




SECTION F:

Self-Assessment Skill Summaries

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MOTIVATIONAL INTERVIEWING STYLE AND SPIRIT

Self-Assessment Skill Summary No. 1

In MI you provide low-key feedback, roll with resistance (e.g., avoiding arguments, shifting focus), and use a supportive, warm, non-judgmental, collaborative approach. You convey empathic sensitivity through words and tone of voice, and you demonstrate genuine concern and an awareness of the client's experiences. You follow the client's lead in the discussion instead of structuring the discussion according to your agenda.

ASSESSING YOUR USE OF MI: FREQUENCY AND EXTENSIVENESS

How much do you maintain an empathic, collaborative approach and handle resistance skillfully while consistently aiming to elicit the client's motivation for change? This therapeutic style is one of calm and caring concern and demonstrates an appreciation for the experiences and opinions of the client. You convey empathic sensitivity through words and tone of voice, and demonstrate genuine concern and an awareness of the client's experiences. You avoid advising or directing the client in an unsolicited fashion. Decision-making is shared. As you listen carefully to the client, you use the client's reactions to what you have said as a guide for proceeding with the session. You avoid arguments, sidestep conflicts or shift focus to another topic in order to more productively elicit client self-disclosure and motivation for change. In brief, MI is a client-centered approach.

A high rating of Frequency/Extensiveness is achieved when you consistently maintain the MI spirit and pursue an accurate understanding of the client throughout the session. You demonstrate an ability to respond without defensiveness to the client's resistance behaviors such as arguing, interrupting, negating (denial), or ignoring. You appear at ease and natural in using core MI skills such as open-ended questions, reflections, affirmations, and summaries. You are able to integrate these skills with a variety of other techniques used to more directly elicit self-motivational client statements and to reduce resistance such as:

- Amplified reflection (reflecting the client's statements in an exaggerated manner);
- Double-sided reflection (restating what the client has said, but reminding them of the contrary things they have said previously);
- Shifting focus (changing the topic or focus to things the client is less resistant to exploring and changing);
- Reframing (acknowledging what the client has said, but offering a different perspective); or
- Coming along side (taking the side of no change as a way to foster the client's ambivalence and elicit change talk).

You use each of these techniques to reduce resistance and facilitate the client's consideration and discussion of change-related topics.

ASSESSING YOUR MI SKILL:

Examples of Higher Skill:

1. You establish an overall tone of collaboration and respect.
2. You show you care about what the client is saying and strive to accurately understand and reflect the client's statements.
3. You deftly use the client's reactions as a guide for formulating your strategies and techniques.
4. Your attunement to the client is obvious.

Examples of Lower Skill:

1. You control the interview process, insufficiently facilitating the client's open exploration of his/her problem areas and motivation for change.
2. You act inflexibly and defensively in response to client resistance.
3. You deliver therapeutic interventions in a technically correct manner but with little facility, warmth, or engagement of the client.
4. You do not adjust strategies to the client's shifting motivational state.
5. You sound redundant in the interventions you select.

Self-Assessment Skill Summary No. 2

FOSTERING A COLLABORATIVE ATMOSPHERE

T*o what extent do you convey in words or actions that the therapy is a collaborative relationship in contrast to one where you (the therapist) are in charge? How much do you emphasize the (greater) importance of the client's own decisions, confidence, and perception of the importance of changing? To what extent do you verbalize respect for the client's autonomy and personal choice?*

FREQUENCY AND EXTENSIVENESS RATING GUIDELINES:

This item captures any explicit effort you (the clinician) make to seek guidance from the client or to act as though therapy were a joint effort as opposed to one in which you are consistently in control. You emphasize the (greater) importance of the client's perspective and decisions about if and how to change. Any explicit statements you make that verbalize respect for the client's autonomy and personal choice are examples of fostering collaboration during the session.

EXAMPLES:

Clinician: "What do you think would be a good way to handle this situation in the future?" "I would have thought you would... but it sounds like you made a better choice by..." "Let's look at that issue together." "We can spend some time talking about your situation at home."

SKILL LEVEL RATING GUIDELINES

Higher: Higher quality strategies occur in several ways. You may directly and clearly note the greater importance of the client's perception about his/her drug use and related life events in contrast to what you or significant others might think. You may underscore the collaborative nature of the interview by highlighting your interest in understanding the

client's perspective without bias. Likewise, direct and clear references to the client's capacity to draw his or her own conclusions or to make personal choices about how to proceed with a plan for change receive higher Skill Level ratings. Use of these strategies when you perceive that the client is feeling coerced by significant others can be especially effective and lead to higher Skill Level ratings.

Emphasizing viable personal choices, rather than choices that are unrealistic to the client, also improve Skill Level ratings. For example, you may provide a choice among treatment options within a program rather than highlight the option of program non-enrollment to a client who presents to treatment in a job jeopardy situation; this type of client most likely will see treatment nonparticipation as too risky for losing his job.

Lower: Lower quality strategies occur when you emphasize personal choices that do not seem realistic to the client. Also, vague, wordy, or poorly timed efforts to articulate the client's personal control, autonomy, and collaborative role in the interview reduce quality ratings. Clinician advice giving in the context of seemingly collaborative statements also receives lower ratings (e.g., "You are obviously in the driver's seat, but I wouldn't do that if I were you.).

OPEN-ENDED QUESTIONS

Open-ended questions encourage your clients to discuss their perception of personal problems, motivation, change efforts, and plans. They elicit more than yes/no responses and yield more information than closed-ended questions. Open-ended questions communicate an interest in the client and provide both an expectation and an opportunity for clients to self-disclose

USING OPEN-ENDED QUESTIONS

Open-ended questions are questions that result in more than yes/no responses and that don't elicit terse answers or very specific pieces of information. Often these questions begin with the following interrogatives: "What," "How," "In what," and "Why" (somewhat less preferable) or lead off with the request, "Tell me..." or "Describe..." You use open-ended questions to encourage an open conversation about the client's view of his/her problems and commitment to change. In brief, by using open-ended questions, you give the client a wide range for discussing his or her life circumstances and substance use patterns.

A high frequency or extensive use of open-ended questions is achieved if you ask questions that invite client conversation (see Correct Examples) as opposed to asking only yes/no response questions (see Incorrect Examples).

EXAMPLES:

Correct:

- So, what brings you here today?
- What are some of the ways that substance use affects your life?"
- What kinds of differences have you noticed in...?

Incorrect:

- Do you use marijuana? When was the last time you used?
- Can you tell me how heroin affects you?

Self-Assessment Skill Summary No. 3

- Your wife thinks you are addicted to cocaine. Are you addicted to cocaine?

ASSESSING YOUR SKILL IN USING OPEN-ENDED QUESTIONS:

Examples of Higher Skill:

1. Questions are relevant to the clinician-client conversation.
2. Questions encourage greater client exploration and recognition of problem areas and motivation for change, without appearing to be judgmental or leading to the client.
3. Inquiries are simple and direct, thereby increasing the chance that the client clearly understands what the clinician is asking.
4. Usually, several open-ended questions do not occur in close succession. Rather, high quality open-ended questions typically are interspersed with reflections and ample client conversation to avoid the creation of a question-answer trap between you and the client.
5. You pause after each question to give the client time to respond.

Examples of Lower Skill:

1. Questions are poorly worded or timed or target an area not immediately relevant to the conversation and client concerns.
2. Questions often occur in close succession, giving the conversation a halting or mechanical tone.
3. Inquiries may compound several questions into one query making them harder to understand and respond to by the client. For example, "Tell me about how you felt before and after you got high and how that all affects your future risk for using cocaine."
4. Questions lead or steer the client.
5. Inquiries have a judgmental or sarcastic tone.
6. Pauses after each question are not sufficient to give the client time to contemplate and respond.

AFFIRMING STRENGTHS AND CHANGE EFFORTS

Self-Assessment Skill Summary No. 4

Affirmations include verbally reinforcing the client's strengths, abilities, or efforts to change his/her behavior. You help develop the client's confidence by praising small steps taken in the direction of change or expressing appreciation of personal qualities in the client that might facilitate successful efforts to change.

USING AFFIRMATIONS:

This skill focuses on your expressions of confidence in the client's ability to achieve his/her goals. You may affirm the client in a variety of ways: a) using compliments or praise, b) acknowledging the client's personal qualities, competencies or abilities that might promote change, and c) recognizing effort or small steps taken by the client to change. Sometimes, you might use a positive reframe to affirm the client (e.g., noting how multiple treatment episodes and numerous relapses are evidence of the client's persistence in trying to deal with his or her drug use problems and not giving up). By complimenting, positively reinforcing, and validating the client, you foster the belief in the client that there is hope for successful recovery and that the client can change his/her own substance use behaviors.

EXAMPLES:

- It sounds as if you have really thought a lot about this and have some good ideas about how you might want to change your drug use. You are really on your way!
- That must have been really hard for you. You are really trying hard to work on yourself.

ASSESSING YOUR SKILL IN USING AFFIRMATIONS:

Examples of higher skill:

1. You affirm personal qualities or efforts made by the client that promote productive change or that the client might harness in future change efforts rather than being general compliments.
2. You derive these affirmations directly from your conversation with the client. As a consequence, high quality affirmations are meaningful to the client rather than being too global or trite.
3. You are genuine rather than merely saying something generally affirming in a knee-jerk or mechanical fashion.

Examples of lower skill:

1. Affirmations are not sufficiently rooted in the conversation between the client and clinician.
2. Affirmations are not unique to the client's description of him/herself and life circumstances or history.
3. You may appear to affirm simply to buoy a client in despair or encourage a client to try to change when he/she has expressed doubt about his/her capacity to do so.
4. Poor quality affirmations sound trite, hollow, insincere, or even condescending.

REFLECTIVE STATEMENTS

Self-Assessment Skill Summary No. 5

You make reflective statements when you repeat (exact words), rephrase (slight rewording), paraphrase (by amplifying the thought or feeling, using an analogy, or making inferences) or make reflective summary statements of what the client said.

USING REFLECTIVE STATEMENTS

Reflective statements restate the client's comments using language that accurately clarifies and captures the meaning of the client's communications and conveys to the client your effort to understand the client's point of view. You use this technique to encourage the client to explore or elaborate on a topic. These techniques include repeating exactly what the client just stated, rephrasing (slight rewording), paraphrasing (e.g., amplifying thoughts or feelings, using analogy, making inferences) or making reflective summary statements of what the client said. Reflective summary statements are a special form of reflection in which you select several pieces of client information and combine them in a summary with the goal of inviting more exploration of material, to highlight ambivalence, or to make a transition to another topic.

EXAMPLES:

Client: "Right now, using drugs doesn't take care of how bad I feel like it used to. If anything, I feel worse now."

Simple Reflection:

- Using drugs makes you feel worse now.

Rephrasing:

- So, you have found that using drugs to deal with how badly you feel is not working well for you anymore.

Paraphrasing Using a Double-Sided Reflection:

- In the past using drugs helped you feel better when you were having a hard time or feeling badly. Now, it is only making matters worse for you.

Introductions to a Reflective Summary:

- Let me see if I understand what you've told me so far..."
- Here is what I've heard you say so far..."

ASSESSING YOUR SKILL IN MAKING REFLECTIVE STATEMENTS

Examples of higher skill:

1. You accurately identify the essential meaning of what the client has said and reflect it back to the client in terms easily understood by the client.
2. Your inflection at the end of the reflection is downward.
3. You pause sufficiently to give the client an opportunity to respond to the reflection and to develop the conversation.
4. Well-delivered reflections typically are concise and clear.
5. Quality reflections have depth; they often paraphrase thoughts or feelings in manner that effectively brings together discrepant elements of the client's statements or that clarify what the client meant.
6. If you reflect several client statements, you neatly arrange them in a manner that promotes further client introspection, conversation, and motivation for change.
7. Your reflections often increase the time spent talking by the client, foster a collaborative tone, and reduce client resistance.

Examples of lower skill:

1. Reflections that are inaccurate or "miss the boat" and may contribute to the client feeling misunderstood.
2. Reflections that are vague, complicated, or wordy.
3. Statements that have an upward inflection at the end and consequently function as disguised closed-ended questions.
4. Comments that decrease the time spent talking by the client and increase the client's resistance.
5. Reflections are spread out over the session such that they do not increase introspection, conversation, or motivation to change.
6. Reflections that are redundant or remain repetitively simple such that the conversation seems to go around in circles.

Self-Assessment Skill Summary No. 6

MOTIVATION TO CHANGE

A discussion of the client's level of motivation to change can be elicited by a skillful counselor. Through careful listening and facilitation you can identify the client's self-motivational statements. Discussion of those statements can promote greater willingness on the part of the client to consider change.

DISCUSSING CHANGE:

This skill refers to the extent to which you attempt to elicit client self-motivational statements or “change talk,” or any type of discussion about change. This is often accomplished through questions or comments designed to promote greater awareness/concern for a problem, recognition of the advantages of change, increased intent/optimism to change, or elaboration on a topic related to change. You might ask the client about how other people view his/her behavior as problematic and how those concerns by others impact the client's motivation for change. You also might initiate a more formal discussion of the stages of change or level of motivation by helping the client develop a rating of current importance, confidence, readiness or commitment to change and explore how any of these dimensions might be strengthened. In brief, this skill is a more directive means for eliciting a client's change talk and addressing a client's commitment to change. The strategy very often leads to “change talk” or self-motivational statements and movement toward the negotiation of specific change plans.

EXAMPLES:

Clinician: “Based on the concerns you have raised, what do you think about your current use of substances.”

- “What are some reasons you might see for making a change?”
- “What do you think would work for you if you decide to change?”

Client: “My wife really believes it is a problem, so she's always on my back about it.”

Clinician: “How do you feel about your drug use? What are your concerns and what do you think might need to happen?”

ASSESSING YOUR SKILL IN ELICITING “CHANGE TALK”:

Examples of higher skill:

1. You use evocative questions to elicit a client's change talk that are targeted to the client's current level of motivation. For example, if a client has not recognized drug use as a problem, you ask the client to explore any concerns or problematic aspects of his or her drug use.
2. If a client has recognized drug use as a problem but is uncertain about his or her capacity to change, you directly query the client about factors that might impact intent or optimism for change.
3. You collaboratively explore the client's current readiness to change in depth by combining rating scales and open-ended follow-up questions and reflections that prompt the client's arguments for change, optimism, and self-efficacy.

Examples of lower skill:

1. You try to elicit self-motivational statements that are inconsistent with the client's stage of change.
2. Your efforts to elicit self-motivational statements or to assess the client's readiness to change become redundant.
3. Your efforts to assess readiness to change precipitate resistance or arguments against change. For example, a lower quality intervention would occur if after a client selects a readiness to change rating of 6 on a scale of 1 (lowest readiness) to 10 (highest readiness) you ask, “How come you said a 6 rather than a 10?”

DEVELOPING DISCREPANCIES

Creating or heightening the client's internal conflicts relative to his/her substance use can help enhance the client's motivation to change. When you try to increase the client's awareness of a discrepancy between where his/her life is currently versus where he/she wants it to be in the future, it can help the client see that change might be an option, even a necessity if future goals are to be realized. It is important to explore how substance use may be inconsistent with the client's goals, values, or self-perceptions.

HEIGHTENING AWARENESS OF DISCREPANCIES:

In this skill you prompt an increased awareness of a discrepancy between where the client is and where she/he wants to be relative to substance use. You can do this by highlighting contradictions and inconsistencies in the client's behavior or stated goals, values, and self-perceptions. You can attempt to raise the client's awareness of the personal consequences of substance use, and how these consequences seem contrary to other aims stated by the client. You can also engage the client in a frank discussion of perceived discrepancies and help the client consider options to regain equilibrium. Other common techniques used to create or develop discrepancies include:

- 1) asking the client to look into the future and imagined a changed life under certain conditions (e.g., absence of drug abuse, if married with children).
- 2) asking the client to look back and recall periods of better functioning in contrast to the present circumstances, and
- 3) asking the client to consider the worst possible scenario resulting from their use or the best possible consequences resulting from trying to change. Sometime double-sided reflections that bring together previously unrecognized discrepant client statements are examples of your attempt to heighten discrepancies.

EXAMPLES:

Clinician: "You say you want to save your marriage, and I also hear you say you want to keep using drugs."

Self-Assessment Skill Summary No. 7

"On the one hand, you want to go out to the bar every night. On the other hand, you have told me how going out to the bar every night gets in the way of spending time with your son."

ASSESSING YOUR SKILL IN DEVELOPING DISCREPANCIES:

Examples of higher skill:

1. You attempt to make the client aware of a discrepancy in the client's thoughts, feelings, actions, goals or values based upon the client's previous statements.
2. You present discrepancies as legitimate conflicts or mixed experiences rather than as contradictions or judgments that prove the client has a drug problem.
3. You use clear and articulate reflections that encapsulate divergent elements of what a client has said. In short, you integrate the client's specific discrepant statements in well-stated terms using a supportive, nonjudgmental tone.

Examples of lower skill:

1. You highlight one side of the client's ambivalence without sufficiently counterbalancing it. For example, a client might say he wants to continue to smoke marijuana after previously acknowledging how smoking angers his wife and may lead to an unwanted separation. You might respond by saying, "Yeah, but you said you don't want to be separated," instead of saying, "So even though you've told me you are concerned your wife might leave you, you continue to want to smoke marijuana." This approach can appear argumentative and may heighten resistance rather than develop dissonance in the client's position.
2. You pose discrepancies or state discrepancies with a hint of accusation, which undermines clinician-client collaboration and reduces the overall quality of the intervention.
3. Wordy, cumbersome, or overly complex reflections of discrepant client statements can be confusing and do not indicate sufficient skill in developing discrepancies in client verbal reports.

Self-Assessment Skill Summary No. 8

PROS, CONS, AND AMBIVALENCE

Ambivalence is a normal part of the change process. Exploring the positive and negative effects or the results of the client's substance use can help the client consider what might be gained or lost by abstinence or a reduction in substance use. Such a discussion often includes the use of methods like decisional balancing, cost-benefit analysis, or developing a list of the pros and cons of substance use.

DISCUSSING PROS, CONS AND AMBIVALENCE:

This skill includes discussing specific consequences of the client's substance use. You join with the client in assessing the positive and/or negative aspects of the client's past, present, or future substance use. Specific techniques include decisional balancing, doing a cost-benefits analysis, or listing and discussing the pros and cons of the client's substance use. An important stylistic component accompanying these techniques is your ability to verbalize an appreciation for ambivalence as a normal part of the client's experience as he/she considers change.

Your goal here is to discuss the client's ambivalence in detail. You might facilitate a costs/benefits analysis as you solicit the client's input regarding making a change versus continuing the same behavior. Another option is developing a written Pros and Cons list with the client, either during the counseling session or reviewing in detail a list completed prior to the session. Both are very effective ways of exploring ambivalence.

EXAMPLES:

Clinician: "What do you see as the positive and negative consequences of your drinking?"

"You have had a lot of chest pain after using cocaine and seem very concerned about your health, your family, and where your life is going. And you have identified many possible benefits of stopping use, such as..."

"So by getting high, you feel good and can avoid painful feelings. What are some of the downsides to using..."

ASSESSING YOUR SKILL IN EXPLORING AMBIVALENCE:

Examples of higher skill:

1. You approach a discussion of the client's ambivalence in a nonjudgmental, exploratory manner.
2. Throughout the examination of pros and cons, you prompt the client to continue detailing dimensions of ambivalence using open-ended questions or reflections about consequences previously noted by the client.
3. You facilitate a full exploration of the pros and cons of stopping substance use versus continuing use.
4. You elicit responses from the client rather than suggesting positive and negative consequences as possibilities not previously mentioned by the client.
5. You use summary reflections to compare and contrast the client's ambivalence.
6. During an exploratory discussion you tip the client's motivational balance to the side of change.

Examples of lower skill:

1. You seldom provide the client with opportunities to respond freely or thoroughly reflect on the pros/cons of his/her behavior or situation.
2. You provide the client with likely pros and cons and assert your view to the client in a more closed-ended fashion. In this situation the client becomes more of a passive recipient rather than an active participant in the construction of the decisional balance or discussion of factors underlying the client's ambivalence.
3. You ask the client to list pros and cons one after the other without exploring details or the personal impact of substance use on the client's life.
4. When summarizing the client's pros, cons, or ambivalence, you do not involve the client in the review. You simply restate the items in a mechanical or impersonal manner.
5. You make no effort to strategically tip the client's motivational balance in favor of change.

CLIENT-CENTERED PROBLEM DISCUSSION AND FEEDBACK

Self-Assessment Skill Summary No. 9

Learning about the client's reasons for seeking admission to addiction treatment is best done in a non-judgmental collaborative client-centered style. During the discussion you can review assessment data gathered previously. You can also provide personalized feedback about the client's substance abuse and the evidence or indications of problems in other life areas that appear related to substance use.

FACILITATING THE DISCUSSION OF PROBLEMS:

This skill involves making explicit attempts to inquire or guide a discussion about the problems for which the client is entering treatment. The discussion can include both substance use and problems of daily living potentially associated with substance use. Your purpose is to develop of as full an understanding of the client's difficulties as possible. The process may involve the review of assessment results obtained during prior clinical assessments, worksheets completed by the client, or more formally through use of specific feedback forms. The method you use is less important than is the task of learning about the client's problems and providing feedback to the client about his/her problems in an objective, client-centered manner. You guide the discussion and provide feedback using a non-judgmental, curious, collaborative client-centered style. If you provide formal feedback, you do so only when solicited by the client or after you first seek the client's permission.

EXAMPLES:

Clinician: "I wonder if we might start by your sharing with me some of the concerns that brought you into treatment. What brought you into treatment?"

"You have given me an excellent description of some of your concerns. I would like to put this information together with some of the other information you provided when you began this study so we will both have a complete

view of what might be helpful for you. Would that be alright with you?"

ASSESSING YOUR SKILL IN FACILITATING DISCUSSION AND GIVING FEEDBACK:

Examples of higher skill:

- Your first efforts to facilitate a discussion of the client's problems may be fairly straightforward. For example, "What's been happening that has led you to come see me today?"
- Later on you encourage the client's further elaboration of the presenting problems, successively building on previous invitations or requests. For example, "You said earlier that your wife has complained about your drinking. Can you give me some examples of what she has said?"
- Your feedback is individualized to the client's experiences and self-report. It is presented in clear, straightforward, and supportive terms from a nonjudgmental perspective.
- You use open-ended questioning, affirmations, and reflections as part of the feedback process and only offer formal feedback when solicited by the client or after obtaining the client's permission to do so.

Examples of lower skill:

- You present feedback to a client in a generic way that is not specific to the client's experiences or self-report.
- The feedback you present is unclear or presented in a judgmental fashion.
- You lecture the client or draw conclusions for the client without providing the client with opportunities to respond to the feedback you provide.
- You present yourself as an expert and limit the amount of talking done by the client.
- You provide feedback that has not been solicited by the client.

CHANGE PLANNING

Self-Assessment Skill Summary No. 10

Change planning typically begins when you discuss with the client his or her readiness to prepare a change plan. Working on such a plan is a collaborative activity between you and the client. You will typically address a number of critical aspects of change planning, such as the client's self-identified goals, steps for achieving those goals, supportive people available to help the client, any obstacles to the change plan that might exist, and how to address impediments to change.

ENGAGING THE CLIENT IN CHANGE PLANNING:

This skill involves you helping the client develop a change plan. The process may include an initial discussion of the client's readiness to prepare a change plan. It may include a more formal process of completing a Change Planning Worksheet or a less formal discussion in which you facilitate the development of a plan without completing a worksheet. In either case, the intervention typically involves a discussion that touches on a number of these issues:

1. The desired changes,
2. Reasons for wanting to make those changes,
3. Steps to make the changes,
4. People available to support the change plan,
5. Impediments or obstacles to change and how to address them, and
6. Methods of determining whether the plan has worked.

What is important here is that you guide the client through a thorough discussion of change planning. The process does not have to include review of a completed Change Planning Worksheet, but it does require the development of a detailed change plan during the session.

Examples:

Clinician: "So, it sounds like you have made a decision to stop using drugs and reduce your drinking. Let's spend

some time figuring out a plan that will help you get started working toward that goal. What is the first thing that comes to mind?"

"What do you think might get in the way of this plan or make it hard for you to continue to make these changes?"

"You seem to be ready to begin mapping a plan to achieve your goal. Let's look at this Change Planning Worksheet and see if it might be helpful."

ASSESSING YOUR SKILL IN CHANGE PLANNING:

Examples of higher skill:

1. Prior to working with a client you develop a detailed change plan that addresses most of the key change planning areas outlined above.
2. You take sufficient time to explore each area and encourage the client to elaborate by using open-ended questions and reflections.
3. You use a highly collaborative process in developing the plan with the client. Such a process tends to strengthen the client's commitment to change.
4. If the client expresses ambivalence during the completion of the plan, you attempt to resolve it in the direction of change instead of pushing forward when the client may not be ready to proceed.

Examples of lower skill:

1. You approach the change planning process in a cursory fashion.
2. You do not actively engage the client in change planning.
3. You do not individualize the plan to the unique circumstances of the client.
4. You take on an authoritative and prescriptive tone while completing the change plan with the client.