

Practising Motivational Interviewing:  
The **Edinburgh** Interview | 2022

# Notebook

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## Information

[edinburghinterview.co.uk](http://edinburghinterview.co.uk)

This resource consists of the **notebook** and the **recording** of the Edinburgh Interview. These components are accessible online by subscription. The three subscription options:

A **Week**: £15.00 | A **Month**: £30.00 | A **Year**: £60.00\*

Go to: [edinburghinterview.co.uk](http://edinburghinterview.co.uk) | \*GBP

The recording is available **online** during the subscription period. It is not downloadable. The Notebook is downloaded by the subscriber and **retained**.

The use of this resource is governed by the Subscriber's Licence on page [128](#).

## Contact

If you have questions or comments about the Edinburgh Interview, please contact Jeff Allison. Subscribers also have the option to use the online discussion forum.

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## Books

For a comprehensive list of MI books published during the last decade, go to: [motivationalinterviewing.org/books](http://motivationalinterviewing.org/books)

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## Disclaimer

**Practising Motivational Interviewing: The Edinburgh Interview 2022** (the resource) is intended solely for the purpose of training practitioners in Motivational Interviewing (MI). It contains authentic material obtained during clinical practice. Users are expected to treat this resource in accordance with their own professional codes and guidelines. It is expressly forbidden to use this resource for purposes other than those intended by the publisher.

This resource is a guide to understanding the nature of MI and its application in a range of practice contexts. It is not a comprehensive training programme. Practitioners wishing to acquire proficiency in MI are advised to seek professional training and practice development coaching from a suitably qualified person or organisation.

The publisher shall not be liable for any damages resulting from the use of, or reliance upon, this resource. The publisher shall regard the use of this resource as the user's implied consent to this condition.

### Caution

Be advised that some users may find the graphic description of violent assault and trauma in this resource upsetting.

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## Guidance

The guidance below is offered for **individual users**. It is assumed that trainers will have their own ideas as to how best to utilise the resource. Trainers are welcome to contact Jeff Allison should they wish to discuss the possible options.

When **first using** this Notebook, it is recommended to do so in this order:

1. Read the [Disclaimer](#).
2. Familiarise yourself with the **Contributors**; most importantly, **Peter**, the patient, and **Sue Hudson Craufurd**, the nurse practitioner.
3. Listen to the **recording** of the Edinburgh Interview while reading the **Transcript**. Follow the conversation at its own pace – avoid jumping ahead out of curiosity.
4. Thirty **Discussion** points are indicated throughout the transcript. Either click the links as you reach them or, if you'd prefer not to interrupt the interview, leave them until later.
5. Having listened to the interview, you may be interested to read the transcript of the **Conversation** in which Peter talks about his work with Sue.
6. There are four **Commentaries** to read. Start with Sue's thoughts about her own practice. A hard copy of the **Transcript** will be helpful for reference.
7. Finally, having worked through this resource, consider any implications for your own practice: **what aspects of your practice are MI-consistent?**

To help you answer this question, consult the [Motivational Interviewing Practice Blueprint](#). This schema describes ten practitioner behaviour sets considered to be targets for attaining the highest standard of MI-consistent practice. Taken as a whole, the ten targets amount to a comprehensive account of the observable practice of MI *done well*. The targets form an unfolding narrative sequence. Each target definition has its own elaborations, further expanding the description. It's a [free download](#).

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## Contributors

### Peter | Edinburgh, Scotland

Peter is the patient in the Edinburgh Interview. He was referred by his family doctor to a treatment facility within the NHS. His first appointment took place a month later. The referral letter was far from comprehensive. It mentioned that he'd experienced anxiety and depression following a car accident. Peter arrived late and appeared mildly intoxicated.

At the time of the first appointment, Peter was forty years old. He was divorced, recently unemployed and living with two of his three children. He'd married in his late teens, his wife had twin boys soon after, and a daughter a year later. The marriage ended when Peter was twenty-four years old, and the children continued to live with him rather than their mother.

In that same year, while walking alone along a city street, he was the victim of a random violent assault in which the assailants ran him down with a car, drove back over his legs, then got out the car and beat him. Peter sustained life-threatening multiple injuries.

The police treated the attack as attempted murder, although no one was ever charged. It was believed that the motive for the attack was Peter's support for a rival football team, indicated by his scarf. He almost died because of his injuries: a fractured skull, broken collarbones, multiple leg fractures, several broken ribs, and a fractured jaw. The psychological trauma was incalculable; he vividly recalled his assailants running the car over his legs and stamping on his head until he lost consciousness. Peter was in hospital for four months but discharged himself, against medical advice, to look after his children. His sons were then four years old, and his daughter three. Although he made a remarkable physical recovery, he had extensive scarring. He wore a leg calliper for a year after leaving hospital and had a metal plate in his skull.

Peter regarded this event as a significant catalyst in the intensification of his alcohol problem. He had been drinking excessively from the time of the assault until his first appointment, more than a decade and a half later. At that time, he was living with two of his children, one of whom rented their accommodation. As a result of falling behind with the rent, the family were due to be evicted, which was the cause of great strain and argument.

During his first appointment, Peter reported drinking approximately 250 standard units per week (1 UK unit = 10ml or 8g of pure alcohol). In later conversations he disclosed that, on some occasions, he might drink an *additional* 200 standard units per week. This level of alcohol consumption is within the top 5% for men in Scotland.

Six months after his first appointment, Peter agreed to spend a day with Sue and Jeff, listening to the recording of that appointment, and discussing its contents and

consequences. Those discussions provided the source material for a good deal of this Notebook. By that time, Peter and Sue had met for ten appointments. The dramatic transformation of his lifestyle becomes clear in the discussions to be found later in this Notebook.

Peter gave his informed consent for the publication of this resource.

### [Sue Hudson Craufurd | Edinburgh, Scotland](#)

Sue works as a trainer and coach in the National Health Service in Edinburgh, supporting staff to deliver evidence-based therapeutic approaches to people who struggle with substances. She was a visiting lecturer for several years at Glasgow University and works in collaboration with NHS Education for Scotland to support the practice development of staff working with clients. She also trains individuals who offer coaching to staff. Sue is a longstanding member of the MINT and has been involved in its Training for Trainers programme.

Sue is the practitioner in the Edinburgh Interview.

### [Steven M. Berg-Smith | Fairfax, California, USA](#)

For more than thirty years, Steven has worked as a health educator, behaviour change counsellor, coach, consultant, and trainer of motivational interviewing. He's a member of the MINT. Since 1994, Steven has facilitated more than 1200 MI training events, both in the USA and internationally, and supported many thousands of professionals in developing MI proficiency.

Steven's website: [berg-smithtraining.com](http://berg-smithtraining.com)

### [Tom Barth | Bergen, Norway](#)

Tom is a clinical psychologist and MI practitioner. His special interests are addictions, dual diagnosis, mental health, and health counselling. He has extensive experience as a trainer, coach, and group supervisor, working throughout Scandinavia and beyond. Tom has been a member of the MINT since its foundation. He has co-authored four Scandinavian MI textbooks.

### [Jeff Allison | Edinburgh, Scotland](#)

Jeff is a trainer and coach. He helps practitioners manage awkward conversations where problems of behaviour change are centre stage, using MI as the reference style. During the last twenty-five years, he has provided training and practice development coaching for more than 300 commissioning organisations in 18 countries, in the fields of health, addictions, criminal justice, social care, employment guidance and MI research. He is a member of the MINT. Jeff assembled and edited this Notebook.

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## Transcript: Sue interviews Peter

There is nothing remarkable about the Edinburgh Interview, other than the fact that it was recorded. Every day, all over the world, MI practitioners and their patients are struggling to make sense of the dilemmas in which they find themselves constrained. But rarely are these conversations recorded, and it's rarer still that the parties later agree to document their collaboration.

This is an everyday example of MI done well enough to make a difference. If this interview was untypical of competent MI practice, it could serve no useful purpose for training and practice development coaching. It was just an ordinary working day for the nurse practitioner, but for the patient, it was a day that literally changed the course of his life. It was an extraordinary ordinary day. This resource aims to increase the frequency of such days.

Sue recorded the interview in preparation for a monthly practice development meeting in which she and her colleagues took it in turns to present their work. Jeff Allison was the group's trainer.

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ABSTRACT



## Key

The recording of the interview lasts **52 minutes**. The interview itself lasted a little longer. Introductions and explanations were not recorded. The ending was inadvertently curtailed when the minidisc recorder ran out of space. Nothing of significance was lost.

**Elapsed time markers** are provided to assist the user in quickly locating a particular segment in the recording. A marker may be found towards the top of each page of the transcript.

**Discussion markers** are provided to indicate a line in the transcript that prompted a corresponding discussion. See: [Discussions](#)

plain text	Peter's speech
<b>bold text</b>	Sue's speech
[text	Where one person interrupts the other
~	Where both speak at the same time
((text))	An explanation, or implied speech added to clarify meaning
text-   text/	A presumed incomplete word or utterance
<u>text</u>	See <a href="#">Glossary</a> on the next page
<i>text</i>	Where a word or phrase is given particular emphasis
{?}   {? text}	Indistinct speech: no transcription, or 'best guess'
(pause)	A significant pause of 2-5 seconds
(long pause)	A significant pause of more than 5 seconds
<b>[24.05]</b>	An elapsed time marker
<b><a href="#">{D-18}</a></b>	Click the marker to read the discussion. At the end of each discussion is a link to return to the marker.

## Glossary

The numbers in the left-hand column below, refer to the line number in the interview's transcript containing the first instance of the word or phrase.

The patient and practitioner heard in the recording are both Scottish. It was decided that because there are no commonly agreed spellings to represent in writing Scottish pronunciation or colloquial speech, the interview would be transcribed in standard UK English. For this reason, the transcript may appear briefly to depart from what is heard in the recording. It is assumed that it will be easier for users outside Scotland, or those for whom English is a second language, to follow the conversation in standard English.

- 5 Export | a type of beer (ABV = 5%)
- 13 hit and run | a road accident where someone is hit by a car that doesn't stop.
- 15 aye | yes
- 17 trachy | tracheotomy
- 19 Hibs casuals | at the time of the assault, 'casuals' were groups of young men who identified with particular football (soccer) clubs and adopted a singular dress code. For some, violence toward supporters of opposing teams played an integral role in the 'culture' of the group.
- 19 Hearts and Hibs | two Edinburgh football clubs: Heart of Midlothian FC and Hibernian FC. A long-standing rivalry, based partly on supposed religious affiliation, exists between some supporters of the two teams.
- 19 dyke | stone wall
- 25 wee | little, small
- 25 eh | a common Scottish utterance ending a sentence, seeking agreement, confirmation of understanding, or inviting a comment.
- 25 stookies | plaster casts
- 25 bairns | young children
- 33 nightie | a woman's nightdress
- 43 strimming | cutting grass with a strimmer machine
- 43 bumped me out the door | terminated his employment
- 54 **Gosh** | an expression of surprise (in this context)
- 79 Portobello | a suburb of Edinburgh, with a promenade and a sandy beach
- 83 Aberdeen | Scotland's third city, 100 miles north of Edinburgh

- 85 Groundsman | a person responsible for playing fields (in this context)
- 89 to bits | to the utmost degree, excessively
- 89 lassie | girl, young woman
- 99 watch | look after, baby-sit (in this context)
- 99 grandbairns | grandchildren
- 99 the day | today
- 99 Wester Hailes | a district of Edinburgh
- 109 the dry boak | retching
- 115 ken | know
- 117 teetotaller | a person who does not drink alcohol
- 127 Cannonmills | a district of Edinburgh
- 127 pub | a public house, a bar
- 129 bladdered | intoxicated
- 129 Andy Pandy | a children's television character (a marionette) first broadcast in the 1950s
- 129 mental | crazy (in this context)
- 158 the Royal Ed. | the Royal Edinburgh Hospital, a psychiatric hospital
- 158 Mountcastle | a district of Edinburgh
- 160 section | to be 'sectioned' means to be committed for treatment, under a section of the relevant mental health legislation.
- 173 och | a Scottish word used to express a range of emotions, typically surprise, disbelief or, in this context, regret.
- 173 tellies | television sets
- 175 booze | alcohol
- 180 thick | stupid (in this context)
- 190 top myself | kill myself
- 205 the Fort | a City of Edinburgh housing scheme, built within the walls of the old Leith Fort (circa 1780s), and demolished in 2012.
- 241 fighting fit | in excellent health
- 247 weirdo | a strange or eccentric person
- 248 **Cheshire cat** | the Cheshire cat is a character with a wide grin in Lewis Carroll's book, Alice's Adventures in Wonderland (1865)

- 251 Andrew Duncan | a clinic within the Royal Edinburgh Hospital. Dr Duncan was instrumental in the founding of the REH in the early nineteenth century.
- 279 come ahead | a provocative invitation for a fight
- 281 Craigmillar | a district of Edinburgh
- 384 Nutcase | a mad person (in this context)
- 305 Clovenstone | a part of Wester Hailes
- 305 **screw the nut** | take it easy, drink less (in this context)
- 323 half-guttered | partially intoxicated

Before we begin, a thought ...

'Every word has repercussions. Also, every silence.'

Jean-Paul Sartre

Les Temps Modernes 1945

ABSTRACT

1. I'm here because my daughter asked me to come here, and the doctor, asked me to come.
2. **So you're only here because your, because, people kind of suggested that you come along.**
3. Yeah, well I've, been drinking, something like (pause) eight, nine litres of cider a day. **{D-1}**
4. **Mm, what do you think about that then?**
5. Well, nothing else to do. And if I, if I actually come into some money, when, when I do actually work, and I actually come into money, I'll go out and I drink, *Export*. **[Oh, Right.** It's totally different from cider, eh?
6. **Why's that then, what's the difference?**
7. Eh, no, I've always been a, a beer drinker, but, cider's cheaper and you can get it in the house. You can get big bottles and you can take it into the house, and, that's just the, the easy option.
8. **The easy option to/**
9. Well, it's either that or you go out and have, four pints where you can have, four *bottles* in the house **[Right.** for the same price. **[Right.**
10. **So what, what is it, I suppose I'm wondering, what, what are you looking for in, in this, you know, in the way you're drinking.** (pause) **I mean you're into the value-for-money thing, obviously [You're/ you're saying that.**
11. You're asking an empty question, here.
12. **What do you mean by that?**
13. (pause) I've, I've been drinking constantly, since, nineteen eighty-eight. Since I got smashed up in a hit and run in Ferry Road. **[Uh-huh.** And, I've, that's, my, my escape. **{D-2}**
14. **The drinking.**
15. Aye, because I don't have to, I just *drink* and then go to sleep, but, I was bringing up three children on my own at the same time, at twenty-four years old. So I had them to look after, then, the hit and run came after that, and, it's just never been an easy life. ((emergency vehicle siren in background))
16. **You/ Can I just clarify? So you ran someone over, or [No, no, I got hit. someone you knew got hit? [Yeah, I got hit. Uh-huh.**
17. Yeah, four guys got out the car and, stamped on my head. I've got a steel plate in here, I've got a fractured skull, I've got a trachy here, broke every one of my ribs, both my collarbones, did the ligaments of both my knees, and I lost the use of my right foot. And I had a metal calliper on my leg for a

year, and at the same time, I was taking my three kids to nursery school, and taking them back again, and having to go like that ((patient demonstrates)) every time I wanted to sit down.

18. **[03.00] Uh-huh. So, rather than just being a hit and run, it was more like a/ [Attempted murder. Is that what it was?**
19. It was Hibs casuals. **[And did they know/** I was on my way home from a Hearts and Hibs game, and they took my Hearts hat and scarf, and they took one of my shoes, I don't know why they only took one of my shoes, but they took my Hearts scarf and one of my shoes, (pause) and they left me lying in the middle of Ferry Road, right, right at the top of Warriston Road where the crematorium is. **[Uh-huh. You know the big dyke?**
20. **Uh-huh, yes I do.**
21. Well I bounced off of that, and went back through the windscreen, they pushed me off of that, reversed the car onto my right foot, and they got out of that, *knowing* that my legs were snapped, and they danced all over me, from there, up to there. ((patient indicates where))
22. **What an awful thing to happen.**
23. I chewed my tongue out through there, my tongue came out through my, my bottom lip. (pause) But as I say, part of life, in the wrong place at the wrong time.
24. **It sounds like life really *changed* for you after that happened to you. {D-3}**
25. Oh aye. Just a wee bit, eh? A single parent, you're walking about with, stookies on both legs, you've got crutches. You're trying to get three bairns along to a nursery school.
26. **So like you say it just, it wasn't an easy life, and it hasn't been an easy life for you since that time.**
27. No, it's never been easy. **[Never been easy.** It's never been easy. (pause) Never been easy. Since I was about, seventeen it's never been easy. **[Mm-hm.**
28. **And the alcohol's, your way out [I onl/ as you say, an escape of some kind? [Well, I onl/, I onl/, I only started, I only started drinking when I was nineteen. Right.**
29. Just before I, became a dad for the first time. **[Uh-huh.** Twin boys, first time round, eh, here we go, twenty-one.
30. **A lot of responsibility.**
31. Aye, well, especially with the, the ex-wife I had.
32. **So things weren't going well between you and her.**

33. No it was a case of, I used to come home from work, feed the kids, lunchtime, have my own break, go back to my work, run all the way back down again at night, feed them again, and run all the way back and do my work again. She's still, sitting about with a nightie on.
34. **[05.24] So, from how you describe it, it sounds like you've kind of more or less been a single parent from the point you *became* a parent.** [From twenty-one year old, aye. **Yeah. A lot of responsibility on your shoulders.**
35. Well I, well as I say, a single parent from, twenty-four, onwards, **[Uh-huh, anyway** legally ~ **Legally.** but, I, I had to, I actually had to give up my job to look after/ **[The children.** When, when my, my daughter was born in eighty-four, I had to give up my job, and I just, started then, the drinking.
36. **Really hitting the drink.**
37. Oh aye, nothing else. And then, you get to, eight, eighty-seven, I get smashed up by a car, really good luck for *me*, eh?
38. **So you feel you've been dealt a lot of hard knocks really.**
39. Oh, I definitely have. **[Mm.** I definitely have.
40. **And the drink somehow helps with that? As you see it.**
41. Well, it, keeps me going. **[Does it? Mm-hm.** It's the only reason I get out my bed in the morning. I'll not leave my house until I've had a, pint of cider.
42. **So, has the drink almost become a reason for living?**
43. No, I've, I've been out working and everything, eh, I've been, I've been working *hard* over the last, year and a half. I was, I was giving it big, big time with the, strimming the grass verges on the motorways and all that. **[Right.** I was doing fifteen miles a day. **[Uh-huh.** And then, they turned round and paid me off and says, 'We don't need you because, other guys can do it, you're only an agency guy.' So they bumped me out the door, six weeks ago.
44. **Uh-huh, uh-huh.**
45. Things like that, just kick you back. **[Knock you back.**
46. They do, th- they really *do* knock you back, **[Mm-hm, mm-hm.** and you just go, **[What's the point.** 'Why even bother?' **[Yeah, what's the point, why bother.** ~ why even bother. **[I'm just going to get kicked in the teeth every time I try hard.** And that's/ I'll just buy another bottle of cider and sit in my house and watch the telly. **[Uh-huh.** At least nobody can hurt me there. **[Right.** Know what I mean? And, there's *no* way, I'm *ever* going to give up drinking, I know that for a fact. **[Mm-hm. {D-4}**
47. **You really can't see life without drink at all.**

48. No, no, I, I really, I d-, I don't function, I don't function without alcohol in my body. I'm like that ((patient shakes his hands)) in the morning. My daughter'll say to me, 'Dad, go and make me a cup of tea.' I'll make her a cup of tea. I hand it to her and I'm like that and she'll go, 'What you shaking for?' **[Uh-huh.** It's just, 'cos, I've not had nothing to drink.
49. **[07.53] So what do you think that's about? What's happening there, you know, when you're shaking like that? {D-5}**
50. I'd, I've got to have alcohol inside my system. **[Uh-huh.** And I, I just can't cope without it. **[Right.** And it, it *is really* bad.
51. **It sounds it.**
52. Aye. Well, I'm going back twenty years, eh, come on. I've been relying on that, all this time, **[Mm-hm.** and I really, cannot, see myself, surviving without anything. ~ **Without it.** No. ~ **Right.**
53. **So it really is a question of survival for you, having drink in your life.**
54. I only f-, well I found out yesterday, eh, just along the road there, down the, the Vine Bar? **[Yes.** One of the guys that was at college with me, in nineteen-eighty- er, nineteen-seventy-nine. I just found out he's died of alcohol poisoning. **[Gosh.** He was two years younger than me, and I know one of my uncles drank himself to death, and my granddad, he died at, what, fifty-seven, my dad was only, fifty-seven, my un-, my other uncle was forty-three, there's, there's *nothing* going for me.
55. **What do you think that means then, all these people that are related to you that died?** [This is all the guys that were healthy. I'm the one that's surviving. **Yes.** ['Cos I'm keeping it going. **Uh-huh.** [I'm pickling everything inside me. I actually think the alcohol keeps me alive. **{D-6}**
56. **Do you?**
57. Aye. **[So/** I, I was told by the, the specialist, after the hit and run, I was told by the guy, that operated on me for this, that, the collarbones and the knees, I was told by him that, the fact that I was drunk saved my life, because I didn't die of shock when I bounced off the wall. **[Right.** He says, 'You didn't die of shock', he says, 'You passed out.' I says, 'But I was still awake when I seen these guys standing on my head.' He says, 'Aye, but you just/', he says, 'You were sort of hovering.' **[Mm-hm.** and I went, 'So alcohol *saved* my life.'
58. **So when you think about it, you see alcohol as being, a good thing in your life.**
59. Aye. It's, a saviour for me, eh? **[Yeah.**
60. **And there are absolutely no, problems whatsoever as you see it that are being caused by your drinking. {D-7}**



61. Well, I've never been ill for, what, ten years?
62. **Uh-huh. So no health problems related to** [No. **drinking.** [No. **No.**
63. **[10.22]** I used to, I used to be on asthma inhalers when I was, at the, Leith Mount surgery before. I was on asthma, asthma eh, Ventolin, and Becotide, **[Uh-huh.** right? But that's, that's going back to, eighty-nine, ninety, and, then I just sort of grew out of it, **[Yeah.** and I've had nothing since. That was the stress of becoming a dad, that brought them on, eh? **[Right.** Eh, I've had nothing since.
64. **Excuse me. So, the way you describe** ((practitioner sneezes)) **yourself is, almost like, in comparison to all these other people who've** [Aye, I'm pickled. **died, through drink, you're kind of indestructible somehow.**
65. Well, that's, that's what I keep telling my daughter.

*Twenty minutes of the transcript abstracted here*

210. **[32.32]** **So you know all these people that have drunk themselves to death** [Aye. **and yet, and yet you're going to do it.**
211. Aye, I just, I just can't stop. It's/
212. **You really don't care whether you live or die.**
213. Uh-huh, well not after, the hit and run, eh, I just ((think)) 'Why am I on this planet?' **[Hm.** I shouldn't be here, I should've been dead, in nineteen eighty-seven. **[Uh-huh.** (pause) Erm, my kids, my kids, I think they've sort of resigned themselves to this fact.
214. **They've given up on you.**
215. No, my daughter hasn't obviously. ((She's)) Why I'm here. **[Mm.** I only did this to please her. **[Mm.**
216. **That's the only reason why you're here.**
217. (pause) Aye. ((spoken very quietly)) **[Mm.**
218. **So,** ((practitioner sneezes)) **excuse me. Is you- is your view then that we should all just leave you alone and let you drink yourself to death?** (long pause) ((patient sighs)) **No-one can help you.**
219. Erm. (long pause) I think maybe that I, I would like to last a wee bit longer, **[Mm.** and see my daughter married. **{D-15}**
220. **Aye. You love her. Mm.**
221. *Definitely.* **[Mm.** I think I would love to see that happen. **[Mm.** I'd like to be alive.

222. **That gives you something to live for.**
223. That's going against everything I've just said, eh?
224. **Who said human beings are logical?**
225. It was when you brought my daughter into this.
226. **Was that a bad thing to do?**
227. No, not at all. She loves me to bits. [Mm. The only parent she's had since she was six months old. [Mm. She loves me to bits and I love her to bits. [Mm.
228. **She knows, how much effort you've put in over the years to her. What you had to go through.** (long pause) **It sounds like she wants to look after you now, you looked after her.** {D-16}
229. Maybe that's how, maybe that's how it's, working out. [Mm. Sorry. ((patient becomes tearful))
230. **It's upsetting for you, isn't it, when you think like this?**
231. [35.19] Sorry. (long pause) ((practitioner goes across the room to get some tissues)) God, that's sharp. ((patient hits himself on the face with the corner of the tissue box)) Thanks. ((practitioner gives a tissue to the patient))
232. **So it sounds like there's a bit of you does want help, and there's a bit of you does want to change, but maybe you find it difficult to think what to do.**
233. I just can't, imagine life without alcohol. [Yeah. It's got to be there first thing in the morning. [Mm. I've been out and done hard jobs and everything eh, strimming grass fifteen miles a day and all that. That was only just, two months ago. {D-17}

*Fourteen minutes of the transcript abstracted here*

317. **Uh-huh. So it sounds like you might entertain the possibility of even just trying to, screw the nut a bit.**
318. I would, I *would* cut it down, but I can't see me going, absolutely, alcohol-free. [Uh-huh, uh-huh. I can't see that happening. [Right.
319. **So it's important that we aim for something that you feel is achievable, and something you want to aim for.**
320. But I, I honestly can't see it going to, alcohol-free [Right. 'cos/
321. **Well, maybe we need to take things in stages then and we'll, maybe try and work together and look at ways that we can help you, get some**

- control of your drinking.** [I can't understand how patient you've been here, do you know that? [{D-28}](#)]
322. **You're not used to people listening to you like this.**
323. No it's, aye you're just taking it all in your stride. I would have lost my head by this time, if I was, [**Would you?** listening to somebody that was, half-guttered.
324. **I've, I've really, appreciated you coming along here today and I mean I, I feel/** [I'm sorry I was late by the way. **That's okay. I feel/** [I was in The Vine bar. **Yeah.** [I had to ask somebody in there how to get here.
325. **Okay.**
326. I was going down Mill, well the, doctor ((name excised)) told me to go down Mill Lane. [**Yes.** And it's nowhere near Mill Lane, it's on the other side of the street. [**I know, I know.** An half an hour, half a mile along. [**Yeah.**
327. **So, so can we run back a couple of sentences? That sounded** [Right. **to me like you were trying to, make some kind of plan, to do something.**
328. [\[50.59\]](#) *To cut down.* [{D-29}](#)

*Five minutes of the transcript abstracted here*

At this point the recorder ran out of disc space and stopped. The interview concluded shortly afterwards.

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## Conversation: Jeff talks with Peter

This conversation took place six months after Peter's first appointment with Sue. Its purpose was to discuss the recent changes that had taken place in his life, and the extent to which Peter attributed these changes to his work with Sue during this period. She was not present during the conversation.

Earlier the same day, Peter, Sue, and Jeff had listened again to the recording of his first appointment – the Edinburgh Interview.

Note that the recording from which this transcript is derived is not available in this resource.

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ABSTRACT

## Key

Note that in this transcript it is the **patient's** speech that is given as **bold** text, whereas in the transcript of the patient's interview it is the practitioner's speech.

<b>bold text</b>	Peter's speech
plain text	Jeff Allison's speech
[text	Where one person interrupts the other
((text))	An explanation, or implied speech added to clarify meaning
text/	A presumed incomplete word or utterance
<u>text</u>	See <a href="#">Glossary</a> on the next page
<i>text</i>	Where a word or phrase is given particular emphasis

ABSTRACT

## Glossary

The numbers in the left-hand column refer to the line number in the conversation's transcript containing the first instance of the word or phrase.

- 4. **aye** | yes
- 5. **pub** | a public house, a bar
- 12. **port-wine stains** | a reference to a discussion about Mikhail Gorbachev, the last leader of the Soviet Union. The prominent crimson port-wine birthmark on Gorbachev's forehead was the source of much attention from critics and cartoonists.
- 16. **Simon Weston** | a British Army veteran who suffered severe burn injuries during the Falklands War in 1982. He became well known throughout the UK for his heroic struggle to recover.
- 26. **eh** | a common Scottish utterance ending a sentence, seeking agreement, confirmation of understanding, or inviting a comment.
- 26. **wee** | small, little
- 34. **'cos** | because
- 34. **pop out** | visit (in this context)
- 46. **bender** | a period, perhaps of some days, during which an excessive amount of alcohol is consumed.
- 64. **the Pentlands** | The Pentland Hills, a range of hills south of Edinburgh
- 70. **parents' nights** | an occasion when parents and their children's teachers come together, usually outside normal school hours, to discuss their children's work and progress.
- 80. **lose the plot** | to lose concentration, direction, or sense of purpose
- 129. **Housing** | The City of Edinburgh Council Housing Department
- 131. **Aberdeen** | Scotland's third city, 100 miles north of Edinburgh
- 134. **wake** | A gathering held usually after a funeral service. An opportunity for friends and family of the deceased to comfort the bereaved, share memories, and celebrate their life.
- 135. **cracking up** | becoming particularly upset (in this context)
- 178. **Hibs** | Hibernian Football Club
- 180. **Leith** | the port area in the north of Edinburgh
- 180. **Easter Road** | the stadium of Hibernian FC is just off Easter Road. Significantly, it was allegedly supporters of this club that assaulted Peter.

1. So since last July, when you first came here, [**Mm-hm.** to see Sue, you've met about, nine times, and, what I'd like us to discuss, is this; given that your alcohol consumption has, declined, quite markedly, [**Mm-hm.** whether, you yourself think this has been, to any extent, as a consequence of the work you've been doing with Sue and the conversations you've had with her.
2. **Definitely.**
3. Now, you immediately say '*definitely*' as if there's a *clear* connection.
4. **There is, aye, because, if I didn't come here that day, I would never have even contemplated cutting down. I would still have been drinking, nine litres a day, and then going out.**
5. And then going to the pub.
6. **Aye.**
7. And it didn't happen immediately, it was a few weeks, probably, the third, [**The third meeting, aye.** the third meeting.
8. **By the third meeting I'd, I had cut down, I was going, a couple of days a week without a drink.**
9. A couple of days a week, without a drink [**Aye.** by that time. [**Aye.** Mm-hm.
10. **And Sue actually breathalysed me on the third meeting** [Mm-hm. **and she said, 'You've got very little alcohol in you.' I said, 'I had one drink this morning.'** [Mm-hm. **I'd had a drink about five o'clock in the morning** [Mm-hm. **and that was the only one I had for the rest of that week.**
11. Was that when you woke up?
12. **Aye** [Mm-hm. **and I had nothing else for the rest of the week. Because, she seems to leave me every meeting, with, she leaves me with something to think about,** [Mm-hm. **like that time with the, the port-wine stains, and I went away and had a shave and didn't *hide* my scars any more.** [Yeah. **Because I was really, conscious of them, especially that one** ((indicating a big scar under his chin)).
13. So, before, you had much longer hair, and a beard, [**Aye.** and that was just to hide the [**Just to cover the scars, aye.** the scars.
14. **Because when people see somebody with loads of scars on their face, they don't think, 'accident victim',** [No. **they think, 'hooligan',** [Yes. **'thug', straight away, but she got me thinking about it, and that changed my attitude towards that.**
15. And now you've got quite short hair, and you're clean shaven, [**Aye.** and, do you think about yourself differently?

16. **Aye. Well, it doesn't bother me now. She mentioned about that Simon Weston as well, aye, [Mm-hm. him from the Falklands and, and I, [The soldier who got badly burned. aye, and I said, well if *he* can walk about the street like that, *anybody* can do it. [Mm-hm. I says, 'Let them look if they want to from now on.' [Mm-hm. They're just being stupid, and I just, I went home, cut my hair and I had a shave. Now I cut my hair every two weeks.**
17. Mm-hm. If you think back to that first appointment, the one that's recorded. **[Mm-hm. Before you came to that appointment, you didn't really have any intentions of doing anything about *anything*, [I didn't, no. and you went just because, your doctor had suggested it, and your daughter had asked you.**
18. **I only registered with the doctor because my daughter thought I should have a check-up, because I hadn't had one for six years.**
19. Mm-hm.
20. **So, as I say, I went, I registered with the doctor. I got an appointment with the nurse, the first visit. Then, there was an appointment made for me to see the doctor. She checked my blood and everything and told me about the urine sample that everything was clear on that.**
21. And suggested/
22. **And I mentioned to her about the drinking. [Yes. I said, 'My daughter's worried about me because I'm, I'm really drinking far too much.' And she suggested coming here ((to the clinic)).**
23. Mm-hm. And your daughter supported that.
24. **Aye.**
25. So, you came here with no expectations, no intention of changing, and yet, over the months, since that first appointment, things have changed quite dramatically. Now, the big question is *why* you think, that it's down to your conversations with Sue. What *is it* about these conversations that has made a difference?
26. **Well, she's, she's got me thinking totally different, about, my lifestyle and, exactly what I'm doing, eh? Now I want to go out and find a job. [Mm-hm. I want to get settled again. Get settled in my own wee place. God! I've got *everything* to live for now.**
27. To hear you say, 'I've got *everything* to live for now.' is very different to what you were saying **[I know. at that first appointment.**
28. **Last year, I felt, I didn't want to be on the planet.**
29. So, something about, the way, she conducted the interviews, caused you to think/



30. **Aye. She gets me thinking every time I'm in here** [Yes. about something different. It's quite good, 'cos I go away, and I have a discussion with my daughter. [Uh-huh. It's, something I never used to do and, I actually, I make up my mind to do something different that week. Like, I'll, I'll take up fishing again, or I'll, I'll start hill-walking again, something to, fill in the time.
31. Mm-hm.
32. **And I've been doing that over the last, the last few months.**
33. Where have you found the, the energy, the enthusiasm to make these changes? Because, before, all your enthusiasm and energy was going into/ **[It was all going to the pub.** Yeah. So why, what's happened to, make things so different?
34. **Well, I've stopped fighting with my kids, which is a good thing.** [Mm-hm. I'm seeing, my grandchildren, a hell of a lot more than I was, '**cos their mother knows I'm sober all the time, yeah?** [Yeah. I can go and see them any day of the week now, whereas before, I had to phone up and say, 'Is it okay to come up?' or, 'You needing a babysitter this weekend or anything?' but, now I can **pop out** anytime.
35. It really does seem like you've found a whole new way of thinking about your life, and what you want to *do* with your life, **[Mm-hm.** and your relationship with your family. And you, *yourself*, attribute that, to the time spent discussing here.
36. **Well, if I didn't come in here, I would never have changed. I, I wouldn't have even, I wouldn't have *thought* about changing. I thought I was coming here for one visit and that was it over with,** [Yeah. but I've missed, what? two appointments, and when I've been sent out a replacement, I've turned up.
37. Mm-hm. So, something very important has been happening in these conversations, and it, it's difficult to put your finger on it, **[Aye.** as to what it is, **[I know.** but it does seem like you've *valued* the way Sue's talked to you. **[Aye.**
38. **The, coming here, it gives me something to focus on, something to, I've got something to report to her every time I come in, that I've done something else,** [Mm-hm. and I'm making an improvement, you know, I just keep, trying to find something new to come back and say every time I'm here.
39. But you're not doing it for Sue.
40. **No, I'm doing it for me.**
41. But it's nice to be able to talk about it.
42. **Aye.** [Yes. I mean, I've got somebody that'll listen.

*Nine pages of the transcript abstracted here*

ABSTRACT

## Discussions: Sue, Peter and Jeff revisit the interview

The following discussions were recorded six months after Peter's first appointment. Sue, Peter, and Jeff listened to the recording of that appointment while reading the transcript. As they went through it, they stopped to discuss particular moments and themes.

The recording from which these transcripts are derived is not available with this resource.

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ABSTRACT

## Key

Note that in these transcripts it is the patient's speech that is given as **bold** text, whereas in the transcript of the patient's interview it is the practitioner's speech.

The heading, '**Prompted by line ...**' refers to a line number in the transcript of the Edinburgh Interview.

<b>blue text</b>	A reminder of the line prompting that discussion
<b>bold text</b>	Peter's speech
plain text	Sue's speech
<b>purple text</b>	Jeff's speech
[text	Where one person interrupts another
((text))	An explanation, or implied speech added to clarify meaning
text/	A presumed incomplete word or utterance
<u>text</u>	Glossary explanations are provided below the discussion
<i>text</i>	Where a word or phrase is given particular emphasis

## 1 | Prompted by line 3

Yeah, well I've, been drinking, something like (pause) eight, nine litres of cider a day.

1. **Eh, well, I've put down there I'm drinking eight or nine litres of cider a day, but I was going to the pub after that.**
2. *That was what you were drinking in the house.*
3. **Yeah, then I was going out, and spending the whole day in the pub. That was my breakfast. [Your breakfast. That was before, like half past twelve, one o'clock.**
4. *Mm-hm. You'd spend the afternoon in the pub, [Yeah. and the evening.*
5. **Yeah.**
6. *Do you have any idea how much you might have drunk on a typical day, in addition to the cider in the house?*
7. **Probably about ten pints.**
8. *What were you drinking?*
9. **Export. If I went out without drinking cider, I was drinking over twenty pints a day.**
10. *Right, so if you didn't have anything in the house/ [I was drinking over twenty pints a day.*
11. *You'd go out earlier [Yeah. and then drink maybe twenty pints. And how many days a week would you be drinking like that?*
12. **Five or six. [Five or six days. Yeah. [Uh-huh.**
13. *I think the interesting thing, about that, where you were saying that you were drinking, eight or nine litres of cider a day, it was quite *hard* for me not to/ [To laugh. No, not to *laugh*, no, it was quite hard for me not to go, 'Oh, for goodness sake!' 'Cos, to *me*, even/ [Well, as I say, that's just my **breakfast**. But even considering all the people that come here, to see me, this is far and above, what ninety-nine percent of people would drink. So, I found it quite hard to, not react to what you said there and say, 'Oh!'*
14. **Nine litres of cider doesn't even get me drunk.**
15. *Didn't get you drunk.*
16. **Doesn't get me drunk, it makes me happy. [Uh-huh. But I'm not drinking that now though. [No. I don't even, I don't even drink that a week now.**
17. *Okay. We'll come on to talk about that later.*

18. Yes. So, I suppose what I'm saying is, when I said, 'Mm, what d'you think about that then?' Really, it took all, it took quite a lot of/ **[I take it that was an under-breath 'Jesus Christ!'**
19. Well, it *was* a bit, because I was trying to find a way to not, react to that and make you think, 'Oh, my God!' you know? Because I thought you would *respond* differently to *me* if I'd *said* that, I think.
20. When you, answered, 'Well, I've been drinking something like eight, nine litres of cider a day', that was an intentional under-estimate.
21. **Oh aye.**
22. Why would you choose to, say that, rather than *exactly* how much you were drinking?
23. **Well, maybe I felt just exactly how Sue did when she went, 'Mm'. I didn't want her to go, 'Oh, he's boasting now'. There's people turn round and say, 'You can't possibly drink that.' but it's easy. Your body just gets used to it. It's when you *stop* drinking your body starts rattling all over the place.**
24. It wasn't that I didn't believe you, it's just I was quite shocked. **[Oh!** That was what I felt.
25. So, you were hesitant to tell her the *truth*, partly because you didn't want her to think you were bragging.
26. **Well, if you tell somebody in a pub that you can drink all that, they go, 'Aye right, so you can!' [They'd think you're a hard man. And then they challenge you. They challenge you to a drinking contest sort of thing, eh? I've been stupid enough to do that a few times.**
27. Was part of it because you were concerned that she would've, if you told her the *truth*, she would/ **[She would've probably thought I was a lost cause.**
28. Ah-huh. So you were giving her a *bit* of the picture, but not the whole picture.
29. **Uh-huh, aye.**

23. **Rattling** | the effects of alcohol withdrawal

[Return](#) to line 3 in the transcript

## 2 | Prompted by Line 13

(pause) I've, I've been drinking constantly, since, nineteen eighty-eight. Since I got smashed up in a hit and run in Ferry Road. [**Uh-huh**. And, I've, that's, my, my escape.

1. When you told me the story about how, you'd, well you'd basically been, somebody had tried to *murder* you. I, I actually felt quite *upset* about that, I thought that was quite/ [**You felt upset!**
2. *That was a shock*, [Yeah. *to have someone/*
3. Well, just the extent, of what had happened to you, d'you know? I felt, it was very difficult for me to know what to say because it was just such an awful thing to happen.
4. **Aye, I wasn't too chuffed myself, like.** [No. **It nearly orphaned three kids.**
5. *Did that throw you off your stride a bit?* ((This question directed at Sue))
6. It did a bit, yeah. [Yeah. Uh-huh.
7. *So what was in your mind then, when suddenly you hear that, this person you've just met, you're just talking to, is telling you about this *terrible* thing that's happened to them, and you'd had some *plan*, as to, roughly how to/*
8. Well, that's the thing I'm thinking. I'm thinking about, structuring a conversation with someone who's coming to an interview, [**Mm-hm**. and you have this idea of the things you're going to say, and the tasks that you must achieve, and then, something comes in from real life, and it *does*. *It did really throw me*, and I thought, 'Oh my God!' You know? Where does that leave me? What do I say now? And I just felt, I had to make sure, that *you knew*, that I understood how *awful* it was for you.
9. **Aye.**
10. I think that's where this whole thing gets quite complicated because, you've got this technique ((MI)) that you're trying to use, but underneath it all, you can't forget that there's two people talking to each other and, [**Mm-hm**. feelings, and emotions, and, *life* and, [**Well that's/** do you know what I mean? It could be very *robotic*.
11. **You sort of made it easy for me to speak about it because that's the *first time* I'd ever had *any* counselling at all. I never got *anything* after the accident.** [Uh-huh. **I just got bumped out the hospital and back in the house with my three kids, left on my tod, to get on with it.**
12. So, people didn't really, consider how you would be affected by it.
13. **They never offered me any *help* or anything, eh.**

14. Do you think, that if you'd had some sort of opportunity to discuss the effect that ((the assault)) had had on you, that it might have made a difference to the way your drink problem developed?
15. **Yeah, if I'd been offered counselling, yeah, it might have helped, aye.** [It might have helped. I reckon it *would* have helped me, yes, definitely.
16. You must have felt just very/
17. **I was released from hospital, after about, three and a half, four months. I still had this big metal calliper thing attached to my leg. [Yes. Hooked into my shoe, and I'd got three kids under school age to look after. It was, I can't, my mother was, well, she was trying to help but, my dad had only died three months before it. [Really! He died in the October, this happened in the January. [Yes. And, she was, still up in the air herself, so she went up to Aberdeen to live with my sister. [Uh-huh. So I was down here on my own with the three kids.**
18. And there was no support at all?
19. **I never got offered any help at all. I tried to get a place in a, a social work nursery for them and I was told they needed them for single mothers. [Ah! So, I was a man in a woman's world, eh? [Yeah. [Uh-huh. And, I was just kicked in the teeth every door I went to about them.**
20. And that's when you started drinking more.
21. **Soon as I put the kids to bed at night, I just, 'I've got to have a drink.'** [Yes. I wouldn't drink during the day while the kids were there, [No. but every time they went to bed, sit in front, feet up in front of the telly, couple of bottles of cider.
22. It was time for yourself, [That's it. just to relax.
23. **Then I was awake for them in the morning. [Yeah. I was awake before they woke up, ready to get, all their clothes, [Yeah. and everything, ready for them. [So it didn't interfere with your responsibilities? No, no. No everything was fine.**
4. **chuffed** | happy, pleased
11. **on my tod** | on my own, alone

[Return](#) to line 13 in the transcript



### 3 | Prompted by Line 24

It sounds like life really *changed* for you after that happened to you.

1. Here, you've gone into all this detail about the specifics about what happened ((the assault)).
2. **It was the first time I'd had a chance to speak about it properly. You made it easy to talk about. Well, easier than I thought it would've been.**
3. When I look at, line twenty-four, when it says, 'It sounds like life really changed for you after that.' When I look at that now, it just sounds a bit limp.
4. *It's an understatement.* [Yeah. And in the response, Peter says, 'Well, just a wee bit.' He's saying, 'That's not the half of it!']
5. Uh-huh. Looking at it, it feels a bit of a limp thing to say given everything that you'd said to me and/ **[It's just the way the conversation came out, eh?**
6. *What else could you have said?*
7. What you'd said was just *awful*. **[It was. You said earlier on it took you by surprise straight away.**
8. It really did. I'm not sure what else I could have said. I suppose I was trying, really hard to, convey this sense that, I was quite *horrified* by what you were saying.
9. **You were making me feel at ease and that. That's why I kept going on about it, or I probably would've just got up and walked out the door.**
10. *What was it that she was doing* ((at that point in the conversation)) *that made you feel at ease?*
11. **Just the way she was talking to me. I just felt really relaxed. [Mm-hm. I felt dead relaxed in the room. I've never actually, mentioned half of that to *anybody*. [Uh-huh. Half my family don't even ken what happened, [Really? about the guys getting out and stamping on me. But the police had pictures of, boot marks on my face, and my chin and on my ribs, my ribcage. So it *was* attempted murder, but half my family don't even know that. I couldn't tell my mother, she was, she was up in the air already, eh?**
12. *She would've been horrified.*
13. **Ah well she, she was watching my kids that night. [Uh-huh. I phoned her and said, 'I'll be home in ten minutes.' She found me two weeks later in the intensive care.**

14. **Good God!**
15. The thing I'm thinking is this; you've come along to see me, as a, person who works in a service, **[Aye.** and there's a particular kind of relationship there. **[I didn't know what to expect when I came in here.** Yeah. But there's a set relationship. I'm there to do a job, and you're **[Mm-hm.** there to tell the story. **[Mm.** And there was something, when you'd said everything about what'd happened to you where I just felt, it felt quite difficult for me to just stay in my professional role as a *helper*. There was a *bit* of me just wanted to say, 'Forget that we're having this interview here.' D'you know what I mean? It was very difficult to just stay in that role. Because, I just felt, at that point, we're two people and you've had this really, bloody, horrible thing happened to you and/
16. **And yet you *do* later on, keep it on track, you *do* talk about drinking and relate it, [Yeah. to all the other issues that you probably would have *wanted* to have discussed anyway. [Yes. But you also give him time to talk about this terrible, *key* event in his life.**
17. Yes. And I think, I just found that quite hard, because it was, I felt, quite upset about that.
18. **You wanted to look at why I started drinking, and that was it.**
19. Oh, I'm glad you did.
20. **And once I got it off my chest, I felt a lot better.**
21. I'm glad you did. I mean, I'm not sure if it looked like I was upset, but I felt quite upset.
22. **Well, you didn't look it.**
11. **dead** | extremely (in this context)
11. **ken** | know

[Return](#) to line 24 in the transcript

## 4 | Prompted by Line 46

They do, th- they really *do* knock you back, [Mm-hm, mm-hm. and you just go, [What's the point. 'Why even bother?' [Yeah, what's the point, why bother. ~ why even bother. [I'm just going to get kicked in the teeth every time I try hard. And that's/ I'll just buy another bottle of cider and sit in my house and watch the telly. [Uh-huh. At least nobody can hurt me there. [Right. Know what I mean? And, there's *no* way, I'm *ever* going to give up drinking, I know that for a fact. [Mm-hm.

1. You say here, an *emphatic, a definite* statement, 'And there's no way I'm ever going to give up drinking, I know that for a fact.' [Uh-huh. Why did you say this at that point, what was going on in your head?
2. **Eh, drink was my best friend at the time. It was the only friend I had really, which, seems to have, changed, quite a bit, since then.**
3. But you, you seemed so definite there, [Yeah, I know. as if you/ [I had already told the doctors and everything that, away back in nineteen ninety-eight, that I would drink myself to death. I mentioned that to Sue at one point. Mm, you do.
4. You do.
5. **Is it on here like?** ((referring to the transcript))
6. Yeah. [Mm-hm. When you, when you heard him say that, *absolute* statement, [Mm. What were you thinking then?
7. I thought/ [What am I doing with this nut!
8. Oh no! I never thought that. I thought, I'm really going to have to work hard to try and, see if I can, shift that in any way.
9. **D'you know now I, I drink something like, eight pints a week, and that used to be, two hours' worth of drinking. Now I drink about eight pints a week.**
10. Yes. So when you hear yourself say that, which was only a few months ago, [I know. something quite dramatic has changed, [Mm-hm. and we're trying to understand why.
11. **Mm. I'm learning to face up to life with a sober head on.** [Uh-huh. I had to, yeah, through all the things that've happened over the last few months, since this, recording.
12. When you said that, you did seem quite, [Quite adamant. determined, [Aye, I was adamant. that it was gonnae happen. [Yes.
13. Yeah, you weren't gonnae give up.

14. It wasn't so much that you wanted it to happen, but you just thought it was inevitable.
15. **Aye. It was. I did, yeah. At that time, I *did* think that.**
7. **nut** | suggesting a lost cause (in this context)
12. **gonnae** | going to

[Return](#) to line **46** in the transcript

ABSTRACT

## 5 | Prompted by Line 49

**So what do you think that's about? What's happening there, you know, when you're shaking like that?**

1. **That's another thing I said that's changed, because, I don't shake at all now, with or without drink any more. I'm, getting my body, back on track. [Mm-hm. So, that's something good that's come out of it.**
2. *That's a real change. You've stopped shaking.*
3. **I used to come in here like that!** ((making a shaking gesture)) [Oh, yeah. **You should've seen me going to the Job Centre, trying to sign on, I couldn't write my own name, 'cos I didn't have a drink. I couldn't even hold a pen properly.**
4. I think that when you said that about shaking, there was a temptation for me to say, 'That's because you're, withdrawing.' **[Aye.** There was a temptation for me to give you an explanation for that, but what, **[Uh-huh.** I had to try and do was, hold back, and say, 'Do *you* know why it's like that?' What I *wanted* you to do was, talk about the effect that the alcohol was having on you. **[Uh-huh.** D'you know what I mean?
5. **Aye, aye, I do know what you mean. But I would never have admitted to that.**
6. It would have been easier for me just to say/ **[I wouldn't have believed it was alcohol, because according to the specialist at that hospital, alcohol saved my life, eh, so that was my friend.**
7. You say that a bit later on, so that was the interesting thing, wasn't it? Because it had helped. He'd said that you would have gone into shock, wouldn't you?
8. **I would've died of shock with the impact.**
9. *You always remembered that comment from that doctor, that alcohol saved your life.*
10. **He said if I wasn't steaming, I would've died in shock, at the scene.**
11. *Which may have been true on that day, but you somehow/ [He told me this after I came out of intensive care.*
12. *Yes. And it seems like you took that remark, and used it, [I know. that alcohol is/ [To try and destroy myself inside with alcohol.*
13. *Yes. And Sue asked you what you thought was the reason. She's supposedly the expert, and yet she's asking you. [Aye. Did that seem like a strange thing to you?*

14. **Well, it didn't seem strange, because I knew what she wanted. She wanted me to say, 'Well, I've got withdrawal symptoms, I'm getting DTs, I'm looking for wee pink elephants.'**
15. *Yes. And if she'd told you all that stuff, which you already knew/ [I knew a lot from my mates. My uncle was an alcoholic, my mate drunk himself to death. [Yes. One of my uncles drank himself to death as well. I knew about it, but I've never seen wee pink elephants or anything like that. [No. I've had the shakes, but that's the only thing I've had.*
16. *You weren't as bad as them yet.*
17. **No, but they were all drinking spirits, eh? They were drinking, like, three bottles of vodka a day. But I didn't drink spirits.**
18. *So you were okay.*
19. **I'm scared of ghosts!**
  
10. **steaming** | very drunk

[Return](#) to line 49 in the transcript

## 6 | Prompted by line 55

**What do you think that means then, all these people that are related to you that died?** [This is all the guys that were healthy. I'm the one that's surviving. **Yes.** ['Cos I'm keeping it going. **Uh-huh.** [I'm pickling everything inside me. I actually think the alcohol keeps me alive.

1. **That's a stupid comment, isn't it?**
2. No, it's not that, it's just/ **['I'm pickling everything inside me.'**
3. I was just interested, because of the comment I'd made, I think in, fifty-three, when I'd said, 'So it really is a question of survival for you, having drink in your life.' And you went on to talk about these people who had died. And I wasn't sure whether you found the question quite a difficult one, and didn't want to answer it, or/ **[None of them were drinkers.**
4. I was trying to make sense of, my comment, **[Aye, aye.** to you, that was about survival. **[Aye, yeah.** So, at that point you *are* saying, it *is* 'survival' because you think alcohol's keeping you alive.
5. **Well, there's the comment there, 'I'm pickling everything inside me.'**
6. Uh-huh. I was trying to understand, how you saw your drinking.
7. **When I said that to you, I actually believed it, at the time. I was the only, I was the only drinker left in the family, eh.**
8. *You actually thought alcohol was keeping you alive.* **[Aye. And do you still think like that?**
9. **No. No, no.**
10. *That's really changed.*
11. It's interesting though, 'cos it seems to go completely against what you're saying. If you're saying, on the one hand they've all died because of the drinking/ **[No they've all died because of, they *didn't* drink.**
12. **We had one guy at college drank himself to death, and one of my uncles drank himself to death, but the other two, my dad and my granddad, they, they *weren't* drinkers, they were teetotal.**
13. So, everyone dies, whether they are drinkers or not.
14. **Well, everybody *dies*, eh?**
15. *Yes, but some are dying, far too soon.*
16. **Aye.**
17. And you're pickled. ((spoken amiably))

18. **Mm-hm. That's why I never get the cold or anything, 'cos the virus can't survive in here with the alcohol.** ((spoken in jest))
  
3. Note: this is a statement – a complex reflection, not a question.

[Return](#) to line **55** in the transcript

ABSTRACT



## 7 | Prompted by line 60

**And there are absolutely *no, problems whatsoever* as you see it that are being caused by your drinking.**

1. When I said, 'And there are absolutely *no, problems whatsoever* as you see it that are being caused by your drinking.' I was trying to get you to argue with me.
2. **You were hoping for a, a discussion.**
3. Yeah. Well, I suppose if I make a statement like that, which is kind of a, provocative statement, isn't it, I'm/
4. **Yeah, it is. Aye. I just wasn't up for an argument with you there.**
5. Uh-huh. Not, not argument, but I suppose if I say 'black' then you'll say 'white', you know? I'm thinking/ **[Aye, well I wasn't up for it. You wanted a debate with me. Uh-huh. [It never came off.**
6. Hang on though, Peter. You're saying that alcohol is your 'saviour', so Sue's taking it even further, **[Uh-huh. in the hope that you'll back off and say, 'Well, actually there are *some* problems.'** **[Aye. That's what the technique calls for. [Yeah. If someone is saying, not only are there *no* problems, but alcohol is, in fact, *saving* them, then you push the logic further to see if the person will disagree, and say something like, 'Well, there *are* one or *two* problems.'** **[Mm-hm. You've then got something to discuss, which, in fact, is what happened. Shortly afterwards you talked about, how you'd lost 'everything'. So, it did help the conversation along.**
7. **Mm-hm.**

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## 8 | Prompted by line 75

Not even my grandchildren, no, because I don't even get to see them that often, but, when I *do* get to see them, I'm always, the perfect granddad, and/

1. Now, here, Peter mentioned, his grandchildren for the first time. [Mm. What were you thinking then?
2. I thought, I had a shred of hope.
3. Why did that represent hope for you?
4. Erm, because, I'd been going through a wee bit of a list. You've got no financial worries, [Mm. because you'd said that you didn't have *any* problems at all, so I'd a *sense* of the things I was going to ask you. But when you brought up, the grandchildren, and then said this thing about, the 'perfect granddad', it seemed to me, that was the hook.
5. **I never drink in front of the grandchildren.**
6. Yeah. [Yeah.
7. That could be the thing that *might* be some kind of lever that I could use to try and, get you to consider, [Mm-hm. how your alcohol might affect, your relationship with them. It just seemed to be something that was quite important to you. And I think I was linking it in with your daughter, and also when you described, how you'd basically *dragged* yourself out of hospital when you were still, your legs were still broken, and you seemed to come across as someone for whom family was really, really important.
8. **Mm-hm.**
9. And that, seemed to be the thing, that gave me a bit of hope. I thought I can *use* this somehow.
10. **Well, I've always made time for my family. Doesn't matter what I'm doing, I've always made time for my family.**
11. Uh-huh. Uh-huh. I had to try and find something.
12. Yes. So, this method Sue's using, what she's doing is, she's not trying to find a hook, for *her benefit*, she's trying to help *you* find hooks, [Mm-hm. to think about why you might want to do things differently. [Uh-huh. Rather than tell you what to do, she's trying to find hooks so that *you* can tell *yourself* why, it might be/ [Playing mind games with me. Yeah, well, that's what it's all about, because what else does she have? She can't stop you drinking.
13. **Aye, that's true. Nobody can stop my drinking.**

14. So the only thing she can do is to try and help you find your *own* reasons. **[Uh-huh.** You *can* think of it as 'games', but it's *serious*. This is a serious business. **[Oh, I know it is, I know it's serious. Yes, I know. All we've got is conversation. The question is, how might conversation provoke change?**

[Return](#) to line **75** in the transcript

ABSTRACT

## 9 | Prompted by line 109

Shakes, the, dizzy head. [Uh-huh. You, ((patient makes a noise suggesting dizziness)) stand and watch in the mirror when you're trying to wash yourself and you're going, 'Oh I've missed that bit. [Uh-huh. 'Wait a minute', and then you get the dry boak. [Right. The gagging. [Really unpleasant. Aye, well, *my* kids have watched me doing it, over the years, and, my kids are all grown up now, my youngest one's twenty, right, and she's, she goes, 'Dad', she's the one that, [Asked you to come along here. ~ got me here, aye, she's the one that's got me here. She goes, 'Dad, come on, eh? At least live 'til you're fifty.' [Uh-huh. I went, 'Why?'

1. You've said something here, that's really sombre. You're talking about how your daughter has pleaded with you to live at least, 'until you're fifty', and you've answered her by saying, 'Why?' In other words, you couldn't think of any reasons why you would want to live that long, and then emphasised it. Can you think back to, to what was going on in, in your mind then?
2. **Well, when my daughter mentioned that, I was actually pretty down at the time. [Yes. I was pretty depressed at that time. And, I was, I think I was just/ I do go through phases where I just, phases where I just let everything get on top of me. [Mm-hm. And, I just go into a wee shell, and cannot be bothered with anybody or anything. And I think that was one of these times. But this happened to me over the years like, I was/ My sister was quite bad with depression, and all that, as well, eh. [Uh-huh. And my mother suffered from it, so, I think it's just a family thing. But I just, I go through these stages where, *everything* seems to, overpower me, and I just hide in a bottle somewhere.**
3. Although you have got many good reasons to get, pretty down. I mean, some of the circumstances, the things you've had to/ [Aye, aye, well, I suppose so.
4. When you said it in this interview, this was a *serious* comment. [Aye. It was almost as if you were saying to Sue/ [Aye, I'm going to drink myself to death. I'm going to drink myself to death.
5. **Well, that's exactly how I felt at the time.**
6. Yes.
7. **That's exactly how I felt at that time. [Mm. I think I was going for the world record on how many bottles of cider I could down in one day. That's just, just before I came in here, eh?**

[Return](#) to line 109 in the transcript

## 10 | Prompted by line 120

**Oh, right. And *are* you enjoying yourself?**

1. Here, you're asked a question that, may seem a bit strange, 'And *are* you enjoying yourself, what's *enjoyable* about it?' What did you make of that, when she's asking what you *enjoy* about drinking? You devote so much of your life to it, what's so good about it?
2. **Yeah, I know, I found that pretty strange, [Yeah? I did find that strange. And it took me a long time to try and find something, eh, to, to say that was enjoyable.**
3. It was a good question to ask you.
4. **It was, aye, 'cos that, that *actually* got me thinking a wee bit. And, there isn't that much enjoyable about it because, you just make a complete idiot of yourself.**
5. You go on to talk about how you enjoyed making a fool of yourself, and you tell, a funny story but, I got the sense that you don't actually/ It's not connecting with you.
6. I think I had this sense it was one of those comments where, you seemed to feel really uncomfortable.
7. **Aye, well, because I couldn't actually find anything enjoyable about it. It was just something, it's just a rut that I got into.**
8. Yeah. You do it because you do it.
9. **Aye, it's just a matter of habit. You get up in the morning, you have a drink. You go out, you have a drink.**
10. Uh-huh. I think/ **[You go home and you sleep.** Yeah. I think when I asked that question I had really touched a nerve. **[Aye, I think you had, aye.** And you were, I mean you were making a bit of a joke about it because, **[Aye.** like you say, you didn't, really, know, what to answer.
11. **Aye, I couldn't actually *think* of anything enjoyable.**
12. So was that a *useful* question to ask?
13. **Aye! Aye, because it actually started me thinking, eh. It was a very *good* question.**

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*Twenty of the discussions abstracted here*

ABSTRACT

## Commentaries

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<a href="#">97</a>	Sue Hudson Craufurd
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The practitioners providing these commentaries have extensive experience of using the Edinburgh Interview for training and coaching with diverse groups. They feel that the key value of this resource lies in its authenticity. It represents the indisputable 'scuffle and skirmish' of everyday clinical practice. There are many opportunities to be found for reflection and transferable learning. The commentaries are written to support this process.

Based on their experience, the commentators believe that the specific focus in this interview – problematic alcohol use – will not present an impediment for trainers, coaches and practitioners working in other fields, however ostensibly far removed.

It is suggested that users print a hard copy of the interview transcript before reading through the commentaries.

The numbers in the left-hand column, below, refer to the corresponding line number/s in the transcript.

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## 1 | Sue Hudson Craufurd

- 2 The first statement from the patient is fairly confrontational. It's tempting to ask a question, but I think even an open question at this point such as, *'How do you feel about your drinking?'* will result in him continuing to dig in with his opening position. It's safer to reflect and encourage further exploration. This kind of open question perhaps will be helpful when I've established rapport and the patient feels more comfortable about discussing this with me.
- 3 He describes how much he is drinking daily, and I avoid the trap of commenting on the alarming amount of alcohol he is consuming. I'm sure he knows this is a lot and it will only elicit discord if I make a judgmental statement about it.
- 4 I use an open question to find out how he feels about it. I want to create a climate where he feels comfortable talking about his drinking and how it fits in with his life. I'm hoping to uncover any ambivalence he has, and possible discrepancies that might be used to influence his thoughts about change.
- 6/8/10 These utterances are designed to evoke reasons to drink. I want to understand why he feels the need to consume such large quantities of alcohol. This is designed to continue trying to engage with him and communicate that I want to understand his perspective. It's not appropriate to start trying to elicit change talk from him at this point as I think this will only result in discord.
- 24-25 This reflection, and its response, results in him recounting the story of his terrible trauma. This is unexpected and shocking, and I feel quite affected by this. My response in 24 seems quite lame. I think I am slightly 'derailed' by his graphic description of what happened. The start of his statement in 25 has a bit of a sarcastic, irritated edge. I don't think he's convinced that I really understood him at this point.
- 26-44 This section is my attempt to repair the rift, mostly using reflections to communicate that I do understand he has had a lot to deal with in his life, and that alcohol has been an important coping strategy. I'm not trying to 'move him on' in any way. He's not ready.
- 46 His statement is another clear message that he has no intention of stopping drinking. He knows this *'for a fact.'*
- 47 I use an amplified reflection at this point, gently pressing to see if he might back-off a little from this position. I've a sense that alcohol has been such a big part of his life that it would be difficult for him to imagine a life without drink.



- 46-52 He doesn't back down. He gives reasons to continue drinking. There is a pervasive atmosphere of hopelessness. He tried to improve his situation, but he got to the point where he perceived it as futile. Alcohol was, and is, his sanctuary. He feels safe when he's drinking in his house, watching television: *'At least nobody can hurt me there.'* However, he describes unpleasant withdrawal effects. Rather than point these out to him, I take a naïve approach, asking him what he makes of this, to see if I could nudge him, a little, to voice the unpleasant side of his drinking. If he hears himself talking about the downside of his drinking, he might take more of an ambivalent stance, and I might have something to work with. It doesn't seem to have a dramatic effect, but for the first time he says that he can't imagine *being able to* survive without alcohol. This is different from saying *he won't stop* drinking.
- 55/57/59 He continues to utter sustain talk. He explains how alcohol has saved him. Allowing him the space to talk about his reasons for drinking helps me understand how he has got to this point. This is more of a neutral exploration.
- 60-64 I try an amplified reflection, again to see if he will back down. If there's any ambivalence this might uncover it. It doesn't seem to work. I decide to explore whether there are any areas in his life that may have been affected adversely by his drinking. Perhaps I can dig for discrepancies that might provide motivation for change. However, he counters this with further sustain talk; explaining he's *'indestructible'* and suffers no ill-effects from alcohol in relation to his health.
- 68-69 As a consequence of my question about how alcohol has affected his finances there is emotion in his voice as he utters change talk. He's lost everything he ever owned.
- 72-73 I try to open this out with a double-sided reflection. This is an attempt to amplify the discrepancy between the losses he has experienced in the past and his current belief that alcohol is helpful to him. Initially he utters more sustain talk; it seems to be the only thing he has in his life that's important to him.
- 74 I try an amplified reflection to encourage further exploration. I am hoping he will contradict me when I emphasise he has nothing else to live for.
- 75-81 Interestingly, he begins with more sustain talk. He explains that alcohol is even more important than his grandchildren. Then, bingo! He seems to contradict himself and is perhaps ambivalent about this issue. The beginning of a glimmer of light at the end of the tunnel; he starts to tell me how he prides himself on being the *'perfect grandad'*. I feel we have touched on an important value in his life; perhaps something he might prize more highly than alcohol. I follow with an open question,

encouraging him to elaborate on the '*perfect grandad*' comment, and for the first time he seems happy. This is a stark contrast to his demeanour when he is talking about alcohol, and I feel it's important to reflect this back to him. He again becomes a little emotional and explains that he's proud of the fact that he survived his traumatic assault to see his first grandchildren, which is something he never expected.

*Eight pages of commentary abstracted here*

ABSTRACT

## 2 | Steven M. Berg-Smith

The Edinburgh Interview is a classic example of motivational interviewing in action. The practitioner evokes a poignant story from the patient about his life history and the important role alcohol has played in it. Over the course of the interview, the practitioner establishes a strong working relationship with the patient, and supports him in actively exploring his profound ambivalence about drinking. Their conversation concludes ultimately with him realizing there's a lot to live for and voicing a commitment to, '...cut down.' Overall, for the patient, the interview is healing.

The Edinburgh Interview is not perfect; it's real life, down-to-earth, and authentic. At times the practitioner does not adhere to some of the relational/technical elements and coding measurement guidelines of MI, for example she asks a high proportion of closed questions and is perhaps over-eager to increase the patient's self-awareness. But in the end it does not matter. What carries the interview is the music, the dancing, the rhythm – the high level of MI spirit demonstrated by the practitioner. With MI spirit in place, the interview seamlessly flows through the four processes of MI: engaging, focusing, evoking, and planning.

Overall, the practitioner embodies the spirit of MI by demonstrating an interpersonal style that is: respectful, compassionate, present, attentive, patient (being calm, relaxed, non-anxious, even-keeled, steady), curious (showing great interest in the patient's story), non-judgmental, disciplined in resisting the 'righting reflex', evocative (supporting the patient in doing most of the talking), and empathic (working hard to sincerely understand the patient's perspective and dilemma, and conveying that understanding back to him with accurate reflective listening statements.)

One particular strength of the practitioner that's worth noting is her clear, consistent focus on eliciting and strengthening the patient's ambivalence about change. While spending an appropriate amount of time exploring the patient's perceived reasons for not wanting to change current drinking behavior (sustain talk), she rarely misses opportunities to guide the conversation to the patient's strengths, values, desires, and vision (change talk). The result of her focus is a potent conversation revealing the discrepancy – the inconsistency – between the patient's current drinking behavior, the forces supporting this behavior, and what's most dear to him in his life. A beautiful example of MI in action!

- 2        The practitioner's opening response is a reflective listening statement – an important first step in establishing engagement.
- 3        The patient immediately speaks about his current drinking behavior. In an indirect way, he's acknowledging the recognition of a concern.

- 4 The practitioner's second response is an open-ended question. It serves as an opening assessment to gauge the patient's perspective on drinking behavior. The open question begins with the word, *'Why'*. While sometimes 'why' questions can seem or feel interrogating, the way the practitioner asks it simply seems curious and inquisitive.
- 6 With the asking of a second open question, the practitioner is establishing an evocative, curious stance.
- 7 Feeling safe and accepted, the patient begins to tell his story.
- 8 The practitioner's reflective listening response is the first of many simple reflections she offers that serve as 'conversational bridges' to assist the patient in continuing with his story.
- 10 The practitioner asks a disarming open question to evoke the patient's motivations for the status quo. In other words, a gentle inquiry into what's behind the drinking.
- 12 I'm not sure what the patient means by, *'You're asking an empty question, here.'* The practitioner, unassumingly, asks a curious open question.
- 14 A simple reflection to guide the story forward.
- 17 The patient's story begins to unfold, supported by the patient-centered interpersonal style of the practitioner. In the first three minutes of the interview, the patient has opened-up and is doing most of the talking.
- 18 A rhythm is developing in the interview; patient and practitioner are starting to dance. The practitioner takes the lead by initiating a reflection, while the patient follows along and completes it. Similar to a 'continuing the paragraph' reflection, the patient – in this case – is the one completing the statement.
- The reflection created by both 'dancers' ends with the practitioner asking a closed question. This is the first of many closed questions asked. In this case, and others, it doesn't impede the process, but serves as an empathic encourager to support the flow of dialogue. The effectiveness of the closed questions seems to occur because MI spirit is fully in place, and because voice inflection does not overtly lift at the end of the question, it gently moves forward.
- 22 The practitioner offers a very sincere, compassionate reflection.
- 24-26 The practitioner's reflective listening statements non-judgmentally mirror the patient's primary reasons for drinking behavior.
- 28 What starts as a reflection becomes a closed question. And once again serves as an empathic encourager to guide the conversation forward. The practitioner begins to incorporate metaphor (escape) into her responses.

- 30-34 The practitioner's reflections honor a strength in the patient – the capacity to overcome incredible adversity.
- 38-39 The practitioner voices another metaphoric reflection. The patient is clearly feeling accurately understood.
- 42 The practitioner asks a closed question with a clear rise in voice intonation at end of question. For fine tuning, the practitioner could have easily transformed the question into a reflection with a drop in voice intonation. Again, however, the closed question does not impede the natural flow of the patient's story.
- 46 The practitioner naturally weaves verbal encouragers ('Mm-hm', 'Right', 'Uh-huh') into the patient's dialogue. This weaving of 'encouragers' occurs throughout the interview, and assists the joining, the attunement between practitioner and patient.
- 48-52 The patient's vulnerability begins to increase, along with the depth of his ambivalence about drinking. The voice of no change becomes stronger, and at the same time the voice of concern finds a place in the conversation: '*...it is really bad.*' The practitioner's empathic, compassionate, accepting manner is creating momentum in the direction of the patient's change talk.
- 53 The practitioner's reflection captures the heart, the essence of the patient's dilemma.
- 54 The patient reveals his ultimate dilemma – alcohol is a life and death matter; it's killing him and at the same time he needs it to survive.
- 55 An open question keeps the momentum moving towards the patient's change talk, providing him an opportunity to deepen his exploration of the dire direction alcohol is taking him.
- 56 A strength of the interview is the steady forward moving pace facilitated by the practitioner. The verbal encourager – 'Do you?' – said in a curious manner supports the forward movement. Again, while the encourager is technically a closed question, it supports the process.
- 58 Without hesitation, the practitioner clearly reflects the opposite side of the patient's ambivalence, in this case, the primary benefit of continuing to drink. At this point in the interview, this particular reflection is important. If the patient is going to further explore the downsides to drinking, he needs to know that he's not going to be judged or evaluated. The practitioner, offering a straightforward reflection of his sustain talk, serves that purpose.

*Six pages of commentary abstracted here*

ABSTRACT

### 3 | Tom Barth

- 1 Peter makes it clear that he is here because of external (extrinsic) motivation. This is quite okay. A good starting point, and MI is a good method for linking the external motivation to the intrinsic motivation.
- 2 This, perhaps, is an amplified reflection because of the word 'only'. A possible risk this early in the conversation, as the patient might regard it as ironic. But it doesn't seem to cause problems in 3.
- 4 A respectful, curious open question.
- 5-7-9 Peter is defending his drinking with a little too much energy. He knows that this is not what we are expecting in treatment. This is, however, no problem, and will give Sue better momentum when she starts 'rolling with resistance'.
- 10 Sue sticks to respectful, curious open questions.
- 11 Peter responds with an unexpected answer. Strange, inexplicable answers like this often signal that something important is going on. A good sign, if the practitioner can be patient.
- 13 Peter chooses to stop the 'fencing' and starts his real story. The first step of the 'engagement process' has succeeded.
- 18 We try to limit the number of closed questions in MI. *'Is that what it was?'* could have been substituted with a precise, simple reflection, for example, *'Attempted murder.'*
- 22-24-26 When listening to a terrible story like this one, the practitioner needs to control her understanding, support, and empathy. She must acknowledge that the story is terrible (engagement process), but at the same time not lose focus on the goal of the conversation, which is a change in alcohol use (focusing process).
- 27 Sue's simple reflection embedded here, *'Never been easy'*, underlines her deep, empathic understanding of her client. One should not underestimate the effect of simple 'repeating' reflections in these cases. A complex reflection might have communicated that the patient's description could be improved.
- 28 Sue is gently guiding him back to focus on alcohol (focusing process) Ideally, it should be done with a pure reflection – avoiding the question mark/inflation.
- 30-32-34 Sue follows the story with good reflections, neither digging deep into it nor expressing any opinion on the combination of heavy drinking and being responsible for three young children. On the one hand she wants to keep the focus on alcohol use, and on the other she's building a working alliance (engagement process). Well done!

- 36 A reflection focusing on alcohol.
- 38 An empathic, complex reflection, building the working alliance.
- 40 This is somewhere between a question and a reflection – listen for the inflection. We prefer pure reflections in MI.
- 42 Sue’s question does not hit the mark. It might have been delivered as a reflection, ‘*So the drink has ...*’. Our task in MI is not to show perfect understanding, but to communicate a curiosity that will guide the client towards a better understanding of himself.
- 43-46 Peter feels the need to explain the ‘hard knocks’, and not to move into the function of alcohol. Sue follows him neatly with simple reflections, to prove that she is listening. Peter’s last utterance in 46 is *too* strong. In this context, and directed at the nurse, he may be signalling that he needs hope.
- 47 This may be a complex reflection because Sue *undershoots* the intensity of his utterance. She is following him neatly.
- 48-52 Peter talks about withdrawal symptoms, and Sue is following *without* lecturing or giving information. Peter *knows* about withdrawal and does not need information.
- 54-55 Perhaps Peter, through this story, is returning to his need for hope?
- 56-67 Is Peter testing Sue, through his ‘resistance’? Her amplified reflection at 60. does not have the intended effect, but they still are following each other – Sue gives him the word ‘*indestructible*’ in 64 and Peter adopts it. Peter also brings his daughter into the conversation, so he is contributing actively.
- 68 Sue leaves the health issue. She is exploring reasons to change drinking.
- 73-75 Peter is not willing to give Sue reasons to change, until he mentions the grandchildren. His words say that they are not something he lives for, but, in effect, he is helping Sue to find a reason.
- 76-82 Sue explores his feelings for the grandchildren, thereby making them part of the conversation and building Peter’s reasons to live.
- 83-85 Peter talks about his earlier, ‘reasons to live.’
- 86 An *affirming* reflection
- 88-92 Returning to the grandchildren – making the picture more vivid, and Sue is nicely following with short, supportive reflections.
- 93-99 Peter’s ambivalence kicks in. He needs the drink in the morning, he wishes (desires) to meet the grandchildren, and he has a value that says he does not want to be intoxicated while meeting them.



- 100 A nice, supportive, and positively framed summary. This is part of the picture Sue is gradually building.
- 103 Peter feels it is *too* positive and repeats the need for drink.
- 104-106 Sue prevents further resistance by reflecting his ambivalence.
- 107-109 The need for drink is linked to withdrawal, and not understood as if Peter enjoys drinking.
- 110-111 A new amplified reflection, inviting Peter to give reasons to live longer than his 50<sup>th</sup> year. Peter systematically does not respond that way. He rather seems to move even further to the negative side. But at the same time one can sense that he isn't quite serious – that he is testing Sue.
- 118 Sue's open question here is inviting Peter to be serious.
- 120 And a closed, confrontational question follows, without result.
- 122 A new, open question finally breaks through. It seems that Sue has been trying to elicit Peter's serious inner thoughts about reasons to live, and he finally gives in, signalling that she is right, but still not following up with his own words.
- 125-135 Instead, Peter goes off to the stories about making a fool of himself.
- 136 After following Peter for a while, Sue returns to the focus on drinking with this open question. A good MI conversation often has a rhythm of intensity. After an important moment (at 123) one can lean back and talk about something that is not so sensitive. But the practitioner *must* lead the conversation back to the change issue after a while (the 'focusing' process).
- 137-138 Peter tells her that he drinks a lot!
- 141-142 Instead of trying to correct or inform, Sue comes alongside, and asks about any positive effects, which gives Peter the opportunity to say that drink does not do him good.
- 143 Sue summarizes.
- 145 Sue shares her observations. This is neither a reflection nor a summary. We do not do this kind of thing very much in MI, but one can see that it has a good effect here.
- 146-147 Peter tells of his loneliness, and Sue meets it with a reflection.
- 149-153 Then Peter diffuses the 'sore' feeling by going into a more joking, semi-resistant mode. He has done this several times when he feels the conversation gets too sensitive for him.

*Four pages of commentary abstracted here.*

## 4 | Jeff Allison

Conversation, by its nature, is improvisational. While casual conversation may appear unpredictable and shambolic, the skilful practice of MI will render it largely unsurprising to the primed observer because the practitioner's speech will be coherent. As proficiency consolidates practice, the practitioner will be able to account for an ever-greater proportion of their utterances. With coaching, practice becomes increasingly deliberate and insightful.

Adherence to the essential components of MI does not restrain ingenuity in its application. In fact, it *creates* the necessary space. However, the prescribed attitudes and behaviours must be mediated by the constant judgements made in the conversation's moment-by-moment progression. Sartre said of football, '... everything is complicated by the presence of the opposite team.' Within the 'rules' *everything* is improvisation. For this same reason, the demonstration of MI-consistent practice demands of its practitioners intelligence, stamina, and agility.

In a workshop held before the pandemic, fifteen minutes into the Edinburgh Interview, a participant said, 'They're just chatting. She's not doing anything. When is she going to get on with it?' I asked what he was expecting Sue to be doing. His view was that she should be telling the patient to stop drinking immediately – anything else was a derogation of her professional responsibility. Someone in the group observed, while that may be true, the immediate consequence, most likely, would be the patient walking out. It's possible to be sympathetic to the first participant's viewpoint. To the untutored eye it may indeed seem that Sue is doing nothing other than chatting, but then some would say that golf is just optimists persistently whacking balls vaguely in the direction of greens. MI and golf have two things in common; done well they look absurdly easy, but to make it look easy is extremely hard. And both require 'unnatural' effort – for many, little is immediately intuitive. To do either productively one needs, not least, to become mindful of the consequences of one's own attitudes and behaviours. Sue makes MI seem natural because she did the necessary work. There are no shortcuts to the acquisition of proficiency. Sue doesn't just chat. She's a competent MI practitioner, and one who has endured the occasional 'yellow card' with magnanimity.

Sue, Steven, and Tom have provided extensive commentaries, so I'll restrict myself to just a few observations.

*Four pages of commentary abstracted here*

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<sup>(1)</sup> *"Them that die will be the lucky ones."*

Capt. Long John Silver in [Treasure Island](#) (1883) Robert Louis Stevenson

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