LET’S GO!
MOTIVATIONAL INTERVIEWING GUIDE

www.iowahealthieststate.com/5210
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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For more information:
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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

PLEASE TRIM OUT THIS PAGE, PUNCH A CORNER HOLE, AND ASSEMBLE ON A RING OR STRING FOR HANDY REFERENCE.
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
- 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?”
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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
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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?”
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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……”
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....”
“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.”
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IMPORTANCE
On a scale of 0 to 10, with 10 being very important, how important is it for you to (eat more fruits and veggies, exercise more, cut back on sugary food and drinks, etc)?

0 1 2 3 4 5 6 7 8 9 10
Not at all  Somewhat  Very

CONFIDENCE
On a scale of 0 to 10, with 10 being very confident, how confident are you to (eat more fruits and veggies, exercise more, cut back on sugary food and drinks, etc)?

0 1 2 3 4 5 6 7 8 9 10
Not at all  Somewhat  Very

THE PROBES
• It could have been lower
  ◦ Ask “Why it was a 3 and not lower like at 1?”
  ◦ This elicits the benefits

• It could have been higher
  ◦ Ask “Why it was a 5 and not higher like a 7?” or
  ◦ Ask “What would it take to get to a higher number?”
  ◦ This elicits solutions
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VALUES VS STRENGTHS

LOW IMPORTANCE

LOW CONFIDENCE

LINKING STRENGTHS

“Your confidence to do ……is 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.”
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“What are you good at?”

“What is something difficult you have achieved?”

“What is something you have overcome?”

Music  Helping others  Helping others
Sports  Beating an illness  Being thankful
Learning new things  Trustworthy  Being creative
Art  Being patient  Researching new things
Staying cool under pressure  Learning new things
Writing  Caring  Forgiving
My job  Being spontaneous
Cooking  Other__________
Science
Math
Staying positive
Languages
Listening
Fixing Things
“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__________
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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?”