

Talking to Change: An MI Podcast

Glenn Hinds and Sebastian Kaplan



Episode 50: MI for Survivors of Violence, with Dr. Kate Watson

Sebastian Kaplan:

Hello, everyone. Welcome to another episode of Talking to Change: A Motivational Interviewing Podcast. My name is Sebastian Kaplan, and I'm based in Winston-Salem, North Carolina. And as always, I'm joined by my good friend, Glenn Hinds, from Derry, Northern Ireland. Hello, Glenn.

Glenn Hinds:

Hello, Seb. Hello everybody.

Sebastian Kaplan:

Hello everyone, indeed. So, before we get started, why don't you orient the audience to social media platforms, and how to contact us?

Glenn Hinds:

No problem. So, on Twitter, the podcast handle is @Change Talking. And if you want to follow myself or Seb, Seb's personal one is, S-G-K-F-R-O-M-N-C. And mine is, at G-L-E-N-N H-I-N-D-S. Our Instagram is @talkingtochangeodcast. Facebook is TalkingtoChange, and our email address for suggestions or feedback on the podcast, or for information on our trainings, it's podcast@glennhinds.com.

Sebastian Kaplan:

Great, thank you. So today, we had a really good conversation with our friend and colleague, Kate Watson. And you'll learn a lot more about Kate and the work she does in a moment. But as we've been doing lately, we're doing this recording after we've had the conversation, and just give some highlights at the front end, or some teasers, perhaps. So, Glenn, what were some things that really struck you from that conversation we just had with her?

Glenn Hinds:

I think we both agreed immediately after we came off, just how powerful the area of work that Kate is supporting people in her teaching of Motivational Interviewing at her practice and Motivational Interviewing in the advocacy role of survivors of violence, and throughout it, just her sensitivity to the needs of that population, and how she has made adaptations to, what perhaps could be called traditional MI terms or concepts, to make them much more accessible to that advocacy practice.

Glenn Hinds:



She talked about the change, of using change talk, to self-advocacy. The way she did that was lovely. And the explanation for that is really, really good for people to hear as well. And there's a couple of other examples that I think was really helpful. So, it was just, I think it was really humbling throughout, just to hear the work of that advocacy with survivors, and Kate's relationship with those individuals, supporting them to be as helpful as they possibly can be, with individuals and groups.

Sebastian Kaplan:

Yeah, really. I feel like a lot of times we've had obviously great guests along the way. By the way, this is our 50th episode. So, a bit of a benchmark for us. But yeah, we've had a lot of great guests, and really interesting topics. And a lot of times the MI that somebody does in one context, seems pretty similar, maybe some different phrases, or areas of focus. But it oftentimes feels quite similar.

Sebastian Kaplan:

And this is one of those occasions where it felt like there were at least needed to be great care paid in a particular way, that was somewhat unique, I think, to the work that Kate and the advocates do. One of the examples that Kate gave, which was really quite interesting, was about the... Even just the concept of change itself, and how in healthcare settings, changes can be somewhat of an obvious place to converse with someone. There's great care in how survivor advocates talk about change.

Sebastian Kaplan:

And so, that would be an interesting thing. And also, the kinds of reflections that they use, that it might be a bit of a departure from how we would normally teach reflections. So, a lot of really interesting-

Glenn Hinds:

It's a really rich episode. Definitely.

Sebastian Kaplan:

Yeah. So, we think you all will really like it. Thanks for following us and subscribing, and hope you enjoy the episode. All right. Welcome, Kate, to the podcast. And we'd love to hear a little bit about your background, and your journey into MI, and some of the work that you do.

Kate Watson:

Sure. Thanks for having me. So, my name is Kate Watson. I am the founder of the Advocacy Academy, little bit of a tongue twister that I did not intend to be a tongue twister. I provide probably 100 workshops per year for victim and survivor advocates. And I teach people how to use Motivational Interviewing skills to support victims of violence, mostly domestic violence and sexual assaults. Sometimes child abuse. Occasionally, the word violence can be expanded to include families of homicide victims, hate crimes, discrimination. So, I use a broad definition of violence.



Kate Watson:

But I first learned Motivational Interviewing when I was in graduate school for counseling psychology, but I didn't learn it in my counseling program. I had a job outside of my program and learning Motivational Interviewing was a requirement of my job, which I'm so grateful for. Because I felt like graduate school, for me anyway, was this long period of learning what not to do as a counselor. And I was in school for years, spending a lot of money on this education. And I felt like we were learning, don't be judgmental, don't be shaming, don't use labels, don't say this, don't do that. And I felt like we weren't learning enough skills to replace all the behaviors they were taking away from me.

Kate Watson:

And among my classmates, I felt like a really lucky winner of this at the time, what was considered very specialty training, that I was receiving at work. And that was probably 13, 14 years ago. And I was excited, because Motivational Interviewing finally gave me a set of tools to use in place of a lot of other behaviors that my program was helping me unlearn. So, it just worked really well side by side, going to school, and learning the things that I've been doing that are probably a little problematic, and then going to work and learning some really practical tools to put in its place.

Kate Watson:

After that, I went to go get a job outside of graduate school. And I was looking for some experience in research, because I knew I was going to go on for a doctoral program. And I happened to find this amazing research opportunity, where they were using a Motivational Interviewing Intervention with IPV or Intimate Partner Violence. And the folks who we were working with a part of this research study, were patients in the emergency room.

Kate Watson:

So, that's where I started to learn how to apply these skills of Motivational Interviewing, to survivors of violence. And now I take that work, and I teach it really all around the world. And I've been able to go around the world, because I do a lot of work with our United States military, who are stationed all around the world. And so, I've been teaching the victim advocates associated with the Army, the Navy, the Marines, National Guard, about how to support survivors of violence.

Glenn Hinds:

Wow. Fantastic. Really interesting concept of supporting the advocates of people who've experienced violence, and the survivors of violence. And it sounds like, what was interesting, what you were saying there as well, Kate, was how it was to have someone invite you to think about what you can do, rather than telling you what you can't do. Looking at the positive contributions or the positive aspects of practice, rather than just telling you not to do the negative ones.

Glenn Hinds:

And I guess a lot of people listening to will recognize that, even in their own lives. How often we are told what's wrong with us, and told to stop doing it without ever exploring, how do we fill that gap? And I think that's wonderful the way you describe it, how Motivational Interviewing filled that space for you as a counselor, but it also then has been something you've integrated into your practice and exploring how do you support people to make changes in their lives. And I guess, one of the things I'm curious about then is, when you talk about supporting the advocates of survivors of violence, what does that mean? What's the role of an advocate, and where does MI fit in?

Kate Watson:

Yeah. So, depending on where a person is serving as an advocate, the role might look a little different. So, I'll start there, just describing what an advocate does. And then, I'll go back and talk a little bit about how I see myself as supporting advocates. An advocate is someone who has decidedly, for the client. They're not neutral. They never pretend to be neutral. They are in the corner, supporting a person who, in the case of my work, someone who has been hurt or victimized by violence.

Kate Watson:

And so, sometimes they are advocating for people to have all of their rights met when they go to court, or work with the police. Sometimes they're helping survivors of violence get connected to counseling or therapy, to process their trauma. Sometimes they're advocating for them in the hospital, when they're getting a medical exam because of some violence that has occurred to them.

Kate Watson:

And so, an advocate is someone who sits side by side with you when you're in your worst moment of your life, and says, "I'm going to help amplify your voice as best I can." Advocates like to talk about empowerment. And I often say that what's implied by being an advocate, is that you have some power that maybe someone else doesn't have or feels they don't have, and we lend it to other people. Advocates lend their voice, lend their power to someone who may feel at least temporarily, like they can't use their voice, or no one's listening. The irony there, and I never know if I'm using the word irony correctly.

Kate Watson:

But the interesting thing there, is often advocates feel that way too. Like no one's listening. And so, think about my work, supporting advocates, I think of myself as like helping the helpers. I often stand up in a room to do a workshop for advocates, and I start with that story I told you about graduate school, and I watch everyone nod. Because I think they too go through a lot of workshops about what not to do. And I make a commitment. And I say at the beginning of a workshop, if at any point we are going through a couple of things not to do, moments that aren't so helpful, I'm committing to you that I'm going to replace that with something that might be more helpful. I won't leave you hanging. I won't leave you feeling empty, like you left here with fewer tools than you started. And so, I find that there's a little bit of connection that happens there.



Sebastian Kaplan:

So, thinking about the world of an advocate as you described it, and thinking of it in somewhat, I guess, in contrast to a therapist. There's some obvious things that you've described there. One, therapists typically work in an office, and it's a rigid schedule and structure to their meetings. Whereas you're talking about someone who might be anywhere that the client needs the advocate to be. So environmentally, there's a lot more flexibility there.

Sebastian Kaplan:

But I imagine too, that lack of neutrality, which some therapists, of course, could be non-neutral about things. But there may be, I guess, on the part of a therapist perhaps, an effort to try to help the clients or practice finding their own voice, I suppose, or advocating for themselves. And I'm just wondering about what kind of a balance does advocates strike as far as empowerment using the advocates voice, versus trying to elicit the voice from the client, and how they might strike that?

Kate Watson:

Yeah, well, in my experience, you just described the struggle that a lot of advocates have. I want to help empower a client, but I also am looking at someone who's having the worst day of their whole lives. And here I am feeling empowered myself. I could use my own voice to help others. And this is part of what makes Motivational Interviewing such a great approach, because I've been arguing for a long time that, at least in the victim advocacy field, the phrase that we use in MI, 'change talk', maybe isn't quite the right phrase. That maybe when we help people voice what a nurse, or a doctor, or a social worker, or a psychologist might call change talk. And when I teach advocates, I ask them to consider that really just the client's self-advocacy.

Kate Watson:

And I talk about that a lot. I say, "You can call it change talk if you want. If you want to go by the book, that's okay. This is really just the moments where we help people become their own advocates. So, when you are evoking change talk from clients to me, you're helping them find their own advocate voice, and advocate for what is best for them." And I watch a lot of advocates say, "Yes, okay. Finally, I can see how my advocacy can evolve into a client's self-advocacy with this approach." And so, in a lot of my trainings, we eventually do away with the phrase change talk. And by the end of it, we're just talking about self-advocacy for clients.

Glenn Hinds:

As you've described, what strikes me is that just how much emotion that the advocacies having advocates working with in relation to the survivor of the violence, the anger, the frustration, the loss. And their own experience of having been disempowered in a relationship, whether it be long term or short term. And I guess, I imagine sometimes the temptation is that, as you describe it, the advocate feels empowered and goes, "Look, I'll speak for you." And I love that idea of, you described it, amplifying their voice, would



suggest that the sound that we are hearing through advocate has its origins in the survivor themselves, rather than the survivor saying, "Look, this is what they need."

Glenn Hinds:

And it sounds like that's where the Motivational Interviewing that transition between how do we hear what this person is saying? Knowing that because of the consequences of their experience, they may have lost confidence in their own voice, or they may be afraid to speak for themselves, because of the consequences in other relationships. And it's about how you reach in and find this, whatever sound, however loud that sound is, to be able to find that sound, and just gently amplify it. And with always the intention of going, at some point, the sound that you're going to hear is going to be your own voice rather than me repeating it for you.

Glenn Hinds:

And I'm just wondering, when you're doing that training, Kate, what is it you're doing... You've already begun to explore this. What is it you're doing with the advocates to help them make that transition, so that they continue to feel that they're being supportive, but they feel that they're taking a step back, or they found a new way of helping this client advocate for themselves?

Kate Watson:

Yeah. I like the way that you set that up. I think you've described it well, Glenn. And we spend a lot of time really exploring the righting reflex. I find that as the years go on in my training, I spend more, and more, and more, a portion of the training on the righting reflex. It used to be, I would define it in the morning, and then we move on to skills. Now I feel like I could spend the whole day talking about the righting reflex. Because I describe to advocates my vision of advocacy as a role that is very powerful, and that we have to be careful to use our power for good, not for harm. Not to quiet other people's voices.

Kate Watson:

And so, we speak a lot about how sometimes the righting reflex comes up, when in our own minds... I know the listeners can't see that I'm making this hand gesture, but I'm trying to describe a siren going off or an alarm going off. In our own minds, sometimes we hear from a client who is struggling, who is like I've said, having the worst experience of their life. They are devastated. They are hurt. They're traumatized. And in our minds as advocates, or even counselors, this siren is going off saying, "Do something. Danger. This is really bad. You've got to step in. You have to help." And sometimes we have a go at ourselves, "You're not doing it right. You have to do more."

Kate Watson:

And so, when I'm teaching Motivational Interviewing, I spend a lot of time helping people notice their internal threat systems getting activated. Because I do happen to believe this interesting thing is happening between two people, where the client has been traumatized by some violence, and the advocate or the helping professional, is having this threat response of, there's danger ahead. I must step in, I must act. So, helping people notice



those signals so that we can start to practice some coping and soothing mechanisms before the righting reflex kicks in.

Kate Watson:

And then, I'm smiling because you said, you described this, Glenn, as this gentle amplification. I often say to folks, rather than trying to solve everyone's problems, why not put a little microphone up to their hearts? Just, whatever's in there just needs a microphone for others to hear it. And if we can be that microphone, then maybe that is what an advocate does. Maybe an advocate is an amplifier. An advocate is a microphone. An advocate just takes what sound is being put in, and maybe expresses it in a way that others can hear. And sometimes I think about the role that way.

Sebastian Kaplan:

I imagine the situation, or the context varies tremendously, from that first moment in the ER, where someone has come in after a horrible event, and the advocate is meeting them for the first time. And perhaps, there's some decisions that need to be made. Maybe some really critical ones, versus several months down the line in a courtroom after the event has... The initial urgency of the event has passed, and maybe the needs are somewhere else.

Sebastian Kaplan:

So, in terms of that amplification, and with the microphone at the heart, what are some of the things that the advocates need to, I guess, have their sight set on, or their ears attuned to, in the early stages, versus those middle stages, versus perhaps late stages? I don't know if you think of it in that way. And then, within that too, what are the motivational challenges or the ambivalence, that a client, a survivor of violence, is grappling with at those different time points? That the advocate can help them through using MI?

Kate Watson:

We often talk about the difference between decisions, that often come before behaviors, that often come before outcomes. So, when you first meet someone, they may be faced with a decision, whether or not they would like to report abuse or violence that has had happened. And that decision is one that only the survivor can make. Nobody can make that decision for them. And there may be a lot of ambivalence about that decision. But when we think about, again, going back to change talk versus sustain talk, this is probably where an advocate stays a bit more neutral on what the decision is. Probably a lot more neutral on what the decision is. But decidedly for the client. So, for whatever you want to do, whatever that may be.

Kate Watson:

And so, we talk about counseling with neutrality at that decision making point, of really just helping people advocate for making a decision, whatever that may be. And so, we begin with questions like, how will you feel once you've made this decision about whether to report or not? And whatever the answer is there, it's typically something like, "Well, that



will be great. I will be so happy. I will be so relieved once the decision is made." That's advocating for making a decision, rather than a particular one.

Kate Watson:

There comes a time, and often not as quickly as we would like, but there comes a time when a survivor or a victim of violence will say, "What I think I really want to do, is seek justice. I want to report this. I want action to happen. I want there to be a consequence. I'm just so afraid of retaliation." And so, what I hear... And this is really your question, I think, is what are we listening for? What I hear is, we've gone from a decision, that seems like it actually has been made now, to now ambivalence about a behavior. I've made the decision that I want to report this, but now I have some fears about moving forward with this decision, because this person might retaliate, their friends might come after me. I'm going to have to go through a whole court process that I don't want to go through. People are going to ask me a lot of questions, I don't want to answer. Maybe I should just let it go.

Kate Watson:

And so, for me, it's moved from a decision to now a behavior. And usually, there is some hopeful outcome that ends up being the first thing the person says. You meet somebody who's having this worst day of their life. And they'll say something like, "I just want to feel better." Well, that's not a decision or a behavior. That's a hopeful outcome. Or people will say, "I just want to be safe in my life." That's not a decision or a behavior, but that is a hopeful outcome. "I just want to be happy." It's not really a decision or a behavior, but it is a hopeful outcome. And so, I talk to advocates about finding that timeline of decisions, become behaviors, become hopeful outcomes. Did I answer your question, Sebastian?

Sebastian Kaplan:

Yeah. No, you did.

Kate Watson:

Okay.

Glenn Hinds:

And wonderful what you're saying, because as you're saying it, what strikes me is that the process that you're describing, the journey that an individual takes, whether it'd be stopping smoking, losing some weight, or changing their relationship with a violent partner, this process is the same. But the emotion that's been presented, the challenges, the realities, the practical realities that they're having to overcome and respond to, are quite different.

Glenn Hinds:

And again, what that raises for me then is, the potential challenge for the practitioner, to be able to hold those emotions, while the client works through them. But again, how often, I imagine that must be tempting for the righting reflex to come, and just say, "Look, it'll be all right. We'll put barring orders on the individual. We'll get you somewhere safe." Rather



than recognizing, "Okay, so it sounds like you really want this to work for you, at the same time you're really frightened about this." And then, from an MI perspective, the focus shifts away from that decision to make... Having made a decision, do you know what's the consequences of that decision, and work through that ambivalent aspect of that.

Glenn Hinds:

And again, what I'm curious about is, we were talking off air before we started talking. How do you help people hold those very powerful emotions as they support the client? Was that, as you were describing earlier on, it was almost that compassionate amplification, the tenderness to accept, as positive regard, of expressing the client's voice, rather voicing the client's... Rather than being angry for the client, voicing that client's anger. How do you help them hold that?

Kate Watson:

I don't know that I would give myself credit that I do help them hold that. But I share my own experiences with what it's been like for me when I'm activated, and it's tough for me to hear these difficult emotions. And I often speak in my workshops about how I... I can't know for everyone in the training, how this will feel for them. I can't know in your work, how you will notice that you are feeling a bit overwhelmed by all these difficult emotions. Because I think our signals are all very different. I can't know how you will cope with those difficult emotions, because I think our coping skills are all different.

Kate Watson:

But I tell people, knowing your signals, knowing your internal signs of distress, that you are starting to feel all of these difficult emotions, will help you because it will buy you some time before it's flying out of your mouth. So, let me explain that a little bit. I think if we don't pay attention to ourselves as advocates, or interviewers, or practitioners in any field. If we don't pay attention to ourselves, we will miss it. We will not realize how worked up, and activated, and upset that we may feel on behalf of someone else who's going through a difficult time.

Kate Watson:

And so, learning to pay attention to things like your heart racing, or it's really warm all of a sudden, or your back is tense. For me, it's my stomach does circles. It starts flipping around. Some people tap their foot a lot. Some people tell me their throat constricts. But if you learn to notice what's happening for you, you've given yourself the gift of a little bit of time to... I don't know if the microphone picked up me taking a deep breath. You've given yourself some time to put your feet flat on the floor, to take that deep breath. For me, I take a sip of water.

Kate Watson:

Something else that helps me, I make sure I... This helps me a lot. I make sure my back is really leaning against my chair. For my back to feel supported, does something for me. It reminds me we're all okay, or something. And then, another less physical thing, but maybe more mental, I remind myself of the client's strengths. This goes on a cycle in my



head. And I say to myself, "This person who you're working with, Kate, this person has made it this far. This person who you're working with, has survived every day up until this day, and they're going to keep surviving. This person has strengths. This person has skills." And I feel all that activation melt away. But I don't believe it's something I can teach. I believe people have to discover, well, how do I know when I'm all worked up and activated? Am I righting reflexes waking up from its slumber? Is it, am I a foot tapper? Or am I a shoulder squeezer, or whatever?

Kate Watson:

I think people have to figure that out. And then, they have the additional work of figuring out how to calm and soothe that tension that they're starting to notice. And I wish it was something I could put on a PowerPoint slide. I wish it was a worksheet I could hand out. But I, I really believe it's something. People have to go out into the world and discover. And at this point in my life, I know that when I'm starting to feel all those difficult emotions, and I'm trying to manage it all, and my righting reflex is waking up and saying, "Oh, are there problems for me to solve here today?"

Kate Watson:

I notice it in my stomach. First, I get this twisting, flipping feeling. And that's my early signal that I've got to do something, or it's going to come out of my mouth. And I will be disempowering in that moment. Because I will start to take over, and I will start to solve all their problems, and I will be quieting this person's voice rather than amplifying it.

Sebastian Kaplan:

Wow. Thank you for brief... I feel like you are teaching something there. Maybe not directly how any individual person can do it, but just the idea that one's own signals, that can be quite personal. Our own emotional fingerprint, I guess, can cue us into a warning of, careful here, you might be going down a road where you might really take someone's autonomy away, and start to overpower them.

Sebastian Kaplan:

We've talked, in a lot of different contexts, whether it's suicidality, or vaccine hesitancy, or opioid addiction, that there's a certain level of urgency that I imagine comes up in a lot of these advocacy conversations. I imagine there's survivors of intimate partner violence, that end up returning home and returning to their abusive partner. And I could just imagine how hard that must be for the advocate, if they have really strong concerns about someone's safety.

Sebastian Kaplan:

And so, all of these bodily cues to help them regulate, to then be able to engage in a conversation in a really helpful way, can be quite helpful. You're hearing about the idea of strengths. So, you're saying that one of the things that you do, you take a breath, drink of water, support your back. And then, the mental part of that seems to be this person has strengths, they've made it here thus far. And I was meaning to ask you about the role of affirmation in the work that you do, and how helpful that is, perhaps how careful an



advocate needs to be with affirming someone who's in a really vulnerable, dangerous, painful situation. And if there's anything maybe different about use of affirmation in the context of the work that you do?

Kate Watson:

Great question, I'm going to think about that for a second. I don't know how different this is, but it is quite common. And I don't think this is just true in victim advocacy, but I think it's quite common for survivors of violence, to be a little suspicious of affirmations that they hear, because they're not used hearing them. But I don't know that that's just the field that I'm in. I think that's sadly, sadly, common across many fields, is that people aren't really used to hearing about their strengths.

Kate Watson:

I've done some trainings in the healthcare field, and I think that may be true there as well. But I think it's worth remembering that sometimes with good intentions, we will keep pushing more affirmations. "No, you're really strong. You're really smart. You're so good at this." And I think that for a person who's already feeling a little bit suspicious, and they may be in their own way, putting their hands up and saying, "I'm not sure I'm ready for that." It's particularly important for advocates not to violate any boundary that has been set. You're working with someone who is there already because their boundaries have been violated. That is why they are meeting with you. The whole thing that happened, that brought them to this meeting with you, is boundaries were violated in some way.

Kate Watson:

And so, it is of the utmost importance that if we're getting a signal that somebody's putting a little imaginary line in the sand, and saying, "Don't cross this line." It's pretty important that we not cross that line. I speak about that, not just with affirmations, but also when we talk of about asking permission to give advice, things like that. In any field, when you teach this process of asking permission to give advice, the most common question I get, I don't know about either of you, is well, what if you ask permission, and the person says, no?

Kate Watson:

And in any field, I would say you've got to respect that. But I really slow down and emphasize that with victim advocates, because I say, "Listen, you're talking to a person who tried to say no to someone, and it was violated. And so now, when you're working with this person, and they say no to you as the advocate, all the more important that we do take an immediate step back, and not only respect the no, but I would argue, talk about that." When I have asked a survivor of violence, "May I offer you a suggestion?" And the person says, "Really, this is not a good time." I say, "I want to respect right away that you're not interested, and I will not offer that. But I also want to ask you, what was it like to have your no respected this time?" Because the whole reason they're there, is because someone disrespected that in the past.

Glenn Hinds:



That's a very powerful, bringing together of what's happened to this individual outside of this room, and what may be potentially repeated by us in this room. And in our attempts to be kind and our attempts to be supportive, we can actually do harm by missing the very impact of us. It sounded like almost like offering a reassurance, and as an affirmation. And they're not here for necessarily... It's not useful to give them reassurance. It's much more powerful to acknowledge, this is what it's like, and our willingness to be there with them. And just to notice what that's like.

Glenn Hinds:

And again, I'm just struck by the power of the emotional experience that advocates must be finding themselves in. And it takes me back to the conversation we had with David Prescott, about his work with perpetrators of sexual violence. And just, the willingness of an individual, another human being, being willing to step into that furnace almost, of emotions, and to really stand there with this person, and explore where they're at. And then, begin to consider where do you want to go, rather than going, "Get out of this fire. Do it this way. Hold my hand, and I'll take you out of here."

Glenn Hinds:

And again, it's just tapping my hat to the people who have the strength and determination to go alongside people in that situation and acknowledge your willingness to go alongside those practitioners. Because I imagine that that dynamic is in the training room very often as well, and how do we manage that? And I think we've already started to cover, not a lot of this. It's about, again, back to the differences that other approaches are being taught to advocates, and what is it about MI that makes it so different?

Kate Watson:

So, I've attended a lot of trainings that are designed for victim advocates, and sitting as a learner in the room, I can tell you that they are highly theoretical. I've sat true... Well, my first job as an advocate, it was a 40-hour training to get certified as an advocate. And for 40 hours, it was theories of trauma, theories of victimization, theories of this, theories of that. And then again, just like graduate school, a lot of don'ts. Don't be judging, don't be shaming, don't be blaming, don't do this, don't do that.

Kate Watson:

And 40 hours is a long time to learn theories, and what not to do. And I don't know that there are a lot of other approaches. Maybe some, but I don't know there are a lot of other approaches that are as practical and as immediately useful as Motivational Interviewing. I consider Motivational Interviewing immediately useful, because you do learn some tools that you could 10 minutes later practice a little bit, try out with the person sitting next to you at lunch, or call up your best friend that evening, and do some reflective listening. And so, to me, that's the biggest contrast is, it's not just so theoretical. It's very practical. And so, I think it was a long time coming.

Kate Watson:



I will also say, victim advocacy relative to things like medicine, it's a new field. It's younger. And so, there's a lot of growing up to do for the field. And it's only in the last few decades that it's even being professionalized. In the 60s and 70s, advocates were just like survivors themselves, who said, "I'm not going to let this happen to any other person out there." And they would drive up to someone's home in the middle of the night, and knock on the door and say, "I'm getting you out of here." That's what advocates used to be.

Kate Watson:

And so, the field is becoming a lot more professionalized, where there are credentials and certifications. But compared to psychology, which has existed for so long, it's a younger field, that I do think has some evolving still to do. If I can play any tiny little role in that, I'd be happy to do it.

Sebastian Kaplan:

Certainly, you are. And with all that you're bringing to this field of work that you do, with regard to Motivational Interviewing, it surely provides this pretty important contrast to some of the other training experiences that you and others have had, to fit with the theory and the, don't do this and don't do that, of course, not to replace it necessarily.

Sebastian Kaplan:

And we kind of have address this off air before we started, Kate. You mentioned something that's maybe somewhat unique to the world of survivor advocacy, that in regard to MI... And MI of course, is an approach that it's all about change, and all about helping people change. And whether it's to do less of this or do more of that. Enter into some on other kind of program, or whatever it might be. And that, there's a part of the work that you all do, in the world of advocacy, where change is maybe viewed with a bit more suspicion. And it's not quite as obvious that that's what this is all about. Maybe you could talk a little bit about that.

Kate Watson:

I think that was something that struck me when I was entering into the field of victim advocacy, that I had learned Motivational Interviewing first, and then got this job working as an advocate in the hospital, part of a research study. And so, I showed up with my prior experience in Motivational Interviewing and talking about change, change, change. And I found, when I started doing trainings for victim and survivor advocates, that when you open your workshop with something like, "Oh, Motivational Interviewing is this conversation about change." I watched whole rooms full of people, cross their arms, lean back in their chairs, raise an eyebrow like, "Who is this woman who thinks she's going to teach us something today?" And I realized, just as you said, Sebastian, there was this concern about the word change. And I respect it now that I understand it, now that I understand the suspicion, I really respect it.

Kate Watson:

But the concern is, when you're an advocate, you think, "Well, the people I work with, my clients, the survivors, the victims, they're not the ones who need to change. There's



someone else out there who committed some wrong, who did some bad thing. And that person is the one who needs to change, not the person I work with." There's a lot of passion about that. And I hear advocates get very protective of their clients around this concept of change. And I think their worry is that its victim blaming. I think their worry is that I was going to do a whole workshop about ways people need to change so that they don't get victimized again. And that's not what we were talking about. It never was what we were talking about.

Kate Watson:

And so, what I help people, or I try to help people understand, is that it may be true that there's someone else out there who committed a harm, or a wrong, or something tragic and terrible. And it may also be true, that's through no fault of their own you have clients who are now faced with a time of change, and transition, and healing, and growth, and a lot of decisions associated with that. And they are faced with many options ahead of them, and they have to figure out which options they're going to take, to report or not to report? To leave or not to leave? To go to a housing program, or stay with a friend? To implement a safety plan, or wing it, take your chances? Go to counseling, or don't go to counseling?

Kate Watson:

And I'm trying to make it very clear, it's not this person's fault that they are now faced with all these decisions, and changes in their lives. And yet, they are faced with all of these decisions and changes in their lives, and why not help them make those changes in a way that feels really valuable to them.

Kate Watson:

And so, I think framing it that way, has helped some people uncross their arms, and relax their eyebrows, and lean in a little bit to the training. And I had to learn that the hard way. I had to do it wrong a lot, before I realized, "Okay, I think this is how I need to describe it now." But thank you for asking, because I think if we had missed that, I would've regretted not sharing a little bit about that. That Motivational Interviewing isn't about helping people not get victimized again, as if it was their fault. That's not really the target behaviors that we look at. We look at things like making a safety plan, implementing the safety plan, leaving a relationship, going to counseling. Even the decision to accept what has happened to you, to really accept that this event has even taken place, and that you are now experiencing trauma symptoms. A lot of folks are in a period of disbelief about that. And we can help people find acceptance, and growth, and healing, without blaming them for what has happened to them.

Glenn Hinds:

Well, so what I'm hearing is just how consistent to the spirit of MI, the way you're describing, making the adaptations to the theory and practice. So, the words describing theory of describing Motivational Interviewing. So, change in the language of change, talk to self-advocacy, the recognition to change itself can be heard as victim blaming. But also, really quite significant about that idea of acknowledging and recognizing, it's really unfair that this individual who's gone through all of this pain and hurt now has to do this



healing work, because of somebody else's behavior. And it's about just being willing to recognize that that's part of the harm that's been done to them. This isn't fair that you now have to sit in front of me as your advocate, or I have to come with you to the hospital, for you to have some operation or whatever, it's because of someone else's behavior.

Glenn Hinds:

Or to go through two or three years of potentially counselling process, where you have to go over, and over, and over, and over this pain. And it is part of the journey. It's just the sadness of that truth for that individual, that that practitioner has to then sit with them. It sounds like that's what you're exploring. It's just going, "This is cack..." As they would say here in Northern Ireland. "That's cack," which is that's really rubbish, that's really unfair. That's really dreadful. And I'm just wondering, is there any other examples of... I love the way that you've been so flexible, and the way that you're translating "traditional Motivational Interviewing" terms, into a phraseology that works for advocates.

Kate Watson:

I'm not sure what else... I think that in any field, because... Okay, so maybe 80% of the workshops I do are in victim advocacy, but maybe 20% of them would be in another variety of fields. And I find that in any field, professionals have a real appreciation, if you try to translate it to their work, to their language. And I've just had more of an opportunity to do that for advocates.

Kate Watson:

And again, I get no credit. I think that I've learned how to translate it to their work by hearing them speak to me. Which Bill Miller always says that he learned Motivational Interviewing by listening to his patients over the years. And I think I've relearned Motivational Interviewing by listening to advocates, describe their work. I've learned Motivational Interviewing in a whole new way now that, it isn't always so focused on change, change, change. It may be a bit more focused on amplifying what a person's heart's desire for growth may be. And often, I like focusing more on the word growth than change. They can sometimes be a little synonymous, but not quite. I think that for the field of victim advocacy, healing and growth seems like a better zone for looking for target behaviors, than necessarily change.

Sebastian Kaplan:

This is such an interesting part of this work, and this conversation, is these adjustments and variations of what an MI practitioner might do without thinking, or even feeling like the setup of a conversation is going to build to this key question of, what are the three best reasons for you to quit smoking, or something like that.

Sebastian Kaplan:

And I just wondered, I'm wondering for myself, how is that a question different, either in the exact translation of that question into another similar invitation, or perhaps even just the setup of it, how you might... Because you might not really need a disclaimer to say, what are the three best reasons for you to quit smoking? The patients probably not



surprised to have that question come in a medical consultation. But I don't know. In the work that you're talking about, could you give some specifics about how that comes up, and how that sounds?

Kate Watson:

Yes. And I was nodding, and thinking, I have some ideas, but it may not be about that kind of question. I'll have to think about that one a little bit more, Sebastian. But I'll tell you what's a bit unique, related to reflective listening in victim advocacy. It is very common, unfortunately, very common for survivors to blame themselves, and do a lot of victim-blaming on their own.

Kate Watson:

And I've worked with folks over the years who will say to me things like, "Kate..." I suppose by this point in the podcast, your audience is probably prepared for some violent descriptions, but I'll pause for a moment to say, if anybody wants to turn the volume down for a second, I will be describing some images of violence. But it's common to hear things like, "Kate, I know that this looks bad. I'm here in the hospital because my husband threw me down the stairs, kicked me in the stomach while I was pregnant. I know these things look bad. I know these things sound awful, but really, it's my fault. I shouldn't have been bothering him. I knew he was in a bad mood. And I asked him a question I know I shouldn't have asked him. And I take full responsibility for this." And really, you get the idea, et cetera, et cetera.

Kate Watson:

A lot of advocates get worried about reflective listening when you're hearing victim.... But victims blame themselves, because to reflect that back, sounds like I'm endorsing that. And so, a common thing in victim advocacy, is to be really careful about not endorsing, but also not correcting in a way that feels like I'm shutting someone down. And so, we practice a style of reflective listening that tries to make it very clear, I'm just saying back what you have said. And where I don't worry about that so much in a medical field, if someone says, "Oh, quitting smoking is so hard," I would feel very comfortable saying, "It is really hard. Yeah, it is." I would have no concern about that. But I am concerned about saying back to someone, "So, you brought this on yourself, and you're telling me that you shouldn't have asked your husband a question today?" That may be reflective listening technically, and it may technically be correct, but boy, does it feel very uncomfortable to say back to someone, these things that I do not endorse in any way.

Kate Watson:

So, the style may sound more like this, "I hear you telling me, that from your perspective, it seems like this," fill in the blanks. "And I also hear that you're someone who takes a lot of responsibility. Tell me more about that." And we might just observe the overall theme of it is, you're taking a lot of responsibility here, rather than correcting and saying, "No. No, this is not your fault. You didn't do anything wrong." That could really shut a person down, who wants a safe place to express how they feel. But just repeating it back, also feels a little dirty and uncomfortable for the advocate, who's like, I don't want to say those



words back to someone. So, we do practice the style of reflecting without endorsing. Technically, no reflection is really an endorsement, but some could sound that way if we're not careful with our tone of voice.

Glenn Hinds:

That's fantastic. That is so good. And immediately, I want to suggest that, well, if we just sit with that for a few minutes, and just invite you to help us as the host, and the listeners, just to think about that adaptation. Again, about how you're translating motivational- or in this instance, reflective listening, into a manner and into a conversational style that works for this client group. And I wonder, can you give us a couple more examples of how you take a situation, and how you've translated, or how you encourage advocates to consider it differently, to then reflect back, or to affirm, or...

Kate Watson:

Yeah. So, we've talked about affirmations, and we've talked about reflections. Maybe I'll try to go back to Sebastian's question about questions. I love a question about questions. I mentioned earlier that it's really common for someone to immediately present, what I like to call, a hopeful outcome. I just want to be safe. I just want to be happy. I just be independent. I just want to be free. When we're listening to people, and then facilitating a conversation with open ended questions, I will commonly tie it back to their hopeful outcome. So, something like this, I hear you describing how you're back and forth, and a bit torn about whether you are interested in making the safety plan with me. You see some benefits of the safety plan, and you also wonder if maybe it's just a silly waste of time, to map out how you'll stay safe in your life. If you were to sit with me, and work on the safety plan, how does that feed your hopeful outcome of safety, and independence, and freedom, and happiness, and all the things that you told me, that you might want?

Kate Watson:

And so, I try to help people draw that line that I described earlier, from decisions to behaviors, to outcomes. And a lot of the questions I will ask, go back to that big picture. What are you aiming for ultimately, and how does this help you take some steps toward that? It's also an interesting conversation about power that comes up there. Because very often the hopeful outcome... I call it hopeful, because it isn't something that a person has control over necessarily. You can hope for safety in your life, and never have it. You can hope for happiness, and never really feel happy. You can hope for freedom, and independence, and success, and love, and all sorts of things that you don't really achieve.

Kate Watson:

And so, I call them hopeful outcomes, not to make any promises to people, that if you just do this, you will have all of your hopes and dreams fulfilled. That it is, we can control, and we have power over our behaviors, and those behaviors might hopefully lead to that outcome that you're describing. And so, I try to focus on what can we do that you do have power and control over, that might lead to that thing you told me you ultimately want, that hopeful outcome. And so, some of my questions would be revolving around that.



Sebastian Kaplan:

So, you were listening really carefully for some expression of a hopeful outcome, and then tying that patient centered, that hope that comes from within them, and link that to some of the nuts and bolts of the work of victim advocacy, like developing a safety plan?

Kate Watson:

Yeah.

Sebastian Kaplan:

Which I imagine, helps it to match with the client's agenda. Maybe big picture agenda of I want to be happy someday, but it's... I guess I hear it also as an example of partnership, and this isn't like another specialist coming in, and saying, "You're this victim. You have to develop the safety plan." Obviously, the safety plan development is, I imagine, a collaborative process. But the fact that it rests on this hopeful outcome that the client express for themselves, or maintains, or maybe establishes the idea that you're in charge here, even if you're not saying that, even if it's in the context of the situation where the client likely feels that they have no power, or the power's been taken away from them, it begins to slowly piece that together, without that potential artificial sounding, "You're a powerful person." It just might not fit in such a direct way.

Sebastian Kaplan:

Also, I was thinking about the reflection piece that you were describing there, which is just a wonderful example. And it was so interesting, because I feel like a lot of us who teach MI, when we teach reflections, we're all probably familiar with people that aren't quite comfortable with reflections. They're just learning for the first time. And they often use what we call a reflection stem. They'll say something like, "It sounds like..." Or they'll have those go-to words before the actual reflection of the content of what the client said. And we encourage gently, obviously, but encourage people to consider, what if you just drop the "It sounds like," and just went with the reflection, as a way to help them learn reflection.

Sebastian Kaplan:

In this case, it sounds like it's almost the opposite. You're actually trying to develop the right kinds of stems, so you're taking great care to not endorse. And I've never quite thought of it in that way, that those stems have... The stems can be helpful as someone's learning MI, but I've never quite thought of it as a stem, as helpful for the other person, in really emphasizing, this is what I'm hearing you tell me, and this is what I'm hearing you believe in yourself right now. Or whatever it might be. But I'm rambling right now, but you get the point.

Kate Watson:

Well, I'm smiling, because we eventually get there. But when I first teach reflections, I guess I don't even realize I'm doing it, but I give a lot of examples of reflections that don't include that stem. And it's a common remark I hear from participants in a workshop is, "Kate, you're so direct. It feels almost harsh. You're just saying, you're mad right now." And I say, "Perhaps." I say, "We may all have our own style, and mine may be very direct.



I do live in Philadelphia. I am who I am." And people will ask, "Do you ever soften it up a little bit?" And I say, "Yes, I soften it up a little bit when I'm nervous about my reflection, when I'm unsure of it and I'm worried that it might sound like an endorsement, that's when I very intentionally add back in," Sebastian, what you're calling stems, and what I call softeners, something that eases into the reflection.

Kate Watson:

And I say, "I will very intentionally go back, and use something like that, if I'm worried that my reflection might sound like I'm agreeing with someone. And it's something that I really don't want to agree with." Adamantly do not want to agree with. And so, there's a time when I decide, I think I need to go back to that style of reflecting, where I might really emphasize particular words like, you feel this way, it feels that way to you. You're seeing it like this. And I just let that word, you, land heavy, so that it's very clear I am, as your advocate, not the one observing these things, you're saying them.

Glenn Hinds:

And what's very powerful, again, is what you're saying is, by paying attention to yourself, it's informing what you say next. When your Spidey sense is flickering, you're going, "Maybe I need to introduce a stem or softener." And when it's not, then I can just be authentic, and just say what I'm saying, and just see what happens. But again, just how powerful that paying attention to ourselves as we help other people.

Glenn Hinds:

And I love what you were saying there, Seb, about the whole thing about autonomy in this process. And it sounds like it's the autonomy that's created, that itself is healing for this individual. This is somebody who's had their autonomy removed on so many occasions, verbally, physically, often sexually as well. And then, this process is going, what do you want? What is it you need? How can I honor your right to decide what you do next? I may not always agree with what you're going to do next, but I'm going honor your right to make that decision for yourself.

Glenn Hinds:

And I guess it's so much of what our audience who listen to, will be very helpful for my... In my own mind, I'm just thinking about the different people I come into contact within my private practice, but also in my trainings. And just noticing how I might make adaptations to just how I might phrase some things as I'm teaching and phrase some things as I'm working with individuals. But we're coming up to about an hour now. And usually at this point, Kate, we ask our guests a slightly left of center question, which is, what else has maybe happened for you at the minute, that maybe Motivational Interviewing and really may not, but just something that's catching your attention, that you'd be happy to talk to as well, for a few minutes?

Kate Watson:

Yeah. Thank you for asking. So, in addition to my work with the Advocacy Academy, I also have something I keep separate from that. But it's my work, but I think of my work in



two different ways. The Advocacy Academy is really focused on training for victim and survivor advocates. But over here on the other side, I have a podcast myself, and it became a book this year and it's called, Only Trying to Help. And I like to think of it as the very jargon free version of Motivational Interviewing. If you read the book, or listen to the podcast, what we're talking about is empathy, autonomy, listening, monitoring your righting reflex, all the things that we talk about Motivational Interviewing. But I don't really call it any of that, because I think to read a book with all of that terminology, I think requires a little bit of sometimes training, and sometimes prior knowledge. Like some workshop you've been through, that told you to pick up this book.

Kate Watson:

So, Only Trying to Help is like, if you've ever gone to a Motivational Interviewing workshop and thought, "Gosh, I wish my husband could attend this. Or "I wish my best friend could hear this stuff." Or, "I wish my mom had this training." Only Trying to Help is meant to be that training, minus all of the acronyms, minus all of the jargon, minus all of the academic theory. It's just, for a regular people who are not psychologists, and social workers, and physicians, and nurses, and advocates, but you're just the bartender who hears about a lot of people's problems, these are just basic helping skills.

Kate Watson:

So, the podcast is called, Only Trying to Help. It's available on Spotify, Audible, Apple Podcast. It's not a competitor for this podcast, because people come here for Motivational Interviewing. They'll send their cousins and best friends to my podcast. And then, the book is by the same name, and it came out just this past May, so I'm really excited about it.

Sebastian Kaplan:

Well, that's great news. And yeah, it's really exciting to hear. And a lot of people in the MI community, certainly speak to the how broadly can we apply this? Can you do MI with your kids? That kind of stuff. And that, while there are likely some limitations to formal MI with one's adolescence, children, like I've tried at my home, it sounds like it's such a useful resource, to take some concept, remove the jargon, and just have a real conversation about, yeah, how do I talk to my kids in a helpful way? How do I communicate with my spouse, or a friend who's struggling? So, sounds like a really awesome resource.

Kate Watson:

Thanks. I'm pretty proud of it. Plus, it's mostly filled with stories about times I did it all wrong, and people like to read about that stuff, so.

Sebastian Kaplan:

Right. And the book, what's the publisher?

Kate Watson:

I self-published the book.



Sebastian Kaplan:

Self-published? Okay, great. So, we'll offer a link or some information about that in the episode notes if people want to hear about that.

Kate Watson:

Great. Thanks so much.

Sebastian Kaplan:

And as we wrap up, we also ask our guests, if they are interested in people contacting them with questions about some of the work that you're doing, or maybe the podcast and the book, would you be open to that, and how could they contact you?

Kate Watson:

Sure. So, I'm happy to hear from folks. My email address is kate@advocacyacademy.org. I'm not super active on Instagram, and things like that. But if folks were to connect with me there, I'm advokatew, advokatew. I find that the more people who follow me there, the more inspired I am to actually do stuff on Instagram. So, you would be helping me a little bit. But I'd be happy to hear from folks, questions, comments, anything that might be helpful. So, feel free to reach out.

Glenn Hinds:

Yeah. I love the fact that your name just fits perfectly with what you do. You advoKate.

Sebastian Kaplan:

Beautiful.

Glenn Hinds:

Beautiful. And then, just to extend that for people who want to stay in touch with us, our Twitter is @ChangeTalking. Seb's personal Twitter account to follow Seb, is [sgkfromnc](#). So, Seb @sgkfromnc, all one word. And my own is @GlennHinds, with two N's, G-L-E-N-N H-I-N-D-S. And Instagram is Talking to Change Podcast. Facebook is Talking to Change. And our email for any comments on the podcast, or ideas, or information around training that we offer, at podcast@glennhinds.com.

Sebastian Kaplan:

Well, thanks so much for joining us, Kate. We really appreciate it. This was super interesting. So, glad to have you.

Kate Watson:

Thanks for having me.

Glenn Hinds:

Thank you, Kate. Thank you. Thanks everybody.

