



BMi² Workbook

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Supported by the
Centers for Disease Control and Prevention
Bristol-Myers Squibb Foundation
NHLBI Grant R01-HL085400

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Introduction

This workbook supplements the BMi² DVD training materials. It contains additional background material as well as practice exercises to reinforce key MI concepts and skills. The workbook is structured on a three phase model of MI encounters; Following, Guiding, and Directing. Each phase is characterized by different counseling objectives and usually entails specific skills and techniques.

Core Skills

A. OPEN-ENDED QUESTIONS

DVD Examples: Disc 1 (00:20:00)

Open-Ended Questions...

- Can't be answered with "yes" or "no"
- Communicate no bias
- Are non-judgmental
- Allow the client to use their own words

OPEN	CLOSED
To what extent ... ?	Did you ... ?
How often ... ?	Will you ... ?
Why ... ?	Can you ... ?
Tell me about ... ?	Is it ... ?
Help me understand ... ?	Have you ... ?
What, if any ... ?	
How, if at all ... ?	
When, if ever ... ?	
What else ... ?	

Practice

Change the following closed-ended questions into open-ended questions.

CLOSED-ENDED QUESTIONS	OPEN-ENDED QUESTIONS
Do you think your son watches a lot of TV?	<i>Tell me about a typical day of television watching for your son.</i>
Does your son feel his weight is a problem?	
Will Sarah be angry at you if you say no to eating at Burger King?	

Sample responses can be found on page 20

You do not like them.
So you say.
Try them!
Try them!
and you may.
Try them and you may,
I say.
Sam!
If you will let me be,
I will try them.
You will see.

— Dr. Seuss

B. SHARED AGENDA SETTING

DVD Examples: Disc 1 (00:21:18)

GOAL: Client and counselor collaboratively decide what behaviors to address and how much change might be feasible.

Assess parent and child current behavior patterns

Frequency:

“About how much TV time does he/she spend watching each day?”

Duration:

“How long has it been that way?”

Perceptions:

“How does this amount of TV feel?” or “What do you think about that?”

Past attempts:

“What, if anything, have you tried in the past to change this?”

Future Goal :

“How much TV would you like her to be watching each day?”

Set the agenda with the parent

Example 1: Which behavior is of biggest concern to you?

“Of the things that we talked about: screen time, exercise and sweetened beverages — which if, any, might be something you want to focus on for today’s visit?”

Example 2: Which behavior provides the best opportunity for change?

“Of the things that we talked about: screen time, exercise and sweetened beverages — which, if any, might be the best place to start?”

C. ASKING PERMISSION

DVD Examples: Disc 1 (00:13:00)

GOAL: Ask the client for permission before addressing sensitive topics, providing information, or offering advice. Although this strategy is often rhetorical, it nonetheless supports client autonomy.

Getting Started

“I’d like to spend a few minutes talking about _____. Is that ok with you?”

Offering Advice

“If it would be ok, I would like to tell you some other strategies people have found helpful in...”

“If you’d like, I could tell you some things that have worked for some of my other clients.”

“Those are some good reasons to _____, if it’s ok with you, I would like to tell you some other benefits...”

Providing Information

“If it’s okay with you, I’d like to give you some additional information”

“If you’d like, I can give you some extra information on _____.”

Suggesting Behavioral Change

“It sounds like you have a lot of reasons to _____. If it’s ok with you, I’d like to talk about setting some goals or committing yourself to a behavior change.”

D. USING ELICIT – PROVIDE – ELICIT

Elicit

- Determine what they already know
 - What is your understanding...?
 - What have you heard about...?
- Reflect what they know
 - You have already told me _____.
- Ask what they want to know more about
 - What do you want to know more about...?

Provide

- Give choice about how much information or advice they want to hear
- Give choice about modality of delivery, e.g., web, brochure, etc
- If contradictory information is to be provided, it can help to mention that what you are going to say may differ from what they have heard before

Elicit

“What do you make of that?”

”Where does that leave you?”

Who speaks, sows;

Who listens, reaps.

— Argentine proverb

E. REFLECTIONS

DVD Examples: Disc 1 (00:24:34)

GOAL: Build rapport and encourage clients to explore and disclose

Essence of Reflections

- Reflections are statements, not questions
- They usually end with a down turn in your voice
- Don't worry about getting it perfect — even reflections that are inaccurate usually elicit useful information — “Foul tips still elicit information.”
- They test hypotheses, e.g.,
“What did you just say?”
“Why did you say it?”
or “What is the meaning behind what you just said?”
- They clarify what was said, e.g.,
“I'm not sure I fully understand what you mean. Let me see if I have this right.”
- Often they contain a YOU in the statement

There are six main types of reflections:

- 1) Content
- 2) Feeling/Meaning
- 3) Rolling with Resistance
- 4) Amplified Negative
- 5) Double-Sided
- 6) Action

E1) CONTENT REFLECTIONS

DVD Examples: Disc 1 (00:26:12)

GOAL: Understand the basic facts of the story. Although content reflections are perhaps the simplest and least powerful type of reflection, they can be important when trying to gather information. These reflections may require less inference than other types.

- To avoid parroting, try to change some of the client's words.

Examples

Mom: He doesn't watch a lot of TV. He's really into drawing, especially cartoons. He makes movies too... on the computer.

Sample content reflections

Clinician: So he doesn't watch much TV; he's into other things, like art.

Clinician: He really enjoys drawing cartoons, he seems artistic.

Clinician: While he doesn't watch that much TV, he does like to make movies on the computer and draw.

Mom: It's difficult to keep fresh vegetables on hand. I can't tell you how many times they have sat in the refrigerator and then they go bad. It just seems like a huge waste of money.

Sample content reflections

Clinician: You don't like having to throw out vegetables that have spoiled.

Clinician: You find yourself wasting a lot of money on fresh vegetables because they often go bad before you eat them.

Practice

Mom: He's not good at sports, and isn't all that interested either. We've tried everything — soccer, baseball, basketball, but it's hard to tear him away from video games.

What might you say to this parent?

Responses on Page 20

Reflection #1:

Reflection #2:

E2) FEELING/MEANING REFLECTIONS

DVD Examples: Disc 1 (00:27:16)

GOAL: These reflections often take the form of “YOU are feeling ____.” Meaning reflections may also include a statement about why the person feels a certain way or how this issue relates to other important aspects of their life.

Often practitioners are reluctant to use emotionally intense words. However, acknowledging emotional intensity is a powerful way to quickly build rapport. Glossing over emotion can communicate discomfort with emotional intensity.

Example

Mom: Every time I bring up my daughter's weight with her, it leads to a fight. She tells me to get off her case. Then my husband tells me to back off, and let her be. “She'll grow out of it,” he says...but I think it's important to do something about it now...before it's too late.

Sample feeling/meaning reflections

Clinician: You're scared about your daughter's weight.

Clinician: You feel trapped between your desire to help your daughter and your husband's insistence to let it go.

Practice

Mom: I can't stand how much TV she watches. When I leave for work she is watching cartoons...when she comes home from school more cartoons. I think she is frying her brain and wasting her talents. I don't know what to do about it. I wish I could get her to be more active or to be involved in something more positive.

What might you say to this parent?

Responses on Page 20

Reflection #1:

Reflection #2:

E3) ROLLING WITH RESISTANCE

DVD Examples: Disc 1 (00:28:55)

GOAL: Allows client to express their resistance without feeling pressured to change or worrying about being judged. These reflections help you “pull up along side of the client,” essentially agreeing with them. The key is to avoid counter-arguing or trying to persuade them to change prematurely.

Example

Mom: Do you have heavy kids ... how can you really relate to me?

Sample rolling with resistance reflection

Clinician: You're concerned I can't understand your situation or won't be able to help you.

Example

Mom: I know TV is bad for him, but I need some peace and quiet in the house. I am a single mom. I don't have a lot of help. Letting him watch TV let's me get my housework and schoolwork done. He is happy, content and frankly, I don't have to worry about entertaining him.

Sample rolling with resistance reflections

Clinician: Letting him watch TV provides you with much needed free time; some much needed quiet.

Clinician: Given how busy you are, you need help keeping him occupied.

Clinician: It can be exhausting having to entertain him all the time, and it is nice to be able to get a break.

Practice

Mom: All the kids in our family are a little big-boned...we've already been to see so many doctors. He'll grow out of it or deal with it when he's ready. How can you possibly help?

What might you say to this parent?

Responses on Page 20

Reflection #1:

Reflection #2:

E4) AMPLIFIED NEGATIVE REFLECTIONS

DVD Examples: Disc 1 (00:30:33)

GOAL: Paradoxically argue against change by exaggerating the benefits of or minimizing the harm of a risk behavior. Often, the client will then reverse their course, and start to argue *for* change. Reserve this type of reflection for clients who demonstrate strong resistance. It can occasionally backfire.

Example

Mom: Everyone is making such a big deal about her weight. She is only 7. She will grow out of it. It is no big deal. My whole family is big and that is just our genes. Besides, they will probably find some medicine to fix this by the time she is older. I have no interest in trying to battle with her to eat more fruits and vegetables. We don't have a lot of money right now and fast food is a great bargain.

Sample amplified negative reflections

Clinician: You see no downside to her weight right now.

Clinician: Making any changes in her eating seems almost impossible right now.

Clinician: There is no real need to try and change her behavior because by the time she needs to lose weight there will be a medical cure for it.

Practice

Mom: BethAnn loves to sit and play with her dolls all day. She just isn't as coordinated as the rest of the kids her age and I don't want her getting hurt while playing outside or worse. She has always loved playing with dolls and has no interest in doing things with the rest of the neighborhood kids, and frankly I like not having to worry and keep track of her. I can also get more things done around the house. Do you have kids? Do you know how hard it is to keep an eye on them, especially in this neighborhood?

What might you say to this parent?

Responses on Page 20

Reflection #1:

Reflection #2:

E5) DOUBLE-SIDED REFLECTIONS

DVD Examples: Disc 1 (00:31:42)

GOAL: Shows the client that you heard both their reasons for and against change; that you accept their ambivalence and are not going to prematurely push them to change.

Example

Mom: With our busy routine, there just doesn't seem to be enough time in the day to get any exercise into Juan and Alexandra's life. I pick them up from school after work, then we stop off at the grocery store to get stuff for dinner, then we go home. After dinner, I'm so exhausted I like to watch TV myself, before doing the dishes, helping with homework and then putting the kids to bed. Some nights, though, with it being so nice and still light outside, I wish we could all go for a walk. They need to be more active.

Sample double-sided reflection

Clinician: So on one hand, your schedule is so busy that there's usually no time for family exercise, yet it is something you wish you could fit in.

Practice

Mom: I've just been really busy lately, I have a full-time job, and taking care of my family is my other full-time job. I really have no time for working out and cooking healthy. Sometimes grabbing fast food or prepared food at the grocery store is all we have time for. We used to eat more family meals together, but as I'm working longer hours, I can't find the time to cook healthy. I'm sorry... the kids love fast food, but I know it's not good for them.

What might you say to this parent?

Responses on Page 20

Reflection #1:

Reflection #2:

E6) ACTION REFLECTIONS

DVD Examples: Disc 1 (00:32:39)

GOAL: Incorporate into the reflection possible solutions to the client's barriers or a potential course of action. Action reflections are a key tool in the guiding and directing phases. Try to provide multiple options that support client autonomy and choice.

Action reflections...

- Use words or solutions either directly mentioned by or alluded to by the client.
- Because the action is directly mentioned by or hinted at by the client, it differs from unsolicited advice.
- Use a tone that 'undersells' the action step with words like "could work" or "might consider."

There are four types of action reflections

- 1) *Invert Barrier.* "Sounds like we might need to address barrier a/b/c."
- 2) *General Behavior Fix.* "So you might consider doing something like x,y,z."
- 3) *Specific Behavior Fix.* "Sounds like doing x may be a possibility."
- 4) *Cognitive Fix.* "Sounds like you may have to think about x differently" (e.g., make peace with, not apply all or nothing thinking, have different expectations)

Example

Mom: I've tried everything to help my son lose weight. I always have carrot sticks available and don't let him eat any fried food. I tell him exactly what he can have, and watch what he eats very closely. I also make him exercise every day. I'm constantly on him, and yet he hasn't lost a pound!

Sample action reflections

Clinician: Sounds like involving your son more in the decision process might help him buy into the changes.

Practice

Action Reflections

Mom: I tried giving my kids fruit for their snack, but if they don't have their cookies or candy they make a huge fuss... they expect sweets after school and I can't stand the sound of their whining when they don't get what they want. Plus, I kind of like baking homemade treats.

What might you say to this parent?

Responses on Page 20

Reflection #1:

Reflection #2:

F. SUMMARIZING

DVD Examples: Disc 1 (00:43:21)

Restate the key components of the discussion including the main reasons for and against change. Emphasis is placed on the reasons for, generally by ending with the positive. Allow the client to edit your summary, which may elicit additional information or reprioritize your order.

- Give a short recap of the conversation
 - “Let me see if I understand what you’ve told me so far...”
 - “Ok, this is what I’ve heard so far...”
- Summarize the parent’s pros and cons
- Ask the parents to edit your summary if they wish.
 - “What would you like to add or change?”
 - “What, if anything, have I missed?”

Motivation

is the art of

getting people

to do

what you want

them to do

because

they want to do it.

— Dwight D. Eisenhower

Phase 1: Following

DVD Examples: (00:46:43)

Primary Objectives are to build rapport, obtain a behavioral history including prior attempts at behavior change, and collaboratively decide what behaviors to address during the session and set possible goals. Obtain information about the parent and child's history regarding weight, diet, and physical activity. Key skills used during this phase include shared agenda setting, open-ended questions, content, feeling, and double-sided reflections.

Phase 2: Guiding

DVD Examples: Disc 1 (00:47:33)

Primary Objectives: move the conversation more towards the *possibility of change*. This phase often ends with a question to commit to making change; for example, ‘so where does that leave us?’ The key is *eliciting change talk*.

ELICITING CHANGE TALK

DVD Examples: Disc 1 (00:34:47)

Individuals are more likely to accept and be committed to an idea, thought, or plan they voiced and developed. The more that a person argues for a position, the more committed they become to that position.

These strategies can help elicit change talk:

- 1) Importance/Confidence Rulers
- 2) Pros/Con Matrix
- 3) Values Clarification

Balance empathy
and discrepancy.
Comfort the afflicted,
yet afflict
the comfortable.

2) PROS AND CONS MATRIX

DVD Examples: Disc 1 (00:38:43)

GOAL: Elicit benefits and barriers, used as an alternative to importance and confidence rulers.

Strategy: Introduce the chart and have the parent fill it out alone, or you both can fill it out together.

	Pros	Cons
Changing	Reasons for change (Hope)	Dread of change
Not Changing	Positive role of risky behavior	Reasons for change (Fear)

Debriefing the Matrix:

- Help the parent digest the material – “What do you make of this?”
- Have parent prioritize the main reasons for and against change
- Help the parent problem solve their main barriers to change

Unstructured Approach: Discuss the pros and cons of changing through open-ended questions. Cover both the *good things* about changing and *challenges* they may encounter.

Sample questions:

- Could you tell me some of the things you (or your child) like about (the current behavior or changing the behavior)?
- Could you tell me some of the things you (or your child) don't like about (the current behavior or changing the behavior)?
- Tell me some of your reasons why you (or your child) might want to change ____?
- Tell me some of your reasons why you (or your child) may not want to change ____? (Fears, Barriers)
- Tell me what do you (or your child) dread most about making this change?
- How might your life be different if you ...
- What benefits, if any, might there be if you...
- How, if at all, does _____ impact you, your child, or your family?
- What are some of the negative things about continuing to _____?

A sample completed matrix can be found on page 20.

3) VALUES CLARIFICATION

DVD Examples: (00:40:24)

This strategy can build discrepancy between the parent's core values and life goals, and child's weight/eating/activity/health. Whereas the Rulers and Pros/Cons strategies often elicit similar information, the values clarification activity can elicit different change talk, i.e., new sources of motivation.

- Introduce the strategy
 - “When considering making changes for you and your family, it is often useful to get a better understanding of what is important to you as a parent and a family. This may help you find additional inspiration for making what can be difficult changes.”
 - “Sometimes it helps when people think about their values in life and how a behavior is linked to their values.”
- Present a list of values to parents and ask them to choose 3-4 that are the most important to them, their child, or their family.

For Parents:

Values for Your Child	Values for You	Values for Your Family
Be healthy	Good parent	Cohesive
Be strong	Responsible	Healthy
Have many friends	Disciplined	Peaceful meals
Being fit	Good spouse	Getting along
Not feeling abnormal	Respected at home	Spending time together
Not being teased	On top of things	
Not feeling left out	Spiritual	
Able to communicate his/her feelings		
Fulfill his/her potential		
Have high self-esteem		

Watch your thoughts;
they become words.

Watch your words;
they become actions.

Watch your actions;
they become habits.

— author unknown

Phase 3: Directing

DVD Examples: Disc 1 (00:49:25)

Primary Objectives include helping clients identify a goal, choose an action plan, anticipate barriers, and agree on a monitoring and reinforcement schedule. Directing generally occurs after a person has made a decision to change a behavior. The focus shifts from **WHY** change to **HOW** to change. Key skills in this phase include action reflections, menu building, and goal setting.

A. BUILD A MENU

Build a menu of possible behavior change strategies the client has either directly mentioned or alluded to during the interview. Add additional strategies to the menu.

- Summarize strategies the client has alluded to or already mentioned
“It sounds like you came up with a few possible ideas...”
“Well, you mentioned [__, __, and __] might work for you...”
- Ask permission before adding new items to the menu and gauge the parent's interest in the new options
“If it's ok with you, I could suggest some ways that have worked for other parents...”
“Which, if any, of these might you be willing to try?”

B. DISCUSS NEXT STEPS

- Ask parents to choose which, if any, of the strategies from the menu they're willing to work on:
“Where does this all leave us?”
“Where would you like to go from here?”
- Ask parents to set action steps to get started
- *Long term*
“What might you do in the next few days or week to move things along?”
- *Short term*
“What might you do today to make this happen?”
- *Explore possible first step*
“What might be your first step?”

C. DISCUSS MONITORING PLAN

When discussing the monitoring plan, summarize what the client will be doing and how they might assess success:

“I’ll see you in a few weeks, and we’ll see how things have been going.”

“So you’ll keep filling out your activity log, and we’ll talk about how it went next week.”

“I’m going to write down what we’ve talked about in your chart so we can discuss it during your next visit.”



Sample Responses to Practice Exercises

Open-ended questions (from page 3):

1. Tell me about a typical day of television watching for your son?
2. Help me understand how your son feels about his weight?
3. How might Sarah feel about you saying “no” to Burger King?

Content Reflections (from page 7):

1. He hates the idea of any sports and would much rather play video games.
2. You’ve done your best to get him interested in sports, but he still just loves the video games.

Feeling/Meaning Reflections (from page 8):

1. You’re frustrated (alternate: worried) about how much time she is spending watching TV during the day.
2. Your daughter is important to you and you want her to achieve her potential.

Rolling with Resistance (from page 9):

1. You’re worried that I’m just going to be another unhelpful doctor.
2. You’re concerned that these sessions won’t really help.
3. (from page 10) You are concerned that I won’t be able to understand your situation at home and won’t be able to help BethAnn with her weight.

Amplified Negative Reflection (from page 10):

1. You feel it would be impossible right now to incorporate more exercise into BethAnn’s life.
2. BethAnn just can’t fit any more exercise in right now and you have no desire to let her play outside.

Double Sided Reflection (from page 11)

1. On the one hand, you want to get more freshly prepared meals into your family’s diet, but the time saved in grabbing prepared meals or fast food makes that hard at the moment.
2. So, on the one hand, the long hours you spend working make fast food a very convenient option, yet you would like them to eat healthier foods.

Action Reflection (from page 12)

1. So baking something that has some fruit in it, or is a little healthier might satisfy both you and your kids.
2. Finding something both sweet and more nutritious may be an option.

Completed Pros/Cons Matrix for Reducing TV Time (from page 16-17):

Behavior Change	Pros	Cons
If we do reduce TV time ...	<ul style="list-style-type: none">• She may sleep better• Spend more time being active	<ul style="list-style-type: none">• She might get angry• It will suck in the first or so• Not sure what else we can do with her
If we don’t reduce TV time ...	<ul style="list-style-type: none">• Gives me time to get my chores done• She is quiet• Free babysitter	<ul style="list-style-type: none">• She’ll go brain dead• Exposed to lousy ads• Gets fidgety without exercise

Additional Resources

PDFS ON DISC 3

Rollnick S, Butler C, McCambridge J, Kinnersley P, Elwyn G, & Resnicow K. (2005). Consultations about changing behaviour. *BMJ*, 331, 961-963.

Schwartz R, Hamre R, Dietz W, Wasserman R, Slora E, Myers E, et al. (2007). Office-Based Motivational Interviewing to Prevent Childhood Obesity: A Feasibility Study. *Arch Pediatr Adolesc Med*, 161, 495-501. (Copyright © 2007, American Medical Association. All Rights reserved)

Resnicow, K., Davis, R., & Rollnick, S. (2006). Motivational Interviewing for Pediatric Obesity: Conceptual Issues and Evidence Review. *Journal of the American Dietetic Association*, 106(12), 2024-2033.

ONLINE RESOURCES

<http://www.motivationalinterviewing.org/>

http://www.msleaders.org/ms-leaders/ce/motivational_flash.asp

OTHER RESOURCES (NOT INCLUDED ON THE CD-ROM)

Miller WR, Rollnick S. (2002) *Motivational interviewing: Preparing people for change*. 2nd ed. New York: The Guilford Press

Markland D, Ryan RM, Tobin VJ, Rollnick S. (2005) Motivational Interviewing and Self-Determination Theory. *Journal of Social & Clinical Psychology* Vol 24; 6 p811-831

Miller WR, Rollnick S, Butler CC (2008). *Motivational Interviewing in Health Care: Helping Patients Change Behavior*.