

Introduction: A Way of Listening

Sometimes I think of therapeutic change as something that begins before it is fully understood, an internal shift that takes shape gradually, often beneath the surface of what a client is able to name at first.

What presents as a problem is often only one layer. Beneath it are patterns shaped across time, within relationships, environments, and systems that continue to organize how a person experiences themselves and the world. Change, in this sense, does not happen in isolation. It emerges within a larger ecology of internal and external influences that are already in motion.

Motivational Interviewing (MI) and the OARS micro-skills can be understood within this context. While they are often taught as techniques, in practice they function more as relational processes that support how change begins to organize. MI is defined as a collaborative, goal-oriented style of communication that strengthens a person's own motivation and commitment to change (Miller & Rollnick, 2013). But this definition only partially captures what is happening in the room. More often, the work involves creating conditions where clients are able to hear, clarify, and strengthen their own internal language of change.

At the center of this process is the therapeutic relationship. Research consistently identifies the relationship as one of the most significant contributors to client outcomes (Young, 2021). Rather than existing alongside technique, the relationship shapes how technique is experienced and whether it is effective. What Young describes as "vitamin R" reflects this idea that connection is not secondary to the work, it is the medium through which the work unfolds.

Within that relational space, the OARS skills, Open Questions, Affirmations, Reflections, and Summaries, provide a structure for how attention is directed. They are not prescriptive scripts, but ways of organizing interaction so that clients can explore their experience with greater clarity. Through this process, thoughts, emotions, and meanings that may initially feel diffuse begin to take form.

This becomes particularly evident in the role of change talk. Research in motivational interviewing highlights client language, expressions of desire, ability, reasons, need, and commitment, as a central mechanism through which behavior change occurs (Amrhein et al., 2003; Magill et al., 2018). The clinician's role is not to generate this language, but to recognize it as it emerges and support its development. In this way, change is not imposed externally but constructed within the client's own narrative.

These dynamics become more visible in moments of crisis, where internal and external systems are under increased strain. Crisis intervention literature emphasizes the need for rapid connection, accurate assessment, and collaborative movement toward stabilization (James & Gilliland, 2016). A crisis represents a disruption in equilibrium, but also a point where new patterns can begin to form if supported effectively.

Even in these moments, the underlying stance remains consistent: presence over control, collaboration over authority, and attunement before action.

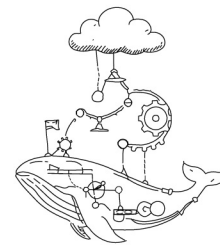
Frameworks such as DARN-CAT and SMART goals offer a way to hold both structure and flexibility within this process. They support the translation of internal experience into language, and language into action, while maintaining alignment with the client's autonomy and context. In this way, the process of helping can be understood as a movement from connection to understanding, from understanding to commitment, and from commitment to action.

As I consider the development of these skills, I notice the tendency to focus on precision, finding the right phrasing or response in a given moment. Over time, however, it becomes clear that effectiveness is less dependent on exact wording and more on how the clinician is positioned in relation to the client's experience.

Not outside it. Not directing it. But working within it. From that perspective, these approaches are not simply techniques to apply, but ways of listening that allow change to emerge with greater clarity and direction.

References





- Amrhein, P. C., Miller, W. R., Yahne, C. E., Palmer, M., & Fulcher, L. (2003). Client commitment language during motivational interviewing predicts drug use outcomes. *Journal of Consulting and Clinical Psychology, 71*(5), 862–878.
- James, R. K., & Gilliland, B. E. (2016). *Crisis intervention strategies* (8th ed.). Cengage Learning.
- Magill, M., Gaume, J., Apodaca, T. R., Walthers, J., Mastroiolo, N. R., Borsari, B., & Longabaugh, R. (2018). The technical hypothesis of motivational interviewing: A meta-analysis. *Journal of Consulting and Clinical Psychology, 86*(2), 140–157.
- Miller, W. R., & Rollnick, S. (2013). *Motivational Interviewing: Helping people change* (3rd ed.). Guilford Press.
- Stanley, B., & Brown, G. K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice, 19*(2), 256–264.
- Young, M. E. (2021). *Learning the art of helping: Building blocks and techniques* (7th ed.). Pearson.



CLOUDWHALE COLLECTIVE
CARRIE A. DYER

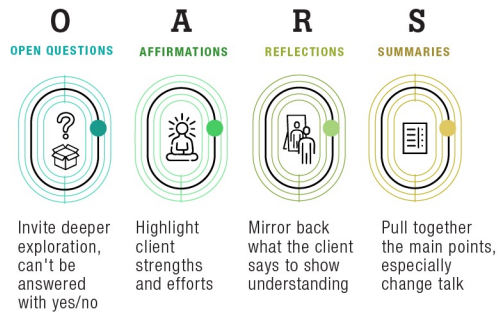
OARS & MI

Core Communication Skills: These are foundational micro-skills used throughout MI to build rapport and elicit change talk:

<p>O OPEN QUESTIONS</p> 	<p>A AFFIRMATIONS</p> 	<p>R REFLECTIONS</p> 	<p>S SUMMARIES</p> 
<p>INVITE DEEPER EXPLORATION, CAN'T BE ANSWERED WITH YES/NO</p> <p>-----</p> <p>___ What's stirring inside you as you sit with that?</p> <p>-----</p> <p>___ If your heart could speak right now, what might it say?</p> <p>-----</p> <p>___ What feels most tender or raw in this moment?</p> <p>-----</p> <p>___ When you think about what happened, what story does it begin to tell about who you are?</p> <p>-----</p>	<p>HIGHLIGHT CLIENT STRENGTHS AND EFFORTS</p> <p>-----</p> <p>___ I can feel the depth of care you carry, it's beautiful and heavy all at once.</p> <p>-----</p> <p>___ You're showing up in the middle of something hard. That matters.</p> <p>-----</p> <p>___ There's so much wisdom in the way you're piecing things together.</p> <p>-----</p> <p>___ You're honoring your truth here, even when it's messy.</p> <p>-----</p>	<p>MIRROR BACK WHAT THE CLIENT SAYS TO SHOW UNDERSTANDING</p> <p>-----</p> <p>/ Reflection of Emotion:</p> <p>-----</p> <p>___ There's a sadness sitting just beneath the surface, it's quiet, but present.</p> <p>-----</p> <p>___ It feels like your heart is both guarded and aching to be seen.</p> <p>-----</p> <p>___ You're navigating something tender, and it's asking a lot from you.</p> <p>-----</p> <p>___ There's a kind of grief woven into this—maybe even something</p> <p>unspoken.</p> <p>-----</p> <p>/ Reflection of Meaning:</p> <p>-----</p> <p>___ This seems to reach into a deeper part of your story, like it touches an old belief.</p> <p>-----</p> <p>___ It sounds like this moment is asking you to reckon with something sacred, your sense of self, your worth, your path.</p> <p>-----</p> <p>___ There's a search for meaning here... like this isn't just about what happened, but about what it says about love, trust, and who you're becoming.</p> <p>-----</p> <p>___ You're making sense of something that's lived in the shadows for a long time.</p> <p>-----</p>	<p>PULL TOGETHER THE MAIN POINTS, ESPECIALLY CHANGE TALK</p> <p>-----</p> <p>___ So much is held here, grief, strength, fear, and a longing to be whole. You're showing up with all of it.</p> <p>-----</p> <p>___ You're piecing together something fragile and profound... a story about who you are beneath the pain.</p> <p>-----</p> <p>___ At the heart of what you've shared is this quiet, persistent desire to heal, and that feels sacred.</p> <p>-----</p>

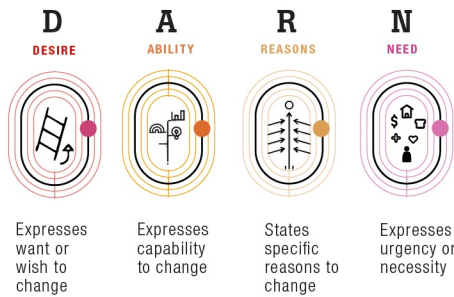
MI / Motivational Interviewing

Core Communication Skills: These are foundational micro-skills used throughout MI to build rapport and elicit change talk.

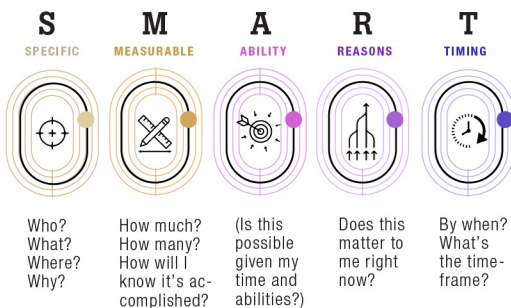


"Why Change"

Types of Change Talk (preparatory): These are statements that signal readiness for change, even before commitment forms:

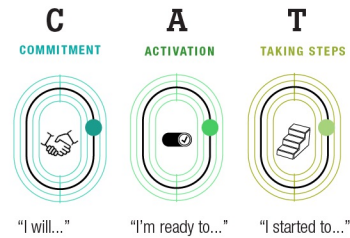


Goal Setting Framework (not unique to MI but often used in parallel)
Helps create structured and achievable goals:



"When & How"

CAT – Commitment Language (mobilizing change talk): These types of talk indicate a shift toward taking action. Think of DARN as the "why" behind change, and CAT as the "when and how."



Optional **Add-Ons** Used in Some MI Contexts:

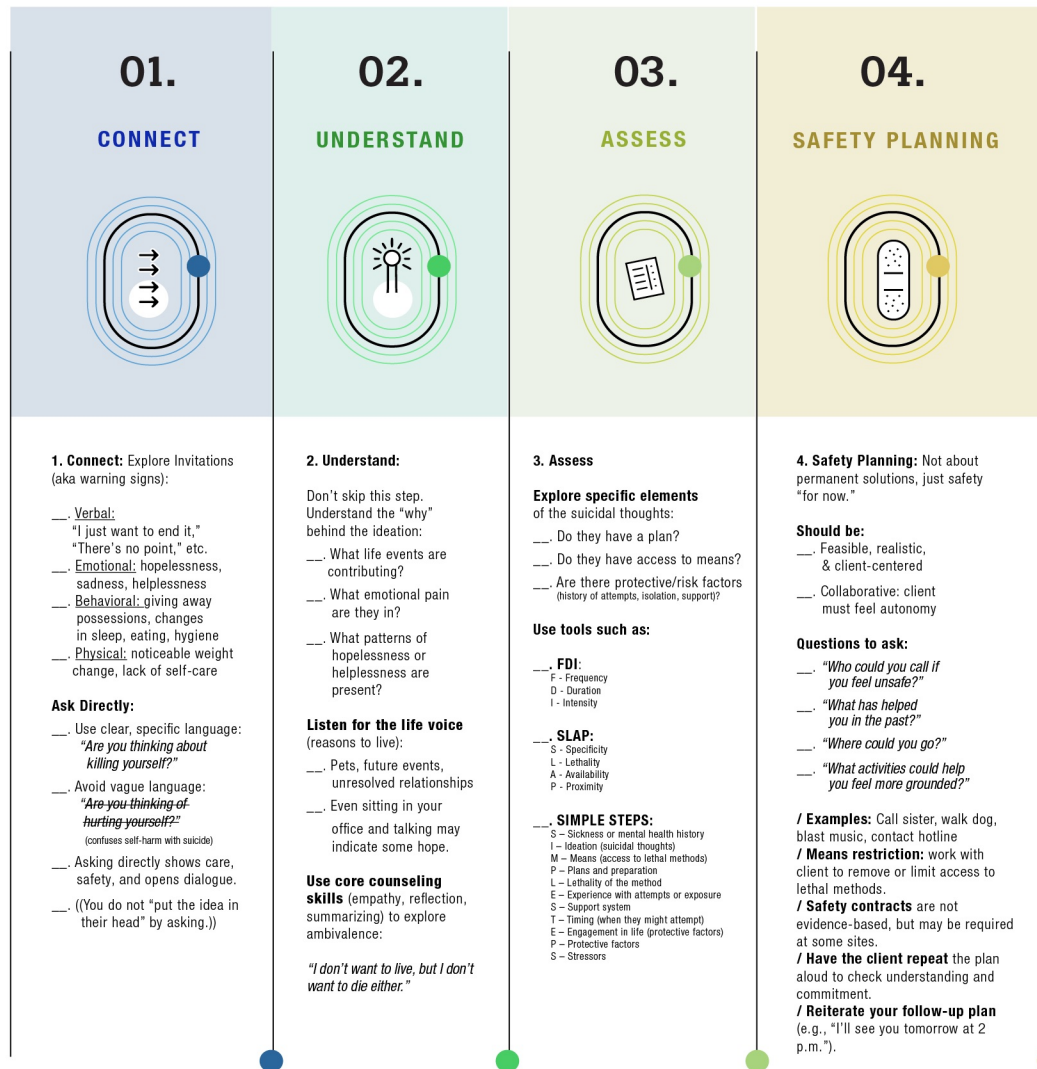
FINE (for exploring resistance)



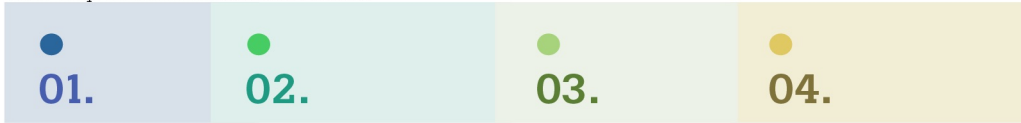
PEACE (sometimes used in MI-adjacent trauma work)



Four-Step Suicide Intervention Process



Four-Step Suicide Intervention Process



01.

1. CONNECT:
Explore Intentions & Ask Directly

"Are you thinking about killing yourself?"

"Have you had any thoughts about ending your life?"

(Avoid vague phrasing like "Are you thinking of hurting yourself?" which can be misleading)

02.

2. UNDERSTAND:
Explore the Why

"What has been going on that's brought you to this place?"

"What's the emotional pain that's feeling so hard to carry right now?"

"What has felt hopeless or helpless lately?"

"What would make things feel even a little more manageable?"

"Can you tell me about anything that's helped you cope before?"

"Is there anything or anyone you still feel connected to?" (e.g., pets, loved ones, goals)

"Do you feel torn—like part of you wants to live, but part of you wants to escape the pain?"

03.

3. ASSESS:
Determine Risk & Safety

"Do you have a plan for how you would kill yourself?"

"Do you have access to the means you would use?"

"Have you ever tried to end your life before?"

"Are you feeling isolated, or do you have support right now?"

"How often are these thoughts coming up?"

"When did you first start having these thoughts?"

"How strong is the urge when it comes up?"

04.

4. SAFETY PLANNING:
Create a Collaborative Plan

"Who could you call if you start to feel unsafe?"

"What's something that's helped you get through hard times in the past?"

"Where could you go if you needed to feel safe?"

"What activities help you feel more grounded or calm?"

"Would it be okay if we wrote this plan down together?"

"Can we talk through the steps you'll take if things start to feel worse?"

"When can I check in with you again?"

"Will you say this plan back to me, so we know it's clear?"

Final Tips

- * This is about stabilization, not fixing.
- * Show unconditional positive regard and presence.
- * Ask questions, reflect, normalize ambivalence.
- * Go slow, listen well, and trust the therapeutic relationship.

Tone and Approach Tips

(not questions, but important!)

- Speak slowly and calmly.
- Stay present and nonjudgmental.
- Reflect and normalize ambivalence.
- Reassure the client: "I'm here with you. We'll work through this together."

SI Four Steps

SI Four Steps