CHAPTER 1

A NEW APPROACH

Imagine for a moment the following headlines in your local or national news:

"Hundreds of ex-cons get jobs, lead normal, uneventful lives"
"Community welcomes back former inmates"
"Prisons sit empty as community treatment programs thrive"
"Majority of violent offenders don't reoffend, not a threat to society"

This is vastly different from the reality, is it not? Instead, a frightened public decries the failure of our systems to prevent crime and appropriately sanction offenders. Prisons and harsh offender policies become the norm, and communities seek ways to prohibit former offenders from returning. As these unlikely headlines demonstrate, there are marked discrepancies among the science of offender rehabilitation, the practice of those who work with offenders, and the expectations and beliefs of a concerned public. These differences are most obvious to those who work with offenders each day within the criminal justice system, residential and community corrections, forensic mental health systems, and risk management agencies like probation and parole. Within these agencies, we struggle with the shared goals of promoting community safety, improving offender rehabilitation, and facilitating successful reentry outcomes. These goals require a careful balance between responsibilities—the responsibility of the offender for his or her own actions and behavior, and the responsibility of those charged with reentry planning and risk management. It can be a precarious balancing act.

How do you do this? How can you balance these responsibilities in such a way as to promote public safety while still fulfilling your obligations to the offender to provide effective services? Historically, two goals have been at the forefront in offender rehabilitation and risk management. *Compliance* is a pragmatic goal, dependent on the assumption that offenders who comply with supervisory and legal rules will be successful in refraining from continued criminal behavior. Attention and effort are focused mostly on securing and maintaining an offender's compliance with treatment, with surveillance and reporting requirements, and with prosocial lifestyle supports. Put simply, you want offenders to follow the rules, and when they do, you feel assured that they will be successful and safe. It is a short-term acquiescence to power and authority that may not extend beyond a single meeting or a term of supervision. Compliance communicates a brief stabilization of behavior, but one that may not generalize to other, more long-term contexts.

A second and perhaps more important goal, however, is *behavior change*. This involves a combination of motivation, self-evaluation, and the development of new behaviors. Underlying the goal of behavior change are assumptions that an offender must be motivated and capable of change, and that such change will be in a positive, prosocial direction. Lasting behavior change is motivated by self-important values. Such change is self-directed, and in offender systems, the goal of change is viewed with some skepticism and trepidation. It is a complicated, lengthy, and often less immediately visible process. Further, an offender's ability to change relies on not just the offender but also other people, support systems, and social factors interactively working together. At any point, conditions may facilitate behavior change or hinder it.

One may mistakenly think of these two goals as independent, though they are not. Compliance is more observable and easily measured. It can also be more easily systematized and applied with less individual variability—all of these are things that make compliance much more attainable from the perspective of large, bureaucratic systems. However, the reality is that one cannot achieve compliance without behavior change, or at least, not in the long term. If one expects compliance without change, then an offender will comply only so long as he or she is being closely monitored and directly supported. Once supervision and support systems are removed, the individual's behavior will return to its former state, which may mean a lifestyle involving criminal behavior. Thus, we must critically evaluate our focus in working with offenders.

MOTIVATIONAL INTERVIEWING

Though specific roles may vary, the primary aim of those who work with offenders is to promote meaningful change in those who have committed criminal offenses. Enter motivational interviewing, or "MI." This approach (Miller & Rollnick, 1991, 2002, 2013) is a way of communicating with people about change. It first emerged from work with addictions but has since widened its reach, becoming a favored approach for use with populations in a variety of settings (Burke, Arkowitz, & Dunn, 2002), including criminal justice agencies (Birgden, 2004; McMurran, 2002; Farrall, 2002), probation (Walters, Clark, Gingerich, & Meltzer, 2007; Clark, 2005; Ginsburg, Mann, Rotgers, & Weekes, 2002; Harper & Hardy, 2000; Miller, 1999), and corrections (Anstiss, Polaschek, & Wilson, 2011). Broadly, this growth in the use of MI parallels a move toward the "business of behavior change" in corrections and criminal justice (Clark, Walters, Gingerich, & Meltzer, 2006). But specifically, it means agencies across North America and the world have begun to incorporate MI within their offender treatment and reentry services, for both mental health or specialty service professionals as well as direct line staff. More than 30 nations have adopted MI for use within their courts, prisons, and community corrections and supervision agencies, as is evidenced by the availability of trainers and trainings in multiple languages and locations (*www.motivationalinterviewing.org*). And at the 2010 United Nations Congress on Crime Prevention and Criminal Justice in Salvador, Brazil—a meeting that has been held every 5 years since World War II—the implementation of MI in correctional systems emerged as a key topic.

Why such growing interest in MI? Perhaps most evident is this: *It works*. As would be expected from its early roots in substance abuse treatment, MI has received its greatest empirical support from research on engaging substance users in treatment and improving their treatment outcomes (e.g., Apodaca & Longabaugh, 2009; Jensen et al., 2001; Vasilaki, Hosier, & Cox, 2006). Similarly, MI has been effectively used to supplement or enhance treatment engagement and progress in offender populations in prisons and community probation agencies (e.g., Farbring & Johnson, 2008; Harper & Hardy, 2000; McMurran, 2009; Walters et al., 2007; Walters, Vader, Nguyen, Harris, & Eells, 2010), as well as juvenile justice populations (Feldstein & Ginsburg, 2007; Sinha, Easton, Renee-Aubin, & Carroll, 2003; Slavet et al., 2005), domestic violence offenders (e.g., Dia, Simmons, Oliver, & Cooper, 2009; Kistenmacher

& Weiss, 2008; Murphy & Maiuro, 2009; Musser & Murphy, 2009; Musser, Semiatin, Taft, & Murphy, 2008; Rasmussen, Hughes, & Murray, 2008), and offenders with coexisting substance abuse and mental health problems (Mendel & Hipkins, 2002). In addition to these applications, numerous studies have demonstrated the impact of MI on treatment compliance and adherence (e.g., Lundahl & Burke, 2009) and increasing engagement in treatment for persons with serious mental illness (e.g., Arkowitz, Miller, & Rollnick, 2015), both of which are relevant to offender work.

These studies of offender populations tell us that MI works, though our goal here is not to exhaustively review the evidence of its effectiveness. Rather, we want to discuss other reasons for increased use of MI among offender service agencies. We have identified five additional factors to consider as you read this text, setting the stage for a shift in your thinking and practice with offender clients.

1. *MI aligns your department or agency with evidence-based practice.* MI was introduced in the early 1980s and has since been identified as an evidence-based practice (Substance Abuse and Mental Health Services Administration, 2008). Empirical study of MI suggests that certain types of brief counseling interactions are as beneficial as more lengthy interventions, and that a certain kind of provider style more effectively elicits change. A person who talks about the benefits of change is more likely to make that change, whereas a person who argues and defends the status quo is more likely to continue his or her problematic behavior (Miller & Rollnick, 2013). MI helps people connect the need for change to something they care about, which helps internalize the change process. It moves away from confrontation and toward collaboration, wherein a provider and client are each responsible for parts of the change process. That these elements are empirically supported and align with best practices for multiple client problem areas makes them particularly relevant for those who work with offenders.

Funding allocated for institutional and community-based offender service agencies is often subject to political and economic trends. Clear and Frost (2013) describe U.S. correctional budgets that in recent decades doubled or tripled (or more) following politically fueled mandated sentencing laws and other increases in sanctioning. This excess came to an abrupt end with the onset of economic recession in 2008. Sharp decreases in funding across countries in North America and other parts of the world have been felt across offender service systems, including not only corrections but probation and parole, forensic mental health, and

diversionary programs. As a result, offender programs have far fewer resources with which to demonstrate effective rehabilitation and reentry practices. Those that fail to produce positive results risk losing even more of their scant funding. Failure can no longer be excused by "but we've always done it that way." Perhaps now more than ever, offender programs need to be developed based on evidence rather than ideology. Our work must have a clear grounding in science to continue to receive funding and support.

While having an adequate budget is ideal, money alone does not drive your efforts—effectiveness is paramount. Until only the past two decades, criminal justice suffered from a lack of proven methods for reducing offender recidivism (Bonta & Andrews, 2003). Today, it is almost unimaginable that the field ever operated without practice methods that were studied and empirically validated through rigorous science. Science-based methods for offender work have been propelled by multiple streams of interest, united by the "Evidence-Based Policy and Practice" initiative from the National Institute of Corrections (Bogue et al., 2004; Guevera & Solomon, 2009). This initiative named eight principles of effective intervention to reduce the risk of recidivism, among which MI was prominently cited in principle 2: "*Enhance Intrinsic Motivation*—Research strongly suggests that 'motivational interviewing' techniques, rather than persuasion tactics, effectively enhance motivation for initiating and maintaining behavior change" (Guevera & Solomon, 2009, p. 13).

Within this text, our goal is to lend substance to that recommendation by describing the benefits of integrating motivational strategies into offender work, and by providing best-practice examples of effective MI from the field.

But how does this fit with other empirically supported practices for offender rehabilitation and reentry? Any review of evidence-based practice in corrections and criminal justice invariably includes the risk–needs–responsivity (RNR) model (Andrews, Bonta, & Hoge, 1990; Bonta & Andrews, 2007). This model recommends that the level of service should match an offender's risk of reoffending, that offender agencies should assess an offender's criminogenic needs (i.e., dynamic risk factors) and focus treatment efforts on those issues, and that treatment should be matched to an offender's learning style, strengths and abilities, and inherent motivation to assist positive behavior change. This model clarifies who we should treat (i.e., risk), what we should do in treatment (i.e., needs), and most importantly, *how we should treat* (i.e., responsivity).

The RNR model brought renewed optimism to the field. After decades adrift, this method demonstrated reduced recidivism in an accessible and practical way, providing much-needed empirically grounded and scientifically confirmed outcomes. However, the RNR model is not a perfect solution (e.g., Polaschek, 2012). The most oft-cited critiques are that it can be more about programs than people, and that there's a lack of clear guidance for day-to-day implementation of the RNR principles across diverse programs and offender groups (Polaschek, 2012). And it is true that one must retain a focus on the person in order to apply any empirically based model effectively. Even the best approaches will fail if the offender is disinterested and does not want to participate. Start with client engagement, or forget starting at all. Bonta, Rugge, Scott, Bourgon, and Yessine (2008) have echoed problems with integrity of service delivery, particularly with regard to applying the principles of risk, need, and responsivity. However, MI can then provide not only an opportunity for empirically based service delivery, but also a method for increasing individualized treatment planning and enhancing service implementation in accordance with the fundamental principles of RNR.

Realizing that offender engagement is a critical first step, administrators and researchers alike have found that MI can transform mechanical and depersonalized offender models and add important core counseling skills. As a result, the most widely accepted RNR programs within the last decade have also taught MI as an important component (e.g., EPICS, University of Cincinnati Correctional Institute; STARR, Robinson, VanBenschoten, Alexander, & Lowenkamp, 2011; see Gleicher et al., 2013) to better facilitate a climate of behavior change.

> *A person who talks about the benefits of change is more likely to make that change.*

2. *MI gets you back in the game of behavior change.* To be about compliance—the traditional goal of offender rehabilitation and reentry—is not enough. Our work must be about fostering lasting changes in offender behavior. Trends in offender management, however, have misdirected us from this goal. While it is true that you can never "make" anyone change, or even want to change, what you can do is help people find their intrinsic motivation to improve themselves, have better lives, and make decisions that they value. This shift in thinking puts you in a position to be more than watchdogs or gatekeepers. You are then positioned to understand offenders and work with them to identify goals

and barriers to change. Here, motivation is vital. You must understand a person's motivation before you can help him or her move forward.

Historically, motivation has been viewed as a more-or-less fixed characteristic of offenders. That is, an offender presents with a certain motivational "profile," and until that individual is ready for change, there is little that you can do to influence his or her choices and behaviors. Under this model, you work with the offender to enforce the orders of the court but are not necessarily an active participant in the offender's behavior change process. For example, a probation officer might describe his or her role this way:

> "The defendant and his lawyer negotiate for the judge to consider probation supervision (and conditions) in lieu of jail time. In our initial meeting and throughout our work together, I tell the probationer what is expected of him and make it clear what the penalties will be should he fail to comply. We have regular meetings to verify that he is making progress on his conditions, and I answer any questions he might have. If he breaks the law or shows poor progress, I see to it that appropriate sanctions are applied. Throughout the process, the probationer is well aware of the behavior that might send him to jail, and if he ends up there, it's his own behavior that gets him there."

This summary reflects the thoughts of an officer who is essentially removed from the change process, relegated to the role of an observer. Others who work with this population may feel the same sense of distance from the offender's efforts to change. However, there is a fair amount one can do to influence an offender's chances of success. But what you need is a mechanism through which to involve yourself in the process. MI thus puts you back in the game of behavior change.

In doing so, MI fundamentally changes what we talk about. No longer are we passive observers of our clients' decisions, focusing our discussions on rules and requirements and hoping that they will comply. Instead, we are active facilitators of growth and change, and as such, we emphasize this in our conversations with offenders. Ample evidence suggests that people can talk themselves into change, as well as talk themselves out of it (e.g., Walters, Ogle, & Martin, 2002). You play a crucial role in this process. For instance, linguistics research shows that the speech of the provider sets the tone for the speech of the client, which in turn influences the ultimate outcome (e.g., Amrhein, Miller, Yahne, Palmer, & Fulcher, 2003). Particular statements and questions,

in addition to a certain provider style, predict decisions to change even during brief conversations. Offenders may come in with a certain range of readiness, but what we say beyond that makes a difference in how the person speaks, thinks, and ultimately chooses to act.

MI is about noticing and eliciting change talk, or self-motivational speech. Empirical research examining the effectiveness of MI has spotlighted this effect. Linguists have studied the speech content of brief motivational sessions (i.e., the actual words spoken between provider and client) looking for determinants of positive behavior change (Amrheim et al., 2003). Five categories of motivational speech were identified: desire, ability, reason, need, and commitment language. Later work included activation and taking steps, denoting different phases of change talk and change efforts. These categories have been summarized by Miller and Rollnick (2013) and are discussed further in Chapter 9. While we may understand that these concepts relate to change, we may be unused to listening carefully for them in our everyday interactions with offenders. Not every dimension must be voiced for important behavior change to start, though change talk is generally what most predicts behavior change.

In addition to this, MI changes *who* does the talking. MI teaches you to strategically steer a conversation in a particular direction, such as toward change talk or commitment to change, but such steering is of little value if you are unable to move the conversation forward. One may feel pressure to do this and consequently end up working harder than the offender. Consider, for example, the findings of a recent study of probation officers (Clark, 2005): When office appointments between offenders and their assigned probation officers were audio- and videotaped, in the average 15-minute visit, the officers spent far more time talking than did the offenders. In one instance, the officer spoke more than 70% of the time. In a similar interview, another officer spoke more than twice as much as the offender. Quantity does not beget quality, and these officers may be talking themselves out of effectiveness. The more you talk, the less opportunity there is for the offender to talk and think about change. Instead, you can use strategies to get the offender talking and engaged in the change process. Thus, MI has much to offer offender agencies in the way of moving clients toward change.

Our work must be about fostering lasting changes in offender behavior.

3. *MI prepares offenders for the work of change.* People need to prepare for change. This is as true for offenders as it is for the rest of us.

We are seldom taught to prepare people for change. Instead, we jump to problem solving, planning, encouraging productive talk, and the like, ignoring or bypassing the need to orient to change work. Getting the offender to talk is a first step, followed by preparation for change. MI trains us in basic listening and engagement strategies to help with this process, many of which we will discuss in Chapters 3, 4, 5, and 6. Such methods help the offender approach change in a more planful and informed way, allowing you to gather better information in order to facilitate the overall process.

In Figure 1.1 we illustrate some of the markers that help to determine whether the client is moving toward change.

Clients may have a range of actions moving them either toward or away from change. As you think about how to prepare them for active commitment and behavior change, you must not only assess where they are on this continuum, but also establish for them that such a continuum exists. The client must recognize his or her own position toward a desired or needed life change.

Prior literature has examined the stages of change, first introduced by Prochaska and DiClemente (1982, 1992) with regard to observed change processes in persons involved in smoking cessation efforts. In brief, these authors identified five nonlinear stages through which people move as they are contemplating a behavioral or life change. First is
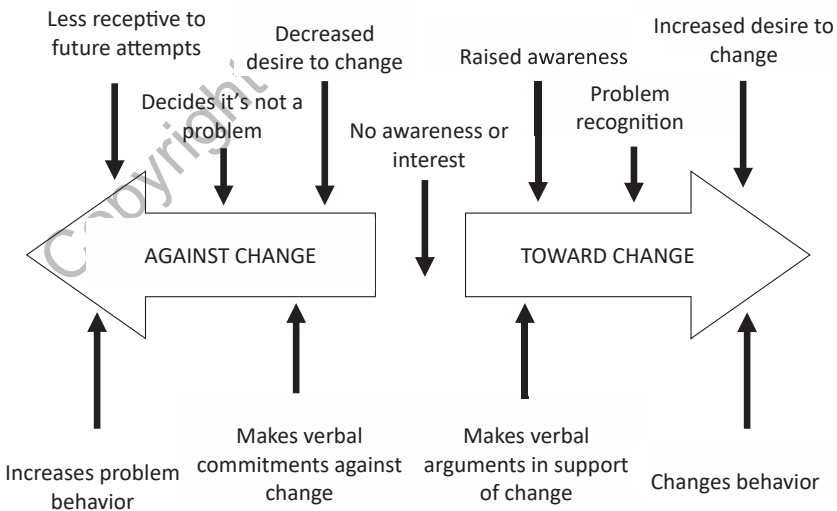

FIGURE 1.1. Orienting clients to the continuum of change.

precontemplation, a stage in which people find it difficult to recognize or accept a need to change. Individuals may be unaware of the problem and feel comfortable with the status quo. Despite negative consequences or efforts from others to precipitate change, they lack insight into their own contribution to the problem and may blame others or deny the need to change. The second is *contemplation,* or the point at which the person becomes ambivalent, or of mixed feelings about the problem (to be discussed further in Chapter 7). It is now that the person begins feeling uncomfortable about the status quo but has not yet reached the point of making a decision about what to do. *Preparation* is the stage during which the person is inclined toward change but may not yet have made a firm decision. This stage may include identifying goals, defining small next steps, or seeking additional information about the desired change. *Action* is the stage on which we focus the greatest amount of our attention, in which the person has taken initial steps toward change and evidences noticeable changes in attitude and behavior. Finally, we have *maintenance,* where the individual has been successful in making necessary changes and is now ready to work toward sustaining them and avoiding or planning for potential setbacks.

The stages of change are a useful way of conceptualizing the ways in which one could or should interact with persons who are faced with future changes. They illustrate how persons may need to orient themselves at various points along the way, or what may be required of them as they consider and implement change. MI, while distinctly separate from these stages of change (Miller & Rollnick, 2009), would have you become acutely attuned and responsive to clients' fluid needs over time. Because offenders are often considering changes that have been suggested or imposed externally, there may be greater need to address persons in earlier stages (i.e., precontemplation or contemplation), and this requires potentially greater discussion and orientation to the change process itself.

MI uses a combination of skills and strategies to not only initiate conversations about change, but to help orient and guide the client as he or she makes important decisions about change. This is accomplished through the use of questions, reflections, and check-in summaries (all discussed in greater detail in Chapter 6) to assist both you and the offender with understanding the nature of the problem and how it might be best approached. For some examples, see Box 1.1.

These questions, meant to provoke interest in change, will also likely encourage more productive talk about change. Offenders have mixed feelings, and since what may happen to them is not always certain,

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BOX 1.1. ASK QUESTIONS THAT RAISE THE CLIENT'S INTEREST IN TALKING ABOUT CHANGE

Drawbacks of Current Behavior

- "What concerns do you have about your drug use?"
- "What concerns does your wife have about your drug use?"
- "What has your drug use cost you?"

Benefits of Change

- "If you went ahead and took care of that class, how would that make things better for you?"
- "You talk a lot about your family. How would finding a job benefit your family?"
- "How would that make things better for your kids?"

Desire to Change

- "How badly do you want that?"
- "How does that make you feel?"
- "How would that make you feel differently?"

Perceived Ability to Change

- "How would you do that if you wanted to?"
- "What would that take?"
- "If you did decide to change, what makes you think you could do it?"

Commitments the Offender Will Make

- "How are you going to do that?"
- "What will that look like?"
- "How are you going to make sure that happens?"

they need every opportunity to talk and think about positive behavior change. Ideally, this process reinforces movement toward change: Your questions evoke change talk, the offender responds with positive statements, you reflect and reinforce such statements, and the client continues to elaborate and solidify his or her commitment. Thus MI has become a standard of practice with offenders in order to help them move toward the commitments they may make. And in doing this, you save yourself

time. By targeting your talk toward more productive and meaningful exploration, you help people move more quickly toward their values and also reduce frustration. Research on MI in health care settings (Knight, McGowen, Dickens, & Bundy, 2006) has shown this approach not only to elicit change but to *save providers time*.

4. *MI shifts the balance of responsibility, making us agents of change rather than responsible for change.* Typically, those who work with offenders assume a great deal of responsibility for the offender's behavior, along with responsibility for whether or not it ultimately changes. Such assumptions promote the illusion of control over the outcome. But they also imply that both failures and successes are attributable to your own skill, decision making, or influence. This carries significant implications for how one views the change process for offenders, perhaps placing more attention on agency staff members than may be warranted.

The skills and the services provided to the offender represent only part of the picture, and not necessarily the most important part. Research finds that long-term change is more likely to occur for *intrinsic* reasons (Deci & Ryan, 1985). Quite often, what one assumes would motivate the offender simply does not. MI would have you discover the things that are valued by the individual offender and also what reinforces those values. This provides a clearer sense of your role and responsibilities. From an MI perspective, a single person working with an offender is not responsible for enforcing change, but instead for finding and fostering the intrinsic motivation that will be necessary to facilitate change.

MI, as a change-focused interaction, places the responsibility for behavior change on the offender. It is exhausting to try to convince a person to do something that he or she doesn't choose to do. Woefully, many who work with offenders feel that sense of exhaustion, another reason for the spread of MI in offender service agencies—using MI brings energy and renewal into your daily work. When MI is done skillfully, it is the offender who voices the arguments for change. How can that be? How do you do this? The first step is to establish an empathic and collaborative relationship (to be discussed at greater length in Chapters 2 and 5). A second step is to watch and listen for the person's values, and to explore how his or her current behavior fits within the context of these deeply held values. Discrepancy (the subject of Chapter 7) exists when there is a gap, or disconnect, between values and actions. MI draws attention to the idea that discrepancy underlies the perceived importance of change. No discrepancy means no motivation. Discrepancy amplifies

the offender's own reasons for change. Highlighting this discrepancy creates an appetite for change. Once again, MI places you in the position of guiding an offender toward change rather than forcing or taking responsibility for the process.

5. *MI suggests effective ways of handling resistance and can keep difficult situations from getting worse.* Motivation is not a fixed characteristic, like adult height or having brown eyes. Instead, it is a condition or state, and it can be enhanced or diminished by the approach one chooses to take when working with the offender. Some professionals have been taught to break through the offender's denial, rationalization, or excuses by being direct and confrontational: "You've got a problem. You have to change. You'd better change or else!" However, many studies find that this confrontational counseling style limits effectiveness (e.g., Hubble, Duncan, & Miller, 1999; Miller & Rollnick, 2003). One early study of counseling style in alcohol treatment found that a directive–confrontational style produced twice the resistance and only half as many "positive" client behaviors as did a supportive, client-centered approach (Miller, Benefield, & Tonigan, 1993). The more the counselor confronted the problem behavior, the more the clients drank at 12-month follow-up. Thus, not only is a confrontational style less effective, but it can actually make matters worse. Still, many in direct service positions (e.g., probation or parole officers, correctional staff) or administration would object to the idea that there is a need to develop a supportive counseling style. After all, not everyone is a counselor, and we all play different roles within offender systems. Still, it is important for even noncounseling staff persons who interact with offenders to get back into the game of behavior change. Everyone works together to facilitate offender rehabilitation and reentry.

Instead of using a confrontational approach, some turn to a logical approach, employing advice or reasoning: "Why don't you just . . . ?" "Do you know what this behavior is doing to you?" "Here's how you should go about this . . . ." However, while not as directly challenging to the client's beliefs or behaviors as the confrontational approach, approaching the offender with logic or reason can be equally problematic. Just as with confrontational approaches, a logical or advice-giving stance can come across as patronizing, authoritarian, or forceful. Further, it is likely that the person has already considered these possibilities and may have reasons for not following such advice. Once again, we find that a more supportive and client-centered style may be the key to enhancing motivation.

These negative interaction styles are likely to decrease motivation, and may in turn worsen behavioral problems. When these methods fail, we often respond by pushing harder, only to find that the offender pushes back. In other words, when you escalate with confrontation or logical reasoning, the offender escalates as well, firmly defending an entrenched position. This further consolidates a commitment to the status quo.

"You've got a problem."   ⟶   "No, I don't."

"Why don't you . . . ?"   ⟶   "That won't work for me."

"You'd better change or else!"   ⟶   "Take your best shot!"

This is clearly not the goal. You don't want to create a situation where the offender only defends the "don't change" side of the equation. Instead, you want to create an environment in which you and the offender can discuss both sides but also foster the growth of commitment to change. Decreasing resistance, or at the least not responding to resistance with direct confrontation and debate, is part of that. MI provides the framework and the tools through which we can have more productive and positive conversations about change.

WHERE WE GO FROM HERE

In this text, you will learn about the use of MI for offender rehabilitation and reentry. In Chapters 1–10, we emphasize the core philosophy of MI, as well as useful tools and strategies for engaging and understanding the offender. In Chapters 11–12 we discuss building a bridge to change, or how we focus on important goals, encourage change talk, and build upon the offender's strengths to promote meaningful and lasting change. And finally, in Chapters 13–15 we describe MI in practice in offender service systems, which involves promoting a culture of change, implementation science, and the flexibility of MI in different agencies and systems. Throughout, we use a combination of descriptive language, or language that tells you *what* to do, and injunctive language, which tells you *how* to do it. We also provide examples and anecdotes from practitioners across the globe with experience in implementing MI in diverse settings. We hope you find this text, and this approach, beneficial as you begin your own journey in using MI.