

LET'S GO! MOTIVATIONAL INTERVIEWING GUIDE



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This tool is designed to help primary care providers remember some key elements of Motivational Interviewing. The information provided here is based upon Dr. Ken Resnicow's work and is printed with his permission.

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WHAT IS MOTIVATIONAL INTERVIEWING?

As defined by clinical psychologists Drs. Stephen Rollinck and William Miller, Motivational Interviewing (MI) is a collaborative, goal-oriented method of communication with particular attention to the language of change. It is designed to strengthen an individual's motivation for, and movement toward, a specific goal by eliciting and exploring the person's own arguments for change. MI is a style as much as a technique, skill, and spirit. That is, MI comprises both discrete technical skills as well as a general ability to experience and express empathy and support autonomy.

MI vs USUAL CARE

- Reflect more than ask
- Roll with resistance vs. counterpunching
- Elicit and reinforce change talk vs inform/advise/persuade
- Focus on “The Why” before “The How”
- Patient talks more than 50% of the time

THE SPIRIT OF MI INCLUDES:

- Using a person-centered approach
- Expressing empathy
- Collaborative partnership between patient and provider
- Listening more than telling
- Eliciting information rather than instructing
- Placing the responsibility for change with the patient and not with the provider
- Asking permission
- Supporting autonomy
- Avoiding coerciveness or judgment

WHY USE MOTIVATIONAL INTERVIEWING IN OBESITY WORK?

There are several reasons to use MI, especially when the focus is on achieving a healthy weight.

MI CAN:

- Improve patient outcomes
 - Improve patient satisfaction
 - Decrease practitioner drain
 - Decrease information “dump”
 - Improve practitioner quality of life
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- Many studies show that integrating MI into clinical encounters improves outcomes.
- The very first meeting matters. MI can make a difference in just one 15-minute interaction.
- Studies show that allowing patients the opportunity to advocate for their own change is predictive of their future behavior change. Conversely, if we force or pressure people to make a decision about change, or if we tell them they must change, they will often argue for the status quo. Once a patient verbalizes an argument for change (or an argument for status quo), we can predict that their behavior will follow that argument. Therefore, allowing patients the opportunity to talk about why they want to change has proven benefits.
- Weight can be a difficult topic to talk about with patients and families. MI can make for a more fluid conversation between the provider and patient/family. It can help to start the conversation by asking something like:

*“Would it be okay if we talked about your weight?”
or “How do you feel about your weight?”*

MOTIVATIONAL INTERVIEWING OUTLINE

PHASE 1: EXPLORING AND UNDERSTANDING

- Get permission to broach the topic
- Comfort the afflicted
- Drain the swamp of negativity
- Build rapport and express empathy
- Collaborative agenda setting
- Explore pros, cons, hopes and fears (reasons)

PHASE 2: GUIDING AND DECIDING

- Afflict the comfortable
- Build motivation and discrepancy
- Elicit Change Talk
 - 0-10 Readiness Rulers (Importance/Confidence)
 - Values and Strengths (Link behaviors to values)
- Summarize and spin the balls
 - “Where does that leave you?”
 - “What small change might you be willing to make?”
- Obtain commitment
- Move toward a behavior decision

PHASE 3: CHOOSING AND SETTING AN ACTION PLAN

- Build a menu of options
- Ask the patient to generate and pick an option
- Establish a goal
- Set an action plan
- Overcome/anticipate barriers
- Discuss follow up
- Monitor plan

OPENING UP THE CONVERSATION

OPEN ENDED STARTERS

"Tell me about a typical day."

"How's it going?"

"How have things been since we last spoke?"

"Tell me about a day when it has gone well."

"Tell me about a day when it has gone not so well."

"Help me understand....."

"When, if ever,"

"How, if at all,....."

"How's that been going?"

"How's that worked for you?"

OPEN PROBES

"What will you lose if you give up.....?"

"What would you gain if you give up.....?"

"What else...."

"What were some reasons for your decision?"

"Why do you feel that way?"

"Why do you say that?"

"What was that like for you?"

REFLECTIVE LISTENING

SIMPLE REFLECTIONS:

"It sounds like you are feeling....."

"It sounds like you are not happy with"

"It sounds like you are a bit uncomfortable about"

"So, you are saying that you are having trouble with....."

"So, you are saying that you are conflicted about....."

AS YOU IMPROVE, YOU CAN TRUNCATE THE REFLECTIONS:

"You're not ready to"

"You're having a problem with"

"You're feeling that"

"It's been difficult for you....."

"You're struggling with....."

THE FEELING VOCABULARY

WORDS THAT CAN BE
PUT INTO A REFLECTION
TO CAPTURE WHAT THE
PATIENT IS FEELING.....

Trapped
Torn
Conflicted
Powerless
Drained
Hopeless
Alone
Struggling
Overwhelmed

ACTION REFLECTIONS:
THIS WILL HELP GUIDE THE
PATIENT TO ACTION STEPS.

“Given what you said....”

“You might want to...”

“You might want to
consider...”

“Sounds like might be
an option....”

ELICITING CHANGE TALK

"You are starting to feel you want to change....."

"Something about ...is starting to feel not right for you."

"You are starting to feel you no longer want... in your life."

"You are starting to feel that...has gotten a little out of control."

".....has started to bother you a bit more."

".....has started to worry you a bit more."

"You are starting to think it might be time to change"

"You seem to be wondering what it might be like with/without....."

".....does not feel sustainable."

IMPORTANCE VS CONFIDENCE VALUES VS STRENGTHS

LOW IMPORTANCE



VALUES

LOW CONFIDENCE



STRENGTHS

LINKING STRENGTHS

“Your confidence to dois low.”

“Think for a minute about some of the other things you are good at, like music, sports, being a parent, meeting challenges at work, etc.”

After the patient has chosen a strength, you might want to ask -

“How might your success in these areas help you find the confidence you need to change?”

VALUE TRANSITIONS

The following are transitional statements or segues to talking about values:

“I have found that behavior change is often easier when it relates to a person’s own values and goals. So for a few minutes I would to discuss this.”

“I would like to switch gears for a second and learn a bit about what is important to you. This might be helpful in finding reason to change.”

“When considering behavior change it is often useful for me to get a better understanding of what is important to you as a person – what motivates you? This may help you find motivation (inspiration) for making what can be difficult changes. ”

STRENGTHS

“What are you good at?”

“What is something difficult you have achieved?”

“What is something you have overcome?”

Music

Helping others

Sports

Learning new things

Art

Staying cool under pressure

Writing

My job

Cooking

Science

Math

Staying positive

Languages

Listening

Fixing Things

Helping others

Beating an illness

Being thankful

Trustworthy

Being creative

Being patient

Researching new things

Learning new things

Caring

Forgiving

Being spontaneous

Other _____

DEVELOPING VALUES DISCREPANCY: PROBES

“How, if at all, does your current behavior affect your ability to achieve these goals or live out any or all of these values?”

“How, if at all, would changing this behavior affect your ability to achieve these goals or live out any or all of these values?”

“What connection, if any, do you see between your health and any of these values/goals?”

“How, if at all, might losing your health, affect your ability to live out any or all of these values and goals?”

“Which of the following values, traits or characteristics are important to you?” – Choose your top 3 or 4

GOOD STUDENT

Healthy and Fit
Strong
Spiritual
On top of things
Popular
In control
Good to my parents
Attractive
Confident
Independent
Having good friends
Accepted
Not being teased
Other _____

GOOD PARENT

Responsible
Spiritual
Respected at home
Good family member
Strong
Healthy and Fit
Respected at work
On top of things
Disciplined
Competent
Attractive
Peaceful meals
Spending time together
Other _____

BRINGING IT ALL TOGETHER

EXPLORE

- Get permission
- Set Agenda
- Assess current level of activity/behavior
- Discuss history

GUIDE

- Assess 0-10 Importance/Confidence
 - Probe lower/higher/what would it take
- Assess Core Values and Strengths
 - Link behavior to values and strengths
- Summarize & Spin
 - “What does that leave you?”

CHOOSE

- Remember – small goals build patient efficacy
- Any change is positive
- Build menu of choices
 - List possible ideas mentioned by the patient
 - Ask the patient for other solutions
 - Offer “Here are some other ideas that have worked with people with similar concerns.....”
- Ask the patient to pick one
 - “Which if any of these might work best for you?”
 - “What might you be able to do to increase your chances of success in the next day or week?”

