Developing discrepancy: A values conversation

Developing discrepancy has been a key element of MI since its inception. It was originally one of the four principles of MI. In the current version, exploring the discrepancy between clients' values and their substance use behavior has been folded into the evoking process. When clients recognize discrepancies in their values, goals, and hopes for the future, their motivation to change increases.

Your task is to help clients focus on how their behavior conflicts with their values and goals. The focus is on intrinsic motivation. MI doesn't work if you focus only on how clients' substance use behavior is in conflict with external pressure (e.g., family, an employer, the court) (Miller & Rollnick, 2013).

To facilitate discrepancy, have a values conversation to explore what is important to the client (e.g., good heath, positive relationships with family, being a responsible member of the community, preventing another hospitalization, staying out of jail), then highlight the conflict the client feels between his or her substance use behaviors and those values. Client experience of discrepancy between values and substance use behavior is related to better client outcomes (Apodaca & Longabaugh, 2009).

This process can raise uncomfortable feelings like guilt or shame. Frame the conversation by conveying acceptance, compassion, and affirmation. The paradox of acceptance is that it helps people tolerate more discrepancy and, instead of avoiding that tension, propels them toward change (Miller & Rollnick, 2013). However, too much discrepancy may overwhelm the client and cause him or her to think change is not possible (Miller & Rollnick, 2013).

To help a client perceive discrepancy, you can use what is sometimes termed the "Columbo approach." Initially developed by Kanfer & Schefft (1988), this approach remains a staple of MI and is particularly useful with a client who is in the

Precontemplation stage and needs to be in charge of the conversation. Essentially, the counselor expresses understanding and continuously seeks clarification of the client's problem but appears unable to perceive any solution.

EXPERT COMMENT: THE COLUMBO APPROACH

Sometimes I use what I refer to as the Columbo approach to develop discrepancy with clients. In the old Columbo television series, Peter Falk played a detective named Columbo who had a sense of what had really occurred but used a somewhat bumbling, unassuming, Socratic style of querying his prime suspect, strategically posing questions and making reflections to piece together a picture of what really happened. As the pieces began to fall into place, the object of Columbo's investigation would often reveal the real story.

The counselor plays the role of a detective who is trying to solve a mystery but is having a difficult time because the clues don't add up. The "Columbo counselor" engages the client in solving the mystery:

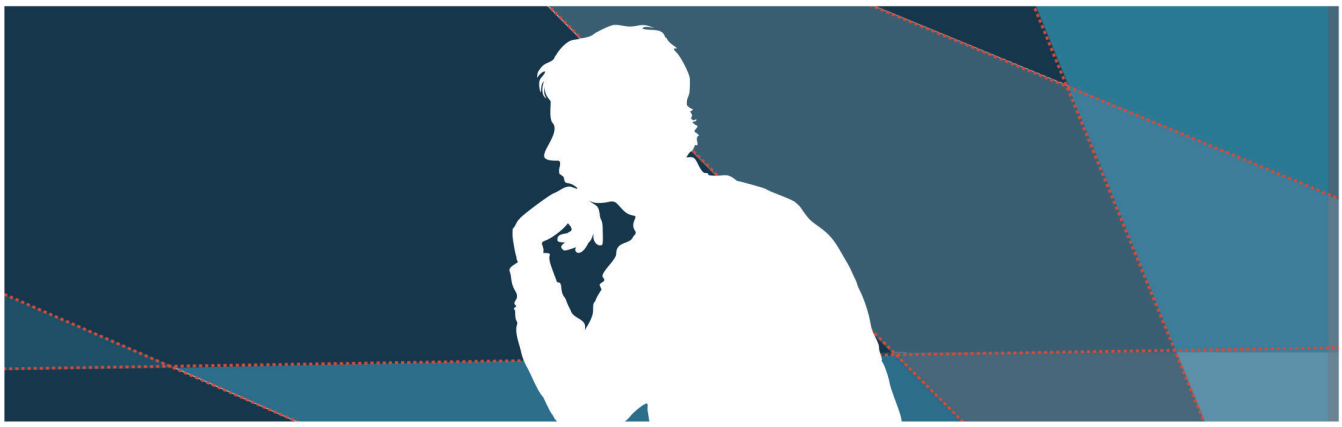
Example #1: "Hmm. Help me figure this out. You've told me that keeping custody of your daughter and being a good parent are the most important things to you now. How does your heroin use fit in with that?"

Example #2: "So, sometimes when you drink during the week, you can't get out of bed to get to work. Last month, you missed 5 days. But you enjoy your work, and doing well in your job is very important to you."

In both cases, the counselor expresses confusion, which allows the client to take over and explain how these conflicting desires fit together.

The value of the Columbo approach is that it forces the client, rather than the counselor, to grapple with discrepancies and attempt to resolve them. This approach reinforces the notion that the client is the expert on his or her behavior and values. The client is truly the only one who can resolve the discrepancy. If the counselor attempts to do this instead of the client, the counselor risks making the wrong interpretation, rushing to the client to conclusions rather than listening to the client's perspective, and, perhaps most important, making the client a passive rather than an active participant in the process.

Cheryl Grills, Ph.D., Consensus Panel Member



In addition to providing personalized feedback (as discussed in Chapter 2), **you can facilitate discrepancy by** (Miller & Rollnick, 2013):

- **Identifying personal values.** For clients to feel discrepancy between their values and actions, they need to recognize what those values are. Some clients may have only a vague understanding of their values or goals. A tool to help you and clients explore values is the Values Card Sort.
  - Print different values like "Achievement—to have important accomplishments" (Miller & Rollnick, 2013, p. 80) on individual cards.
  - Invite clients to sort the cards into piles by importance; those that are most important are place in one pile, and those that are least important are in another pile.
  - Ask clients to pick up to 10 cards from the most important pile; converse about each one.
  - Use OARS to facilitate the conversations.
  - Pay attention to statements about discrepancy between these important values and clients' substance use behaviors, and reinforce these statements.
  - A downloadable, public domain version of the Value Card Sort activity is available online (www.motivationalinterviewing.org/sites/default/files/valuescardsort_0.pdf).

- **Providing information.** Avoid being the expert and treating clients as passive recipients when giving information about the negative physical, emotional, mental, social, or spiritual effects or consequences of substance misuse. Instead, engage the client in a process of mutual exchange. This process is called Elicit-Provide-Elicit (EPE) and has three steps (Miller & Rollnick, 2013):
  - **Elicit readiness or interest in the information.** Don't assume that clients are interested in hearing the information you want to offer; start by asking permission. For example: "Would it be okay if I shared some information with you about the health risks of using heroin?" Don't assume that clients lack this knowledge. Ask what they already know about the risks of using heroin. For example: "What would you most like to know about the health risks of heroin use?"
  - **Provide information neutrally (i.e., without judgement).** Prioritize what clients have said they would most like to know. Fill in knowledge gaps. Present the information clearly and in small chunks. Too much information can overwhelm clients. Invite them to ask more questions about the information you're providing.
  - **Elicit clients' understanding of the information.** Don't assume that you know how clients will react to the information you have provided. Ask questions:
    - "So, what do you make of this information?"
    - "What do you think about that?"
    - "How does this information impact the way you might be thinking about *[name the substance use behavior, such as drinking]?*"
  - Allow clients plenty of time to consider and reflect on the information you presented. Invite them to ask questions for clarification. Follow clients' responses to your open questions with reflective listening statements that emphasize change talk whenever you hear it. **EPE is an MI strategy to facilitate identifying discrepancy and is an effective and respectful way to give advice to clients about behavior change strategies during the planning process.**

- **Exploring others' concerns.** Another way to build discrepancy is to explore the clients' understanding of the concerns other people have expressed about their substance use. This differs from focusing on the external pressure that a family member, an employer, or the criminal justice system may be putting on clients to reduce or abstain from substance use. The purpose is to invite clients to explore the impact of substance use behaviors on the people with whom they are emotionally connected in a nonthreatening way. Approach this conversation from a place of genuine curiosity and even a bit of confusion (Miller & Rollnick, 2013). Here is a brief example of what this conversation might look like using an open question about a significant other's concern, where reflecting sustain talk actually has the effect of eliciting change talk:
  - **Counselor:** You mentioned that your husband is concerned about your drinking. What do you think concerns him? *(Open question)*
  - **Client:** He worries about everything. The other day, he got really upset because I drove a block home from a friend's house after a party. He shouldn't worry so much. *(Sustain talk)*
  - **Counselor:** He's worried that you could crash and hurt yourself or someone else or get arrested for driving under the influence. But you think his concern is overblown. *(Complex reflection)*
  - **Client:** I can see he may have a point. I really shouldn't drive after drinking. *(Change talk)*

Evoking hope and confidence to support self-efficacy

Many clients do not have a well-developed sense of self-efficacy. They find it hard to believe that they can begin or maintain behavior change. **Improving self-efficacy requires eliciting confidence, hope, and optimism that change, in general, is possible and that clients, specifically, can change.** This positive impact on self-efficacy may be one of the ways MI promotes behavior change (Chariyeva et al., 2013).

One of the most consistent predictors of positive client behavior change is "ability" change talk (Romano & Peters, 2016). Unless a client believes change is possible, the perceived discrepancy between desire for change and feelings of hopelessness about accomplishing change is likely to result in continued sustain talk and no change. When clients express confidence in their ability to change, they are more likely to engage in behavior change (Romano & Peters, 2016).

COUNSELOR NOTE: SELF EFFICACY

Self-efficacy is a person's confidence in his or her ability to change a behavior (Miller & Rollnick, 2013), such as a behavior that risks one's health. Research has found that MI is effective in enhancing a client's self-efficacy and positive outcomes including treatment completion, lower substance use at the end of treatment, greater desire to quit cannabis use, and reductions in risky sexual behavior for someone with HIV (Caviness et al., 2013; Chariyeva et al., 2013; Dufett, & Ward, 2015; Moore, Flamez,, & Szirony, 2017).

Because self-efficacy is a critical component of behavior change, it is crucial that you also believe in clients' capacity to reach their goals. You can help clients strengthen hope and confidence in MI by evoking confidence talk. Here are two strategies for evoking confidence talk (Miller & Rollnick, 2013):

- **Use the Confidence Ruler** (Exhibit 3.10) and scaling questions to assess clients' confidence level and evoke confidence talk.

EXHIBIT 3.10. The Confidence Ruler

Not Confident **Extremely Confident**

- Initial question: "On a scale of 0 to 10, how confident are you that you could change *[name the target behavior, like stop drinking]* if you decided to?"
- Follow-up questions:
  - "How are you at a *[fill in the number on the scale]* instead of a *[choose a lower number on the scale]*?" Using a lower number helps clients reflect on how far they've come on the confidence scale. Using a higher number with this question may discourage clients, which can elicit sustain talk. If that should happen, use strategies discussed previously for responding to sustain talk.
  - "What would help you get from a *[fill in the number on the scale]* to a *[choose a slightly higher number on the scale]*?" This open question invites clients to reflect on strategies to build confidence. Don't jump to a much higher number, which can overwhelm clients and lower confidence.

Whatever the client's response to these scaling questions, use it as an opportunity to begin a conversation about his or her confidence or perceived ability to move forward in the change process.

- **Ask open questions** that evoke client strengths and abilities. Follow the open questions with reflective listening responses. Here are some examples of open questions that elicit confidence talk:
  - "Knowing yourself as well as you do, how do you think you could [name the target behavior change, like cutting back on smoking marijuana]?"
  - "How have you made difficult changes in the past?"
  - "How could you apply what you learned then to this situation?"
  - "What gives you confidence that you could [name the target behavior change, like stopping cocaine use]?"

In addition, **you can help enhance clients' hope and confidence about change by:**

- Exploring clients' strengths and brainstorming how to apply those strengths to the current situation.
- Giving information via EPE about the efficacy of treatment to increase clients' sense of self-efficacy.
- Discussing what worked and didn't work in previous treatment episodes and offering change options based on what worked before.
- Describing how people in similar situations have successfully changed their behavior. Other clients in treatment can serve as role models and offer encouragement.
- Offering some cognitive tools, like the AA slogan "One day at a time" or "Keep it simple" to break down an overwhelming task into smaller changes that may be more manageable.
- Educating clients about the biology of addiction and the medical effects of substance use to alleviate shame and instill hope that recovery is possible.