (b) group interventions evoke, rather than impose, client's internal motivation
- (c) the group process is respectful of client autonomy.

Perhaps as a result, MI has also been associated with other benefits for clients in group treatment (Wagner & Ingersol, 2013), including:

- Improving recognition of ambivalence and increasing perceived autonomy
- Increasing self-efficacy, behavioural intentions and readiness to change
- Increasing treatment engagement, attendance and completion
- Increasing participation in post-treatment
- Promoting recognition of problems
- Reducing negative group processes
- Promoting change behaviour.

## MI APPLICATIONS IN ONGOING GH GROUPS

Groups at Gambler's Help may thus benefit from group leaders/facilitators applying MI processes and techniques (e.g., OARS, open questioning, affirmation, reflection, summaries and reflective listening) when running them.



MI can be used to build rapport and enhance group processes for various types of groups run in the Gambler's Help sector, including:

- Peer Support groups
- Therapeutic support groups (safe space for participants to explore their gambling problems, and to share their experiences and management strategies.)
- Psychoeducational group program

Wagner and Ingersoll's (2013) book entitled "*Motivational Interviewing in Groups*" outlines some useful ways ongoing GH groups can use MI and will be an interesting read to counsellors running groups in this sector.

Like the four processes that define MI for individual counselling, Engage – Focus – Evoke – Plan, four phases with corresponding goals and tasks have been identified by Wagner and Ingersoll (2013) when running MI groups. Accordingly, the four phases of MI Groups are: (1) engaging the group, (2) exploring perspectives, (3) broadening perspectives and (4) moving into action.

Across these phases, counsellors have to play key functions: managing boundaries, developing group norms, managing emotions and fostering client self-awareness. These components can be integrated smoothly with other group-delivered therapeutic approaches.

Wagner and Ingersoll highlight ways to manage the common challenges of motivation being a personal, intrinsic thing (e.g., group members are motivated by different things) and different stages of readiness (e.g., some group members are willing to change faster than others, creating the risk of discord or disconnection). Further, these highlight the ways the group itself can be harnessed to deepen motivation. In particular they provide ways to help the group connect on shared values and care for each other, so that the group may generate its own momentum toward change in a way that doesn't require each member to make change at the same pace.

## POSSIBILITIES FOR NEW MI GROUPS AT GAMBLER'S HELP

Gambler's Help services can also consider creating and running new MI groups that facilitate gambling management change behaviour among PG clients. For example, an MI group can be created for group members who want to achieve a common PG related-behaviour change, such as dealing with gambling relapse, a frequent concern among problem gambling clients.

The table below lists some goals and key elements in each group MI phase and features an example of a group that can be run with problem gambling clients.



Phases of MI Groups	Goals and key elements	Example of an MI Group for Problem Gambling Clients
		Target group members: 8-12 PG clients who have managed to stopped gambling for more than a year but have relapsed.
(1) Engaging the group	Facilitate group development and managing challenges so the group can reach optimal effectiveness	Introductions, rapport-building, agenda-setting (use of OARS, engaging and focusing-related skills)
(2) Exploring perspectives	<p>Help group members place their stressors in the bigger context of their lives through the process of exploring their situations, lifestyle, habits, ambivalence and core values</p> <p>Key principles:</p> <ul style="list-style-type: none"> <li>• Taking a client-centred perspective</li> <li>• Focusing on the positives</li> <li>• Bringing the group into the moment</li> <li>• Focusing on the present</li> <li>• Acknowledging suffering but not eliciting grievances</li> </ul>	Sharing of relapse experience, including triggers, behaviours, core values, ambivalence around situations
(3) Broadening perspectives	<p>Help clients broaden their field of vision and increasing their sense of freedom:</p> <p>2 Tasks:</p> <ul style="list-style-type: none"> <li>• Avoid the risk of trying to convince group members to see and do things differently</li> <li>• Help them develop broader perspectives on the issues facing them so that they discover or develop more productive ways of living</li> </ul> <p>Key principles:</p> <ul style="list-style-type: none"> <li>• Focus on the positives</li> <li>• Focus on the future</li> <li>• Develop discrepancy</li> <li>• Accept defensiveness</li> </ul>	Broadening perspective on their respective circumstances and examining possible options open to them in terms of dealing with relapse. Connecting with values and meaning of the change. Connecting with each other on shared human motivations for quality of life.
(4) Moving into action	<p>Help clients narrow their focus and fine-tune plans for making changes and increasingly act with purpose towards achieving their aims, adapt their goals and approaches in response to their experience and benefit from others' ideas and experiences in making changes.</p> <p>Key principles:</p> <ul style="list-style-type: none"> <li>• Focus on actions</li> <li>• Guide members to ask for what they need</li> <li>• Encourage attention to group processes</li> <li>• Focus on the immediate future</li> <li>• Support self-efficacy</li> </ul>	Making plans and identifying key steps to take to get to their goals. Clients report on respective actions being taken to address triggers.

### OPPORTUNITY FOR INTEGRATION-USE OF METAPHORS/IMAGES IN GROUP MI

Images and metaphors can be used across all four phases. It can be used as a visual documentation of their respective perspectives on why they relapsed (Phase 2). The deck of images developed for the focusing toolkit for PG counselling can be introduced in the group as well in the broadening perspective phase. Group members can also be asked to create an image that would capture the action that they want to take in Phase 4 and share this with the group, and then develop a group metaphor/image that would represent each individuals' commitment.

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