Motivational Interviewing:
Critical Skills in Promoting Health Behavior Change in Clinical Nutrition Patients

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**Exercise 1:** What are the qualities of a good relationship with another person? Look back on your own experience discussing a problem with a health provider or a friend. What qualities stood out about the other person? What behavior and qualities of the person helped you feel understood and accepted? Be specific.

**Relationship Factors**

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2
Exercise 2: Think of some statements that people usually say in each of the Stages of Change:

PRECONTEMPLATION

CONTEMPLATION

PREPARATION
ACTION

MAINTENANCE

RELAPSE/RECYCLE
**Exercise 3:** For the next seven minutes practice engaging in reflective listening and reflecting back content, meaning and feeling to the patient. Practice using active listening, affirmations and summary statements throughout the conversation. Keep asking questions to a minimum and avoid advice giving at all cost.

**Vignette 1: Tom**

Tom is 20 pounds overweight, is frequently sick and has a family history of Diabetes Mellitus, Type II. He is uncomfortable with his weight and was teased as a child for being “fat.” Tom often skips breakfast because he has trouble getting up in enough time to eat before going to work. He often eats daily snacks at work that are high in fat and sugar. Tom would like to lose weight but is unsure where to start in making changes in his diet.

**Vignette 2: Mary**

Mary is concerned about her appearance at age 16 and is worried that her boyfriend will break up with her if she is not thin. She is 20 pounds underweight, her menstrual cycle is irregular, and she is afraid of getting “fat.” Mary’s parents are divorced and both parents do not prepare healthy meals. Mary will often go a day or two without eating and will occasionally binge on unhealthy foods when she gets too hungry. Mary wishes she could change her diet, but she has difficulty keeping a regular eating schedule for fear of gaining weight.
List what you liked about the exchange with your interviewer:

➤
➤
➤
➤
➤
➤
➤
➤

List what didn’t feel right. What did you want to see happen?

➤
➤
➤
➤
➤
➤
➤
➤
**Exercise 4:** Practice Reflective Listening and “Rolling with Resistance”

In groups of two decide who will play the role of patient and nutritionist. Practice hearing and experiencing what it feels like to be with a patient who is not ready for change. Practice staying with the patient and utilizing reflective listening skills.

Case #1: "Defiant Doug"

Doug is a 73 year old male who was referred to the Clinical Nutrition program following a percutaneous coronary intervention. Doug has a history of coronary artery disease, and also has diabetes mellitus, type II (which is uncontrolled), Parkinson’s disease and a BMI of 35. He reported a family history of hypertension. Doug will not take statin medications and is non-compliant with his CPAP machine. Doug stated that he does not like cook his own food. He reported that he does not eat a lot of fruits and vegetables and is fairly sedentary as he feels that exercising will interfere with symptoms from his Parkinson's condition. Doug is ambivalent about changing his nutrition because he says, “all healthy foods taste bad.” How might you respond to him?

Case # 2: “Too Busy Grace”

Grace is an 81 year old female with a BMI of 32.48 who was referred to the Clinical Nutrition program. She has been diagnosed with multiple medical problems including low back pain, asthma and pre-diabetes. Grace realizes weight loss is necessary and "knows what to do" but refuses on several occasions to make an appointment with a nutritionist. Grace states that she is so busy to make nutritional changes and doesn't have time to exercise. She feels that eating fruit snacks and lettuce and tomato on her hamburgers are sufficient fruit and vegetable intake - although it was discussed that this, truly, is not. Grace describes much of her time is spent quilting and performing other sedentary activities. She expresses that she is very frustrated by her health status and orthopedic concerns. How might you respond?
Exercise 5: Test your ability to “Roll with Resistance”

Answer the following questions as honestly as you can. You may refer to the case above to help you answer these questions.

All the time = 5
Most of the time = 4
Often = 3
Sometimes = 2
Rarely = 1
Not at all = 0

1. How often did you want to interrupt your patient and start educating about a nutritional plan?
2. How often did you find yourself waiting for the patient to finish talking so you can say what you want to say?
3. How often do you feel like you failed your patient when the patient does not change?
4. How often do you actually interrupt your patient not allowing him or her to complete his/her sentence?
5. How urgent do you feel it is that your patient start practicing better eating practices today?
6. How often are you irritated by patients who whine about their problems but don’t seem to be doing anything about it?
7. How important is it to you to get patients to promise that they will comply with a nutritional plan?
8. How competent do you feel when patients are willing to change?
Record your answers:

1.

2.

3.

4.

5.

6.

7.

8.

Total: _________________
Interpretation of Scores from Test your Ability to “Roll with Resistance.”

**Score of 40 to 32:** You are extremely invested in getting the patient to change which is counter productive

**Score of 31 to 24:** You may be action oriented. Develop active and reflective listening skills.

**Score of 23 to 16:** You are on your way to understanding the philosophy of Motivational Interviewing, more practice with reflective listening and summaries might be helpful.

**Score of 15 to 5:** You are probably in the average range that most professional health care providers are at in understanding motivational interviewing and are willing to learn the skills to help patients more efficiently.

**Score of 4 to 0:** you are likely to be in denial about your abilities to roll with resistance.
Exercise 6: The Interpersonal Process of Motivation
Critical Question: How does your individual experience (as staff, or patient) compare between Conversations A and B?
[adapted from Alex Faris, PhD, University Health Services, University of Wisconsin Madison]

### Conversation A

<table>
<thead>
<tr>
<th>Person 1: Health Care Provider</th>
<th>Person 2: Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Situation:</strong></td>
<td>This is a follow-up appointment for your 70 year old patient who has undiagnosed DM II, HL near goal, current smoker, obese -- weight stable. He acknowledges that he is inconsistent with exercise and snacks on high fat/sugar foods. Patient comes into every session very happy with his progress and reports that he is just about to quit smoking, confident he's just about to be consistent with exercise, weight is 'better than he thought' (even though it is the same), has everything set to quit smoking 'tomorrow', has 'added chips to diet, but cut back on candy!' He is a care-giver for an ill spouse. You decide to talk about his nutritional plan.</td>
</tr>
<tr>
<td><strong>Task:</strong></td>
<td>Persuade the patient to increase his commitment to work on his nutritional plan by using each of the following strategies:</td>
</tr>
<tr>
<td>1. Explain why the patient should make a change. Mention at least 2 specific benefits from the change.</td>
<td></td>
</tr>
<tr>
<td>2. Tell the patient how he could make the change.</td>
<td></td>
</tr>
<tr>
<td>3. Talk about the consequences of not changing.</td>
<td></td>
</tr>
<tr>
<td>4. Tell the patient you think it’s extremely important for him to make the change</td>
<td></td>
</tr>
<tr>
<td>5. If you encounter resistance, repeat the above, perhaps more emphatically.</td>
<td></td>
</tr>
</tbody>
</table>

### Conversation B

<table>
<thead>
<tr>
<th>Person 1: Health Care Provider</th>
<th>Person 2: Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Situation:</strong></td>
<td>You are meeting with your health care provider for a check up and know you need to do better at exercising and making nutritional changes consistently. Your family has been on your case, so you admit that you sneak chips and sweets when they are not around. Being the caregiver for your spouse makes it difficult to find the time to exercise. You would like to become healthier for your grandchildren.</td>
</tr>
<tr>
<td><strong>Task:</strong></td>
<td>Provide a response to each persuasion strategy. You know you should be making these nutritional changes, so you’re a little willing to talk about it: but the last thing you want is this health care provider to sound like your family. If you get a lecture, you’ll be less likely to change.</td>
</tr>
<tr>
<td>1. You mentioned you’ve had trouble regularly making nutritional changes. Would it be OK if we spend a couple of minutes talking about that?</td>
<td></td>
</tr>
<tr>
<td>2. What connection, if any, do you see between being more consistent with your diet, your health and your goal of being healthy for your grandchildren?</td>
<td></td>
</tr>
<tr>
<td>3. If you ever decided to make a change in how you are eating, why would you make it?</td>
<td></td>
</tr>
<tr>
<td>4. And if you decide to make a change, how might you go about it, or what would you do?</td>
<td></td>
</tr>
<tr>
<td>5. How important would you say it is for you to make a change, even a small one, on a 0-10 scale, where 0 is not important at all and 10 is extremely important?</td>
<td></td>
</tr>
<tr>
<td>6. Why are you at ___, rather than a (lower number)?</td>
<td></td>
</tr>
</tbody>
</table>
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Training Objectives
- Understand and conceptualize the psychology of how people change.
- Understand the Stages of Change and be able to identify where a patient is “at” in the change cycle.
- Understand how to use Motivational Interviewing in your work with patients.
- Learn how to match treatment techniques with level of motivation.

Assumptions
- Helping patients change behavior is not easy; it is inherently different from the more directive and prescriptive approach to treating “medical disease”.
- Whether formally trained in motivational interviewing or not, we are all already using some form of brief motivational interventions with our patients, and our skills will continue to improve with practice.
- These evidence-based communication skills, while studied extensively for substance abuse, are applicable to almost all clinical and counseling work.

Treatment Adherence
- Treatment adherence range from 20-80%.
- The rate of adherence drops below 50% in “year two” of a chronic illness.

Common Obstacles in Changing Health Behavior
- Perceived self-care plan is impossible
  - “I can’t change.”

- Perceived Susceptibility to Risk is low
  - “My weight has nothing to do with why my back hurts all the time.”

Common Obstacles
- Limited resources
  - “I don’t have the money to shop at Whole Foods.”
- Environmental barriers
  - “There is no warm water pool close to my house.”
- Low Social Support
  - “How can I stop smoking when my husband still smokes?”
**Why HBC Often Unachievable?**

- Provider interventions are limited to education which patients interpret as preaching
- No plan for implementing recommendations
- Lack of enthusiasm of the health care provider

"So, what do you make of that?…"

**What does it really take to change?**

- What are your thoughts?
- Exercise: What does it take to really change a health behavior. What are all the necessary ingredients or components?

**Why Do People Change?**


**Exercise 1**

- Relationship Factors

**Direct v. Guiding Styles**

Improve your guiding skills while suppressing the natural instinct to direct

"Directing" synonyms
- Manage
- Lead
- Take charge
- Authorize
- Preside
- Govern

"Guiding" synonyms
- Encourage
- Enlighten
- Motivate
- Support
- Awaken
- Elicit

Examples from and/or adapted from: Rohner, Miller, & Butler (2008)
Brief Interventions in Medical Settings
At least 200 studies in the medical literature

Community Primary Care
Walker (1986)
Ismail (1996)
Flaming (1997, 1999)
Ockene (1999)
Saah (1997)
Carr (2005)
Grossberg (2004)

College Students
Baer et al (1992)
Boruvka and Carey (2000)
Carey (2007)

Meta-analyses show most studies have positive outcomes

Over 50 clinical trials studied

UNIT ONE: Understanding the Stages of Change

UNIT ONE: Understanding the Stages of Change

Exercise 2

What do people say in each Stage of Change?
UNIT TWO: UNIT TWO:

How can you assist this Kim, age 30, no-shows for her appointment after coming in consistently for is finding her motivation lagging a bit.

To Change To Change control is our own
to control is our own

Ask permission first Ask permission first MI is more like “pulling” rather than “pushing”

John, a sedentary, mildly obese 40 year old is forced to come to clinic with

The only thing we can

It is the patient rather than you

“Open Questions not “yes/no”

Affirm patient’s positives/values/character

Reflective Listening statements understanding content and meaning

Summarize main points, then shift Summarize periodically, demonstrating you’re listening

Clinical Prevention in Practice

“If your consultation time is limited, you are better off asking patients why they would want to make a change and how they might do it rather than telling them that they should.

It is the patient rather than you who should be voicing the arguments for behavior change.”

Catalyst for Change

- How can you assist this pt in moving to the next stage of change?
- The only thing we can control is our own reaction to people, situations, events.
- Want to match treatment techniques with level of motivation.

Stages of Change Examples: Identify the Stage

- John, a sedentary, mildly obese 40 year old is forced to come to clinic with his spouse. He expresses some interest in starting to eat healthier but can’t be specific. He’s ambivalent, angry, and not very talkative.
- Tom is a 20 year old man who is 20 # overweight with chronic back pain. Despite otherwise normal physical exam and lab tests, he is convinced there’s a medical problem and that nothing he is doing could be contributing to the problem.
- Sally is a 50 year old who’s been in good shape by working out and increasing her daily intake of fruits and vegetables. She has found this helpful in managing her diabetes and would like to continue to eat better but is finding her motivation lagging a bit.
- Ken, age 30, no-shows for his appointment after coming in consistently for monthly checks on her Type 2 diabetes. You finally reach the patient by phone who fesses up: She’s avoided her food diaries, not checking her blood glucose levels and has been eating more junk food for the past 4 weeks since her last visit.
- Ken, age 25, broke his arm playing tennis four months ago. He read an article on the importance of nutrition on injury rehabilitation and would like to eat well to aid in healing his arm but he’s unsure where to start.

UNIT TWO:

Building Motivation

To Change

Motivational Interviewing

Methods: O A R S

Ask permission first

MI is more like “pulling” rather than “pushing”

Open Questions not “yes/no”

Affirm patient’s positives/values/character

Reflective Listening statements understanding content and meaning

Summarize main points, then shift

Summarize periodically, demonstrating you’re listening
**Open-ended Questions**
- Can’t be answered with “yes” or “no.”
- Allows patient to share what is important to them.
- Way to show personal interest and caring.
- Don’t say:
  - “Have you been exercising regularly?”
  - “Have you decreased your sugar intake?”
- Say:
  - “What have you been doing to stay active?”
  - “How have you felt about the amount of sugar you’ve been eating recently?”

**Examples of Open-ended Questions**
- “Before we begin the exam, what are the things that concern you most today?”
- “This diagnosis must have been a shock. How are you dealing with it?”
- “In what ways has this interfered with your life?”
- “Tell me about a typical day and what you eat?”
- “Tell me about your diet?”
- “How are things going in your family?”
- “What can I help you learn about nutrition?”
- “What are the things that you like and don’t like about your current nutrition?”


**Reflective Listening: A Primary Skill**
- “Hypothesis testing” approach to listening
- Statements, not questions
- Voice goes down
- Can amplify content, meaning or feeling
- Can be used strategically
- Takes hard work and practice

“I want to learn to listen with as much intent as most people talk.”
— Lily Tomlin

**Types of reflections...**
“I’ve been feeling stressed a lot lately…”
- **Repeating**
  - “You’ve been feeling stressed.”
- **Rephrasing**
  - “You’ve been feeling anxious.”
- **Paraphrasing**
  - “You’ve been feeling anxious, and that’s taking its toll on you.”
- **Focusing on emotional component**
  - “And that's taking its toll on you.”

**Reflection**
- My spouse won’t stop bugging me about eating better.

“Your spouse is concerned about your nutrition.”
— or —
“And that annoys you.”
— or —
“It feels like your spouse is always on your case.”

**Amplified Reflection**
- I don’t see any reasons to change my diet...
  I mean, I just like don’t like eating all that “healthy” stuff.

“Sounds like there are no bad things about not changing your diet for you.”
Double-Sided Reflection

- **Patient**: I've been eating fast food with my friends when we go out. My family is always lecturing me about it. They're always saying that it makes my health worse.

  **Health Care Provider**: “Sounds like on the one hand you enjoy eating fast food but on the other hand you get a hard time from your family about how eating fast food affects your health.”

- **Patient**: Yeah... I mean, I know that it affects my health a little, but I don’t eat fast food every day and when I do, I really enjoy it, you know?

  **Provider**: “What do you enjoy about fast food?”

- **Patient**: I like the fact that it helps me feel like I have a reward after a stressful day at school.

  **Provider**: So on the one hand you enjoy eating fast food because you feel that it’s a reward after a long school day, and on the other hand you’ve noticed that it has some effect on your health.”

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**Hypothesis Testing Model**

1. What speaker means
2. What speaker says
3. What listener hears
4. What listener thinks speaker means

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**Exercise: Practicing Reflective Listening**

- You can reflect back almost anything
- To get practice with considering every day phrases, what follows is a compilation of song lyrics
- Please respond to these statements with reflections

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“I gotta feelin'...that tonight’s gonna be a good night...”

**Reflection**?

1. What speaker means
2. What speaker says
3. What a listener hears
4. What a listener thinks speaker means

---

“So my boyfriend asked me: “Will you still need me, will you still feed me, when I’m sixty-four?””

**Reflection**?

1. What speaker means
2. What speaker says
3. What a listener hears
4. What a listener thinks speaker means

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Slide credit: Paul Grossberg, M.D.
“They tried to make me go to rehab, but I said, no, no, no.”

Reflection?

2. What speaker says
3. What a listener hears

1. What speaker means
4. What listener thinks speaker means

I told my partner: “You say stop, and I say ‘Go, Go, Go’. Oh no; you say good-bye, and I say hello.”

Reflection?

2. What speaker says
3. What a listener hears

1. What speaker means
4. What listener thinks speaker means

Exercise 3: 7 Minutes of Reflective Listening

- Pair up in groups of 2
- Select who will role play Patient and Provider.
- Patient selects a challenge from the vignettes provided in the handout and talks about it with the Provider.
- Provider reflects content, meaning, and feeling back to the Patient and elicits more information.
- Provider avoids advice giving at all cost!
- Provider engages in active listening, paraphrasing, affirming, reflections and summaries, with minimal open-ended questions.

“The doctor told me to introduce more greens into my diet.”

UNIT THREE: Motivational Interviewing 101

Motivational Interviewing (MI)

- A client centered, directive method of communicating for enhancing a person’s intrinsic (internal) motivation to change by exploring and resolving ambivalence and resistance.
The “Spirit” of Motivational Interviewing

- Collaboration
  - active, cooperative conversation, partnership
  - joint decision-making process
- Evocation
  - evoke from patients that which they already have
- Autonomy
  - “there is something in human nature that resists being coerced and told what to do. Basically, it is acknowledging the other’s rights and freedom not to change that sometimes makes change possible.” (Rollnick, Miller, Butler, 2008).

Motivational Interviewing

Basic Principles


1. Express Empathy
2. Support Self-efficacy
3. Roll with Resistance
4. Develop Discrepancy

Express Empathy:

Build A Working Alliance

“Fence sitting is normal”

- Accept pt. feelings (facilitates change)
- Accept ambivalence (theirs/ours) as normal
- Understand their perspective through reflective listening

Empathy Project

- http://www.youtube.com/watch?v=cDDWvj_q-08

Empathetic Responses

“You seem__________”
“In other words__________”
“You feel________ because__________”
“It seems to you__________”
“As I understand it, you seem to be saying____”
“I sense that__________”
“You sound__________”

AVOID “I understand/know how you feel”
Clinical Hint

- Start with questions, not information
- Begin with patient's concerns
- Agenda must be personally meaningful for the patient

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How to express empathy to a smoker

How to express empathy to a smoker

Provider: “I hear that there is a part of you that wants to stop about the pain.”

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Support Self-Efficacy

- Increasing the belief and confidence that a task or change can take place.

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Support Self-Efficacy

- Notice comments that indicate the patient wants to move toward the target behavior.
- Notice actual changes in behavior as well as contemplated changes in behavior.
- “I hear that there is a part of you that wants to stop smoking and that you have tried to quit before and that it’s hard to stop when smoking helps you feel less stressed about the pain.”

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Example: Support Self-Efficacy

Patient: “I’m concerned about my weight and want to make changes in my diet and exercise pattern. I want to make the basketball team again this year”

Provider: “That’s great, tell me more about what you’ve been thinking.”

Provider: “Wow! You were on the basketball team last year! Tell me about that. What about that process might help you now in your decision to increase your exercise and eat differently.”
Support Self-Efficacy

- Inquire about other healthy changes the patient has made in their life.
- Share brief clinical examples of others’ successes.
- [http://www.ctri.wisc.edu/HC.Providers/healthcare_ondemand_self.htm](http://www.ctri.wisc.edu/HC.Providers/healthcare_ondemand_self.htm)

Self-efficacy: How to support it

Clinical Hint

- Always look for opportunities to praise the change efforts of your patients.
- Remember, the patient is responsible for choosing and carrying out change.

Role with Resistance

- Dealing with resistance by simply acknowledging the pt's disagreement, feeling or perception allows further exploration not continued defensiveness.

Ambivalence versus Resistance

- Resistance behavior is a signal that there is a disturbance in rapport that needs to be addressed and explored NOT squashed.
- There is no unmotivated person. It is just that the person is not motivated to do what YOU want them to do.
- Remember the patient's time frame for change may be different than yours!

“Patients who feel ambivalent have both sides of the argument within them, and they will often back away from resistance when you reflect.”

Accept whatever stage of change the patient is at.

Roll With Resistance:
Case Study (Kimberly)
- Accept whatever stage of change the patient is at.
- Develop a “Go with it Attitude”

Kimberly: So were you every heavy? …
how can you really relate to me?
Provider: You’re concerned I can’t understand you or won’t be able to help you.

Rolling with Resistance

Provider: “So tell me a little more about your eating.”
[open question]
Kimberly: “Well I do usually eat junk food most days, but not that much really.”
Provider: “You’re a pretty light eater.” [reflection].
Kimberly: “Well, I’m not sure about that. I can eat pretty well, more than most.”
Provider: “You can eat a fair amount and it doesn’t seem to affect you.” [reflection]
Kimberly: “Yeah, that’s right. I can eat quite a bit.”
Provider: “And you do sometimes.” [reflection]
Kimberly: “Sure, I’ll have five or six snacks after work, mostly chips and cookies.”

Rolling with Resistance

Clinician Tug of War

Kimberly: I’ve spoken to so many people about my weight but everything they say just doesn’t work for me.
Provider: You’re frustrated that the advice you have been getting hasn’t fit your needs and it will be important to understand the unique aspects of your weight problem if this is going to work.

Rolling with Resistance

Provider: “What do you think about eating that much?”
[open question]
Kimberly: “I don’t really think about it that often.”
Provider: “Sometimes you do, but not often.” [reflection]
Kimberly: “Well, sometimes I think, you know, I ought to cut back and I’m getting older.”
Provider: “What have you noticed?” [open question]
Kimberly: “These stomach pains, like I’ve been having, and I guess I feel tired during the day. But don’t misunderstand, I don’t have a problem with eating.”
Provider: “It hasn’t really caused any problems for you at this point.” [reflection]
Kimberly: “Well, I wouldn’t say that.”
Clinical Hint

- Invite the client to argue for change by brainstorming his/her solutions or agendas.
- Example: “Based on what you know about yourself, what do you think would have to happen for you to eat better?”
- Remember to ask permission before giving advice/information.
- Example: “As your nutritionist I must tell you I’m concerned about your eating habits, especially with your family history... Would it be ok for me to tell you about…”

Rolling with Resistance

- [http://www.ctri.wisc.edu/HC.Providers/healthcare_ondemand_rolling.htm](http://www.ctri.wisc.edu/HC.Providers/healthcare_ondemand_rolling.htm)

- What could the provider have said differently?

Exercise 4

- Practice “Rolling With Resistance”

Exercise 5

- Test your ability to “Roll with Resistance”

Developing Discrepancy

“Who do you want to be?”

- Encourage awareness of discrepancy b/w current behavior & stated goals/personal values (i.e., creating dissonance)
- Focus on the gains of changing thru eyes of patient.
- Encourage motivational statements by the patient.
Discrepancy

- Assist the patient in recognizing that there is a dissonance between their goals and noncompliant behavior.
- "I hear that eating junk food helps you relax when you are anxious and losing weight is important to you for health reasons. Help me understand how this is a problem for you now?"

- Decisional Balance:
  - End with behavior change
  - Use a "and" not a "but"

- Thoughts on video clips:
  - http://www.ctri.wisc.edu/HC.Providers/healthcare_ondemand_discrep-howto.htm

Exploring Discrepancy

Kimberly: I really enjoy watching TV and eating dinner and snacks while watching my nightly TV programs.

Provider: It seems like there is something about cutting down on TV and not eating while watching TV that takes away from the feeling that you want.

Exploring Discrepancy

Kimberly: Yeah and I want that but I worry about gaining weight and how that might affect my health in the future.

Provider: So let’s summarize. On one hand you really enjoy watching TV and having snacks while watching your favorite programs, and, on the other hand, you worry a lot about eating too much while you watch TV and how this may lead you to gain weight and impact your health.

Developing Discrepancies – How not to do it

Developing discrepancies – how to:

Readiness Rulers to Elicit “Change Talk”

On a scale of 0 to 10, with 10 being the most,

How important is it for you to _______________?

How confident are you that you can _______________?

How willing are you to _______________?

Why are you not a lower number?
Readiness Ruler

- A low number does not = inaction
- A high number does not = action
- What is important is **not** the number
  - But the process of thinking why they might do something
  - No questionnaire can accurately predict how likely a person is to take action.

Kimberly Intervention

**Provider:** How come it’s not a little lower than 3?
**Kimberly:** Well, because I think I might have a little more energy and feel better if I ate better.

**Provider:** Why come it’s not a little lower than 3?
**Kimberly:** Because I have a busy schedule and it’s hard to find healthy food on the road.

**Provider:** So you see these food changes as potentially valuable, that it could help you to feel better every day, and at the same time it seems like you are busy and it’s hard to find the time. Do I have that right?
**Kimberly:** Yes, but now that you say it that way maybe getting started might be worth my effort.

Exercise 6

The Interpersonal Process of MI

Strengthening Commitment to Change
Use an “Insurance Card”

- Ask permission to talk assertively
- Opportunity to discuss risky problem behaviors, particularly when not the primary presenting problem.
- Example:
  Patient: “I am not going to take insulin.”
  Provider: “May I tell you what concerns me?”

Elicit-Provide-Elicit

- Elicit patient ideas, opinions, and preferences
- Provide information or advice (after asking permission!)
- Elicit patient’s reaction to what you have said
  - E.g., What do you make of that?
  - E.g., Where does that leave you?

Elicit-Provide-Elicit

Kimberly Follow-up

- Provider: “How are you feeling about the changes you are making to your diet?” [elicit, open question]
- Kimberly: “I did really well the first week, but had trouble doing all the changes you told me to.”
- Provider: “Many people in your situation find it difficult to keep up these changes over time. Might I share what has worked for others? [provide] What others do: What’s the best way for you to keep a healthier diet? How do you do it?” [elicit open question]
- Kimberly: “I try to reduce my portion size like you said and add more fruits and vegetables, but it’s not so easy when I travel for work. It’s hard to eat healthy foods.”
- Provider: “It must be hard for you to keep up this new way of eating and go on work trips at the same time.” [listening] What could you work out to make it a little easier? [elicit]

Eliciting “Change Talk”

DARN and “Might”

- Listen for DARN statements
- D: Desire
  - “I wish I could get back in shape”
  - “I like the idea of eating more fruits”
- A: Ability
  - “I might be able to eat breakfast this week”
  - “I could probably try to do my rehab exercises daily”
- R: Reasons
  - “Cutting down would be good for my health”
  - “I’d sure have more money if I cut down”
- N: Need
  - “I really need to eat more vegetables”

- Ask “Might” Questions: (pre-contemplation)
  - “Do you think you might consider losing weight?”
  - “Why might you want to do these exercises?”

Examples from and/or adapted from: Rollnick, Miller, & Butler (2008)

Decisional Balance

- Two Sides of Change:
  - “There are always 2 sides to change, the good things, and the less good things.”
  - “What are some of the good things about your eating habits? What are some of the less good things?”
  - “How would your life be different if this wasn’t a part of your life?”

Decisional Balance Exercise

Patient with Insulin Dependent Diabetes

<table>
<thead>
<tr>
<th>BENEFITS OF CHANGING</th>
<th>COSTS OF CHANGING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better blood sugar control</td>
<td>More finger sticks and shots</td>
</tr>
<tr>
<td>Fewer low blood sugar reactions</td>
<td>Diabetes more obvious</td>
</tr>
<tr>
<td>Family happier with me</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BENEFITS OF NOT CHANGING</th>
<th>COSTS OF NOT CHANGING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be more like others as much as I can</td>
<td>Long term health problems and possible death</td>
</tr>
<tr>
<td>Less time on my diabetes</td>
<td>Upset my family</td>
</tr>
<tr>
<td>Eat what I want</td>
<td></td>
</tr>
</tbody>
</table>

Examples from and/or adapted from: Rollnick, Miller, & Butler (2008)
Ways to Evoke Change Talk

- “What would you like to see different about your current situation?”
- “What makes you think you need to change?”
- “Why are others concerned about your (insert risky behavior)?”
- “What will things be like if you don’t change?”
- “Tell me about a change you have been able to make in the past.”
- “How do you see things looking differently 6 months from now if you do change?”

More Ways to Evoke Change Talk

- “What would you say is your most pressing concern right now?”
- “How do you imagine things will play out if you continue as you are now?”
- “You mentioned you are concerned about your health. What in particular worries you?”
- “So you are worried about your blood pressure because it increases your chance of a stroke. How do you see your weight fitting into this concern?”
- “So you have had several previous attempts to (insert behavior change) what makes this time different?”

Deploying Discrepancies

- The Columbo Approach
  - “Help me to understand. I’m a little confused. I understand that it’s really important to you to be able to be more physically active in order to play with your grandkids. So how does your decision to not participate in physical therapy fit with this?”

- The Miracle Question
  - “At night when you are sleeping a miracle happens and you wake up and the problem that brought you in here is solved. What would be different? Tell me how you might have gotten to that point?”

Deploying Discrepancies

- Envelope Technique:
  - “If I were to hand you an envelope, what would the message inside have to say for you to think more about _______?”

Looking Forward

- Have the patient envision two futures:
  - The first if they continue on the same path
  - The second if they decide to make a change in their behavior, what their future might look like.

“I can see why you’re unsure about making new or additional changes. Let’s just stand back for a moment and imagine that you decided to change. What would you change and what would it be like? Why would you want to do this?”
Traps to Avoid

- “Expert” stance
- Arguing for change
- Question-answer
- Premature focus
- Assignment of blame, labeling
- Advice without permission
- Doing most of the talking

Role Plays

Practice Two Techniques:
- Decision Balance
- Colombo Technique
- Miracle Question/Envelope Technique
- Looking Forward

MI in a nutshell

- Talk less than your client
- Offer 2-3 reflections for each question
- Ask 2x more open than closed questions
- Listen empathically, using complex reflections

MI in a nutshell

- Make 3 to 4 reflective responses, then ask yourself:
  - What have I learned about this parent’s concerns?
  - What have I learned about his/her readiness to make changes?
  - What’s my next best thing to do, given the above? Then do that.

Summary

- Determine what stage client is in according to MI theory.
- Adjust your intervention accordingly
- One size intervention does NOT fit all!
- Telling people what to do fails.
- Education/information does NOT automatically lead to behavior change.

“Often health care seems to involve giving patients what they lack, be it medication, knowledge, insight, or skills. MI instead seeks to evoke from patients that which they already have.”

“It is much more important to know what sort of patient has a disease that what sort of disease a patient has.”
Sir William Osler