Motivational Interviewing
In a Brief Encounter

Skills Handbook
Definitions

Motivational Interviewing - a person-centered counseling method for addressing the common problem of ambivalence about behavior change

Ambivalence - the central aspect of behavior change. It is a natural tendency to balance the pro's and con's of changing a behavior

Sustain Talk - statements that a client or patient makes defending their current behavior

Change Talk - statements that a client or patient makes indicating that they are considering or planning a behavior change

Collaboration - the creation of an environment where patient/client and provider/counselor jointly share planning for behavior change

Evocation - an acknowledgment that motivation for change resides within the patient/client and the job of the provider/counselor is to activate that internal drive

Autonomy - a respect for the patient's/client's right to self-determine

The Four Processes of Motivational Interviewing
  Engaging: Taking time to establish a relationship
  Guiding: Identifying areas for beneficial change
  Evoking: Eliciting internal motivation for change
  Planning: Developing a specific strategy for changing behavior

The OARS Mnemonic - refers to four basic MI skills
  Open Questions: questions that cannot be answered with one word
  Affirmations: statements that establish a respectful, collaborative relationship by acknowledging a special talent, quality or commitment by the patient/client
  Reflections: conversational statements that promote discussion
  Summarization: Closing statements that seek to clarify and promote shared decisions made during a discussion
Asking Open Questions

A core skill in building a collaborative relationship is Asking Open Questions.

What is an Open Question?
Open Questions:
- Can't be answered with "yes" or "no"
- Allow for a fuller, richer discussion
- Are non-judgmental
- Let the people you are talking with think out loud
- Allow them to do most of the talking, using their own words
- Let them know the conversation is about them

What is a Closed Question?
Closed Questions:
- Can usually be answered with "yes" or "no"
- Let the person who asks the question do most of the talking
- Can be judgmental because they can force a person into a certain answer. For example, "Do you want to be healthy?" "You don't want to put your child at risk, do you?"

Answers to Open Questions
Answers to open questions often give a lot of information. For example, if you ask, "How do you feel about your drinking?" people might tell you about:
- Their activities or limitations that become their motivations
- How it impacts their relationships with family and friends Their fears about what will happen if they do or do not change their behavior
- The impact of the things they've tried before including dangerous behaviors

Questions like these help you understand the people you interview. The better your understanding, the more able you are to support them.
### Examples of Closed and Open Questions

<table>
<thead>
<tr>
<th>Closed</th>
<th>Open</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you here for your annual check-up?</td>
<td>What would you like to make sure we talk about today?</td>
</tr>
<tr>
<td>Are you having any problems with your child’s behavior?</td>
<td>Tell me about successes you’ve had with managing your child’s behavior…</td>
</tr>
<tr>
<td>Are you able to provide enough food for your family?</td>
<td>What are some of the challenges to providing enough food for your family?</td>
</tr>
<tr>
<td>Do you feel safe in your relationship?</td>
<td>Tell me about your relationship with your husband…</td>
</tr>
<tr>
<td>Are you too busy to take care of yourself?</td>
<td>Sometimes it’s hard to get everything done. How do you get around the challenges of a busy schedule to take care of yourself?</td>
</tr>
<tr>
<td>Last time we talked about your drinking. Is that going ok?</td>
<td>What has happened with your drinking since we talked last?</td>
</tr>
</tbody>
</table>

### Starters for Closed and Open Questions

<table>
<thead>
<tr>
<th>Closed</th>
<th>Open</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you...</td>
<td>Tell me about...</td>
</tr>
<tr>
<td>Will you...</td>
<td>To what extent...</td>
</tr>
<tr>
<td>Can you...</td>
<td>What else...</td>
</tr>
<tr>
<td>Is it...</td>
<td>Help me understand...</td>
</tr>
<tr>
<td>Did you...</td>
<td>How did you...</td>
</tr>
<tr>
<td>Are you...</td>
<td>What, if any...</td>
</tr>
</tbody>
</table>
Listening and Reflection

Reflective listening is like holding a mirror up as people speak. It allows people to hear aloud things they may have only been thinking about while showing that you understand what they said.

What is Reflective Listening?
- Is active and requires listening to the spoken word and the emotions that may be behind the words
- Keeps people talking and thinking
- Forces you to listen because reflecting is difficult if you aren't paying attention

A reflection is a statement that:
- Reflects, like a mirror or parrot, what people have said or what they are feeling
- Shows that you want to understand what the person is saying and lets you check that you are accurately understanding what the person has shared
- Opens the door for people to keep talking

A reflection is 1) NOT GIVING ADVICE, and 2) NOT A QUESTION!

When you are interacting with a patient or family:
- Listen and reflect what you hear
- Remain supportive and non-judgmental
- Try to reflect change talk instead of sustain talk
- Help people find their own solutions by letting them sift through their thoughts and feelings. This can help them set realistic goals and decide how to achieve them
- DON'T give advice or try to solve problems

Example stems to use for reflections:
1. It sounds like....
2. It has been hard for you....
3. You're feeling...
4. You're not sure...
5. You have mixed feelings about...
6. You're thinking about...
## TYPES OF REFLECTIONS

<table>
<thead>
<tr>
<th>Types</th>
<th>Strategy/Definition</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Content**        | Direct restatement of what the person said                                            | **Patient:** “I like smoking. It relaxes me.”  
 **Doctor:** “Smoking relaxes you.”                                                                 |
| **Feeling**        | Making a guess about the feeling behind the statement                                | **Patient:** “I don’t have time to take care of myself.”  
 **Doctor:** “It must be stressful not feeling like you have time to take care of yourself.”          |
| **Meaning**        | Making a guess about the meaning behind the statement                               | **Patient:** “I don’t have time to go to therapy.”  
 **Doctor:** “It sounds like your work schedule takes priority over going to therapy.”          |
| **Amplified**      | Overstates what the person says                                                      | **Patient:** “I don’t know why my wife is worried about my drinking. I think I’m fine.”  
 **Doctor:** “So your wife is worrying needlessly.”                                                                 |
| **Double-Sided**   | Captures both sides of the ambivalence                                               | **Patient:** “Sure I want my child to be safe, but there’s no way I could ever make it on my own.”  
 **Doctor:** “On the one hand, you are scared about being on your own, but on the other hand, leaving might make your children safer.” |
TIPS FOR REFLECTIVE LISTENING

1. Reflections end with a drop in the voice, NOT an upturn. An upturn makes a reflection sound like a question.

2. Don’t worry about being perfect. There are many possible reflections to every statement. You’ll still get useful information even if you don’t get it quite right.

3. If you are confused about what the person means, you might say: “I’m not sure I fully understand what you mean. Let me see if I have this right....”

4. It’s OK if the person says “NO.” Use “No” as a clue to change direction in the conversation.

5. Some people may make statements like, “My friends like me whether I’m overweight or not.” A simple reflection such as, “It sounds like you have friends who care about you” will keep the conversation going in a positive direction.

6. Avoid phrases like “you need” and “you have a problem.” These sound judgmental.

7. Avoid phrases like “you could” and “you should.” These phrases are lead-ins to giving advice.

8. Remember, just thinking about the issue, coming in for an appointment, or voicing a concern is a good first step for some people.

9. Try to reflect Change Talk over Sustain Talk. For example, with a double sided reflection, try to end with the reflection that emphasizes change.

10. Try to reflect “actions” when the patient is ready. For example, an Action Reflection might sound like “It sounds like you are strongly considering joining AA.” But a quick warning, don’t oversell it! It’s better to reflect something simple and be pleasantly surprised than to go too fast and get push back.
Summary of Reflective Listening

Reflections:
- Can be about what was said or the emotions behind it
- Move you closer to a better understanding of the key issues involved
- Show that you are listening and that the person's thoughts and feelings matter to you
- Encourage conversation to flow
- Build rapport
- Don't need to be perfect

Reflections let you:
- Learn more
- Be supportive
- Be non-judgmental

Reflections let the person:
- Voice thoughts or feelings they may not have talked about before
- Feel understood
- Feel accepted without judgment
- Hear their thoughts and feelings restated
- Make themselves clear by adding to or changing what they have said
- Talk about all sides of an issue
- Set realistic goals and decide how to achieve them
Motivation for Behavior Change

Motivation is influenced by a combination of importance and confidence:

**Importance**: how imperative it is for a person to make a health behavior change. The level of importance is based on the personal benefits they see to making the behavior change. Often, a person sees the benefits to taking better care of themselves and their family, but they may have other needs or priorities in their lives.

**Confidence**: how sure a person is about their ability to change. Confidence is key to making changes. People sometimes feel less confident because they have barriers, such as not having time or transportation to get to appointments. Taking small steps that lead to larger goals can help increase confidence.

How Health Care Providers Use Importance and Confidence to Build Motivation

Talking about importance and confidence can be a turning point in the conversation. Health care providers should discuss both issues because:

- One person may think it’s very important to go to therapy for their depression, but they lack the confidence to do so.
- Another person however might feel very confident that they can go to therapy, but they may not think it’s important to do so.
- Understanding both issues can help a person develop a realistic plan of action.

These discussions can raise a number of questions. They include:

- How much do I want to make this change?
- What could get in my way?
- What could help?
- What would my first step be?
Importance and Confidence Ruler

An easy way for health care providers to learn about a person’s motivation is by using importance and confidence rulers.

Start by using the ruler to learn about importance.
1. Ask: “How important is it to you to see a therapist? On a scale of 0 – 10, with 0 being not important at all, and 10 being very important, where would you place yourself?”
2. After the person gives you a number, ask: “Why did you choose _____, and not a lower number like 1 or 2?” Their answers to this question will tell you the benefits they see in going to a therapist.
3. Reflect on the reasons given.
4. Ask: “What would it take to move your number a little higher?” Their answers will tell you what would motivate them to go to a therapist.
5. Reflect.

Ask similar questions about confidence.
1. Ask: “How confident are you that you could go to therapy? On a scale of 0 to 10, with 0 being not confident at all, and 10 being very confident, where would you place yourself?”
2. After people give you a number, ask: “Why did you choose _____, and not a lower number like 1 or 2?” (If they choose a 0 or 1, ask instead, “Why such a low number?”) Their answers to this question will tell you what helps them to feel confident.
3. Reflect on the reasons given.
4. Ask: “What would it take to move your number a little higher?” Their answers will tell you what would increase their confidence.
5. Reflect.

** If they choose a 0-1 for either the importance or confidence rulers, then consider reassessing values or reflecting priorities before moving forward (e.g., is there sufficient motivation for behavior change? **
Motivation and Values

Health care providers help people build motivation by:
1. Identifying the perceived benefits and barriers to the change
2. Boosting confidence to take action
3. Connecting personal values to a desired health behavior change

Motivation and Values:
Values are our principles - like putting your family first or being honest. Ideally, they shape the choices we make. Values are often at the heart of making decisions about how patients choose to take care of their health conditions. When people discover that managing their health is related to their values, it’s often easier for them to find the motivation to put their beliefs into action.

How health care providers use values:
As a health care provider, you can help people think about the values that guide their lives. In general, people really enjoy talking about their values. Often, this exercise helps them think about whether there is a tie between their values and the way they take care of their health condition. When they see a link, this can help to build motivation for change. You can help them:
- Identify their core values by using the Values Sheet
- Understand why these values are important to them
- Decide what link, if any, they see between their values and the choices they make regarding their health
Tips for Discussing Values

Here are some ways to discuss values:

- Stay neutral/non-judgmental. Some people will see the tie between their values and health habits. Others won’t. That’s OK. Even if you think there is a clear link between a person’s values and better managing their health and their child’s well-being, avoid saying so. It’s important for people to make the connection for themselves.

- There are several approaches to assessing values:
  - Approach 1: Using conversation to understand values.
    - Throughout your interaction with patients and families, you may, if you pay attention, identify the values people have. You can use open-ended questions and reflective statements to help them link values to behavior change.
  - Approach 2: Values Sheet
    - Another useful tool is the Values Sheet. An interaction might begin in the following way:

      “There are lots of things that influence decisions throughout your day. For example, being a good friend or being independent. It is really important for us to discuss the things that are most important to you. Take a look at this sheet and tell me what the three most important things are to you.”

      “Tell me a little about what each value means to you.”
VALUES SHEET FOR PARENTS OR ADULTS

*Please select the three most important values to you by placing a check next to the box*

<table>
<thead>
<tr>
<th>VALUE</th>
<th>This might mean......</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Family</td>
<td>to have a happy family</td>
</tr>
<tr>
<td>□ Friends</td>
<td>to be a good friend and have close, supportive friends</td>
</tr>
<tr>
<td>□ Health</td>
<td>to be physically well</td>
</tr>
<tr>
<td>□ Significant Others</td>
<td>having a good relationship with a significant other</td>
</tr>
<tr>
<td>□ Respect</td>
<td>to feel appreciated for my contributions</td>
</tr>
<tr>
<td>□ Spirituality</td>
<td>to have purpose and meaning in life</td>
</tr>
<tr>
<td>□ Responsibility</td>
<td>to follow through on commitments</td>
</tr>
<tr>
<td>□ Appearance</td>
<td>to be physically attractive and present well to others</td>
</tr>
<tr>
<td>□ Success/</td>
<td>to achieve my goals</td>
</tr>
<tr>
<td>□ Appearance</td>
<td>to achieve my goals</td>
</tr>
<tr>
<td>□ Independence</td>
<td>to be able to meet my own needs</td>
</tr>
<tr>
<td>□ Financial Security</td>
<td>to be free of money-related worries</td>
</tr>
<tr>
<td>□ Generosity</td>
<td>to give to others</td>
</tr>
<tr>
<td>□ Activism</td>
<td>to work towards making a difference</td>
</tr>
<tr>
<td>□ Being Considerate</td>
<td>to be thoughtful of others</td>
</tr>
<tr>
<td>□ Honesty</td>
<td>to be truthful</td>
</tr>
<tr>
<td>□ Inner peace</td>
<td>to feel a sense of quiet/calmness</td>
</tr>
<tr>
<td>□ Acceptance/</td>
<td>to be part of a group</td>
</tr>
<tr>
<td>□ Belonging</td>
<td>to be part of a group</td>
</tr>
<tr>
<td>□ Optimism</td>
<td>to be positive; to feel good about the future</td>
</tr>
<tr>
<td>□ Sexuality</td>
<td>to be who I am sexually</td>
</tr>
<tr>
<td>□ Other:</td>
<td></td>
</tr>
</tbody>
</table>
VALUES SHEET FOR CHILDREN OR ADOLESCENTS

Please select the three most important values to you by placing a check next to the box:

<table>
<thead>
<tr>
<th>VALUE</th>
<th>This might mean….</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Family</td>
<td>to have a happy family</td>
</tr>
<tr>
<td>□ Friends</td>
<td>to be a good friend and have close friends</td>
</tr>
<tr>
<td>□ Health</td>
<td>to be well enough to do the things I want to do</td>
</tr>
<tr>
<td>□ Respect</td>
<td>to feel like people listen to me</td>
</tr>
<tr>
<td>□ Responsibility</td>
<td>to do what I said I would do</td>
</tr>
<tr>
<td>□ Appearance</td>
<td>to look good</td>
</tr>
<tr>
<td>□ Success/Achievement</td>
<td>to do well in things that are important to me</td>
</tr>
<tr>
<td>□ Independence</td>
<td>to make my own decisions</td>
</tr>
<tr>
<td>□ Generosity</td>
<td>to give to others and not be selfish</td>
</tr>
<tr>
<td>□ Being Considerate</td>
<td>to be nice to others</td>
</tr>
<tr>
<td>□ Honesty</td>
<td>to tell the truth</td>
</tr>
<tr>
<td>□ Acceptance/Belonging</td>
<td>to fit in</td>
</tr>
<tr>
<td>□ Optimism</td>
<td>to be positive, to feel good about the future</td>
</tr>
<tr>
<td>□ Spirituality</td>
<td>to have purpose and meaning in my life</td>
</tr>
</tbody>
</table>

THE FOLLOWING MIGHT BE IMPORTANT FOR TEENAGERS

| □ Significant Others      | having a good relationship with my boy/girlfriend |
| □ Financial Security      | to have money                                     |
| □ Activism                | to try to make a difference                       |
| □ Sexuality               | to be who I am sexually                           |
| □ Other:                  |                                                   |
Elicit-Provide-Elicit

How health care providers help people move toward Action
Discussing values, importance and confidence should give you an idea of why the patient you are talking with might want to do more to manage their health and their child’s well-being. For those who are ready to change, you can help them develop a realistic action plan:

• Ask if the person has some ideas for making the behavior change
• Reflect on these ideas in a way that provides support for the plan: “You can see yourself changing from drinking 4 beers a night to 1 or 2 and sticking with it.”

If the person you are talking with doesn’t have a plan, provide guidance through a technique called “Elicit-Provide-Elicit”:

• First, have the patient share their thoughts about the situation (Elicit)
• Second, you must ask permission to share some of your ideas
• If they agree, share information (Provide)
• Then, check to see how they heard the information and whether they found the ideas useful (Elicit)

***Elicit-Provide-Elicit can also be used when providing health information including disease process, prognosis, treatment, and relevant medical information***

It is important to note that some people will not be ready for an action plan. This may be the first time they have had a chance to really think about making this behavior change and its impact on their health. Just thinking about issues can be an important first step. So, what do you do if someone is not ready for action?

☐ Offer a reflection like, “You are interested in achieving a healthy weight, but you’re not ready to start yet.”
Summary of Building Motivation

The Values Sheet and the Importance and Confidence Rulers are useful tools for health care providers. The way people respond to them will depend on their life experience, knowledge, and hopes.

Some people may develop a tentative plan. That plan could involve a small change or it could simply involve thinking about making the change. Whatever the response, don’t push.

Summarizing Thoughts and Plans

What is a Summary?
A summary restates the key parts of the conversation, especially those that produce a strong reaction. The summary may include:

- Thoughts
- Concerns
- Plans
- Reflections

How to Use a Summary
A Summary can be useful in a number of ways. It can help the person:

- Recall the conversation
- Think of new ideas
- Plan their next steps
- Feel more confident about moving forward

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