

# Motivational Interviewing: *An Introduction*

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0 -----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

“Confidence in Motivating Change”

0 -----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

“Comfort in Role Playing”

## Listen with:

- Presence—undivided attention
- Eyes, ears, and heart—use all of your senses
- Acceptance & non-judgment
- Curiosity
- Delight
- No interruptions
- Silence
  
- Encouragers (e.g., mm-hmm, I see, go on, oh, really, right, no way, what else, wow, tell me more)
  
- **Reflection**
  
- Summary

## Pre-Post Questionnaire

1. My wife is always nagging me about my drinking, but I don't drink any more than other people, and I can stop whenever I want. It's not a problem for me.

a.

b.

2. I don't like the idea of going to a weight management group. I'm not a group person, and besides, I don't have the time to come.

a.

b.

3. What's wrong with blowing a little dope and getting high? Haven't you tried it?

a.

b.

4. I'm not an exercise kind of person. I don't like to sweat, and besides, I get enough exercise just taking care of things around the house.
  - a.
  
  
  
  
  
  
  
  
  
  
  - b.
  
5. My grandmother lived until she was 98, and she smoked every day. She never got cancer, just died in her sleep. I think it's all in the genes.
  - a.
  
  
  
  
  
  
  
  
  
  
  - b.
  
6. I don't need to check my blood sugars. This sore on my foot has nothing to do with my diabetes!
  - a.
  
  
  
  
  
  
  
  
  
  
  - b.
  
7. That's all you can talk about—pills. You don't understand. I just can't handle the stress on my job. You don't care about me.
  - a.
  
  
  
  
  
  
  
  
  
  
  - b.

# Style & Spirit

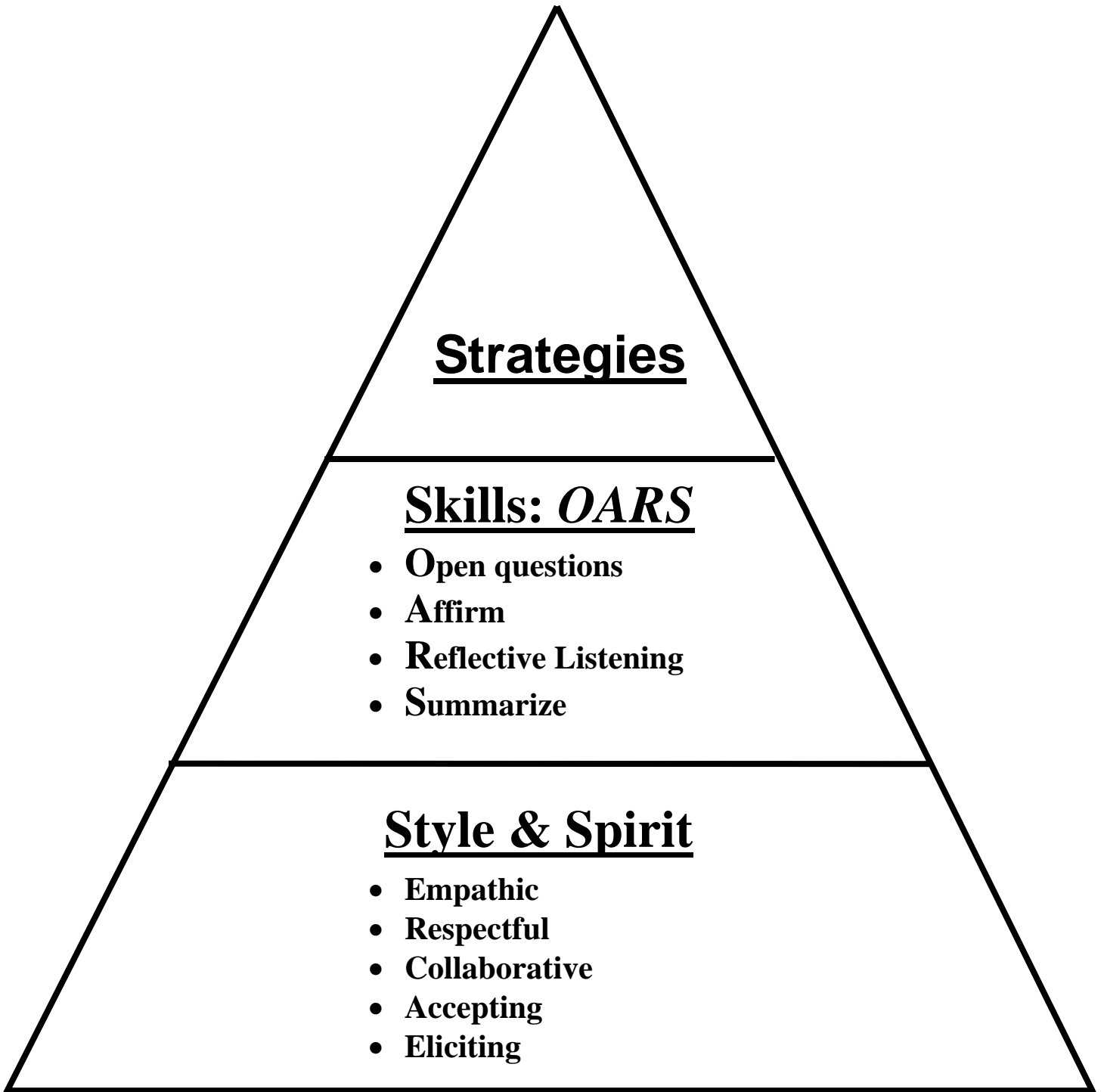
- **Empathic:** seeking to understand things from the client's perspective
- **Warm & friendly**
- **Collaborative:** sharing power and control; working together in partnership; pursuing common goals; dancing rather than wrestling.
- **Accepting/Non-judgmental**

**The paradox of change:** when a person feels accepted for who they are and what they do—no matter how unhealthy—it allows them the freedom to consider change rather than needing to defend against it.

- **Respectful:** asks permission before raising a topic, addressing concerns, offering advice, or providing education
- **Positive and hopeful:** confident in the human spirit to grow and change in positive directions
- **Individualized:** tailors intervention approach to match a client's own situation and readiness of change
- **Eliciting:** Encourages the client to do most of the talking

## EVOKING versus IMPARTING

- **Honoring of autonomy:** respects the client's freedom of choice, personal control, perspective, and ability to make decisions



# What is Motivational Interviewing?

Motivational interviewing is a client-centered, guiding counseling style for enhancing intrinsic motivation for change by exploring and resolving ambivalence  
*(“The Prep-step Before Action”)*

**Dancing** vs. *Wrestling*

**Tapping** vs. *Pulling*

**Consulting** vs. *Instructing*

**Eliciting** vs. *Imparting*

**Guiding** vs. *Directing*

## *Primary Goals:*

- Minimize resistance
- Elicit “change talk!”
- Explore and resolve ambivalence
- Nurture hope and confidence

***Primary Belief (Michelangelo Belief):*** The capacity and potential for change and adherence is within every person!

*“People possess substantial personal expertise and wisdom regarding themselves, and tend to develop in a positive direction, given the proper conditions and support...”*  
 - Miller & Moyers, ‘06

# Key Principles

**Control and choice:** People are more motivated to make change when it's based on their own decisions and choices, rather than an authority figure telling them what to do (*Reactance theory: Brehm & Brehm, 1981; Self-determination theory: Deci, 1980*).

**“Change talk”:** People are more persuaded by what they hear themselves say than by what someone tells them (*Self-perception theory: Bem, 1972*).

**Hope and Possibility:** A helping professional's belief in a client's ability to make behavior change can influence outcome (*Self-efficacy theory: Bandura, 1994; Leake and King, 1977*).

**Acceptance:** When a person feels accepted for who they are and what they do—no matter how unhealthy or destructive—it allows them the freedom to consider change rather than needing to resist it.

## Committed Decisions:

*“Concerning all acts of initiative and creation, there is one elementary truth—that the moment one definitely commits oneself, then providence moves too.” - Goethe*

**Less is more:** *“... one of nature's most subtle and paradoxical laws.”*

- Huang & Lynch

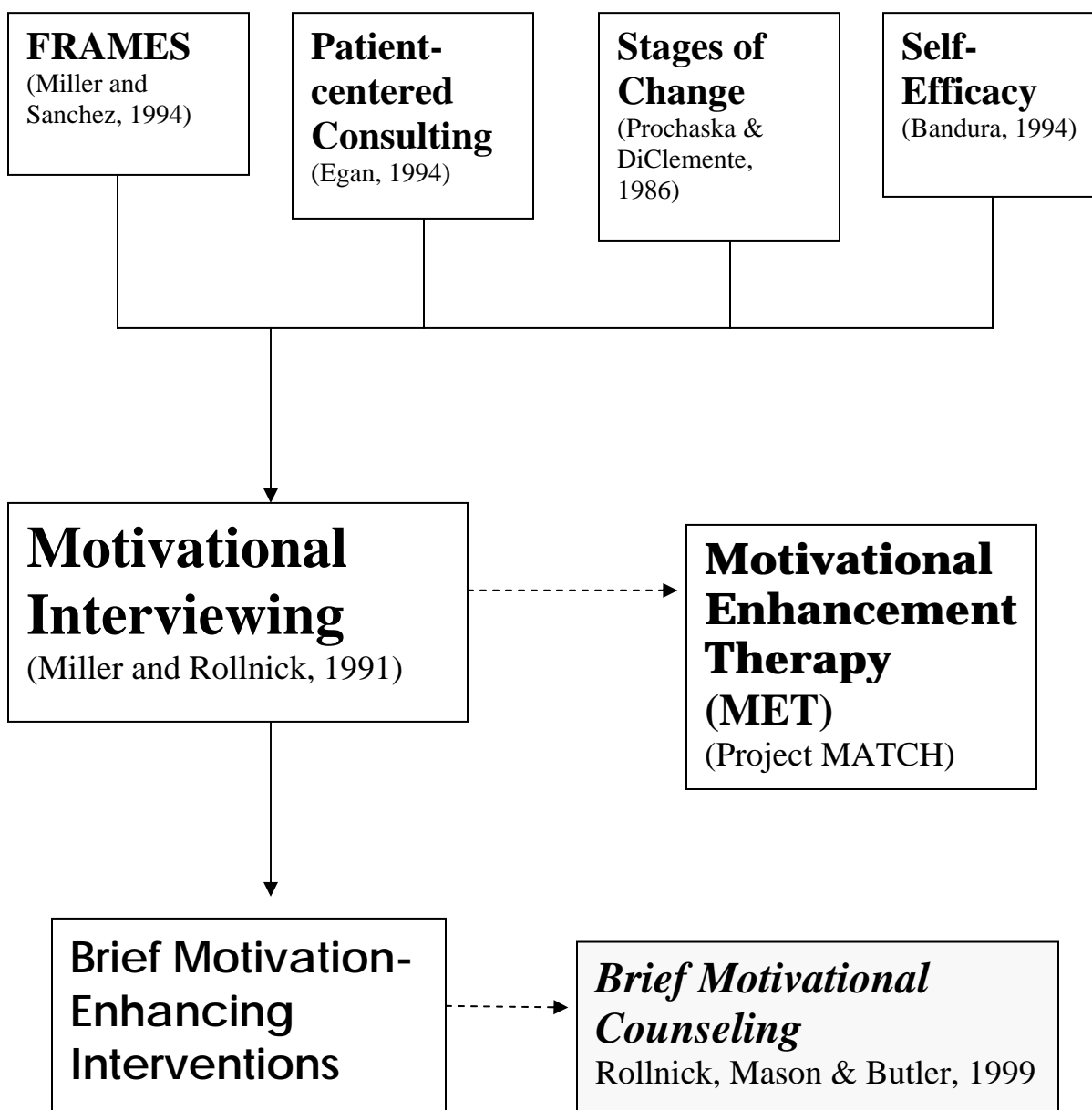
**Interpersonal style:** motivation—and resistance—is powerfully influenced by the interpersonal style of the helping professional (*Motivational Interviewing: Miller and Rollnick, 1991, 2002*)

## No Fixin'!!!



# Highlights of Motivational Interviewing

- ❖ The clinician does not assume an authoritarian role. One avoids the attitude: “I’m the expert and I’m going to tell you how to run your life.”
  
- ❖ Responsibility for change is left with the patient. The general message: “It is your choice if, when, and how to change, and nobody can make that decision for you.”
  
- ❖ Motivation for change is elicited from within the patient, rather than imposed from without.
  
- ❖ The client, rather than the patient, is the one who presents reasons for change.
  
- ❖ A variety of client-tailored strategies are used to build motivation. The direction pursued by the clinician is based on the client’s “readiness to change.”
  
- ❖ The clinician employs an empathic helping style based on warmth, non-judgment, acceptance, and respect.
  
- ❖ Motivational interviewing combines elements of directive and non-directive approaches. The interviewing session is patient-centered, yet the clinician maintains a strong sense of purpose and direction.



*The power of brief motivation enhancing interventions:*

**Release and trigger a person's natural  
change potential!**

# Theoretical Perspectives

## *FRAMES*

*(Miller and Sanchez, 1994)*

**Feedback.** Provide clients with personal feedback regarding their individual status and where they stand in relationship to the norms and standards.

**Responsibility.** Emphasize the client's freedom of choice and personal responsibility for their choices.

**Advice.** Provide clear recommendations in a supportive, non-threatening manner.

**Menu.** Provide options for patients to choose from.

**Empathy.** Express empathy; accurate reflective listening, warm and genuine manner, non-judgmental approach.

**Self-efficacy.** Reinforcing the client's sense of self-efficacy regarding their ability to make changes, or modify behavior.

## **Stages of Change**

*(Prochaska and DiClemente, 1986, 1992)*

**Precontemplation** is the state in which people are not considering changing or initiating a behavior. They may be unaware that a problem exists.

**Contemplation** is the stage characterized by ambivalence about changing or initiating a behavior

**Preparation** is the stage characterized by reduced ambivalence and exploration of options for change.

**Action** is the stage characterized by the taking of action in order to achieve change.

**Maintenance** is the stage characterized by seeking to integrate and maintain a behavior that has been successfully changed or initiated.

**Relapse** is the stage characterized by a recurrence of the undesired behavior or elimination of a desired behavior.

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# Resistance Producing Style

4

- *Confronting*
- *Persuading*
- *Nagging*
- *Interrupting*
- *Ordering*
- *Judging*
- *Pressuring*
- *Criticizing*
- *Directing*
- *Talking down to*
- *Shaming*
- *Scolding*

## Resistance Traps:

- The question-answer trap
- The taking sides trap
- The expert trap
- The labeling trap
- The blaming trap
- The pouncing trap
- **Premature Action Planning**
- **Fix'n!**

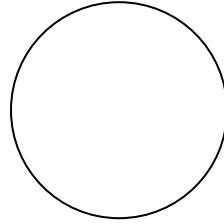
### **The “righting reflex”**

The need to...

- Fix things
- Set someone right
- Get someone to face up to reality

**Physical Activity**

**Healthy Eating**



**Safety**

**Relationships**

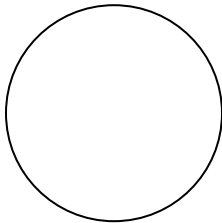
**Sleep**

**Spirituality**

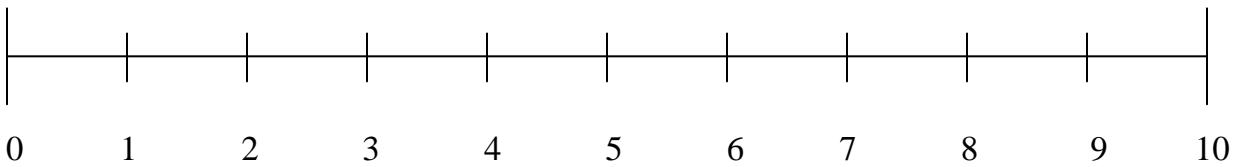
**Smoking**

**Alcohol**

**Stress**



**Play**

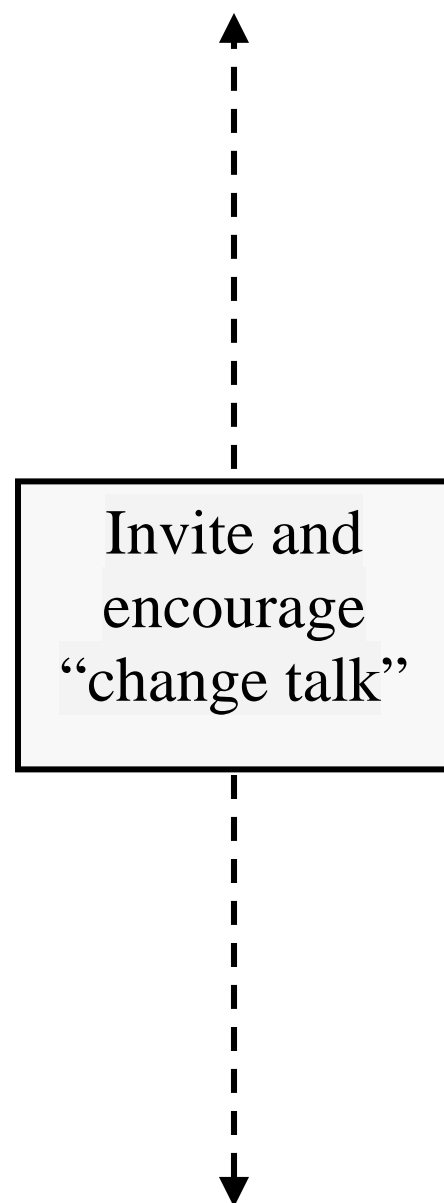


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*Next Step:*

# Conversation Flow

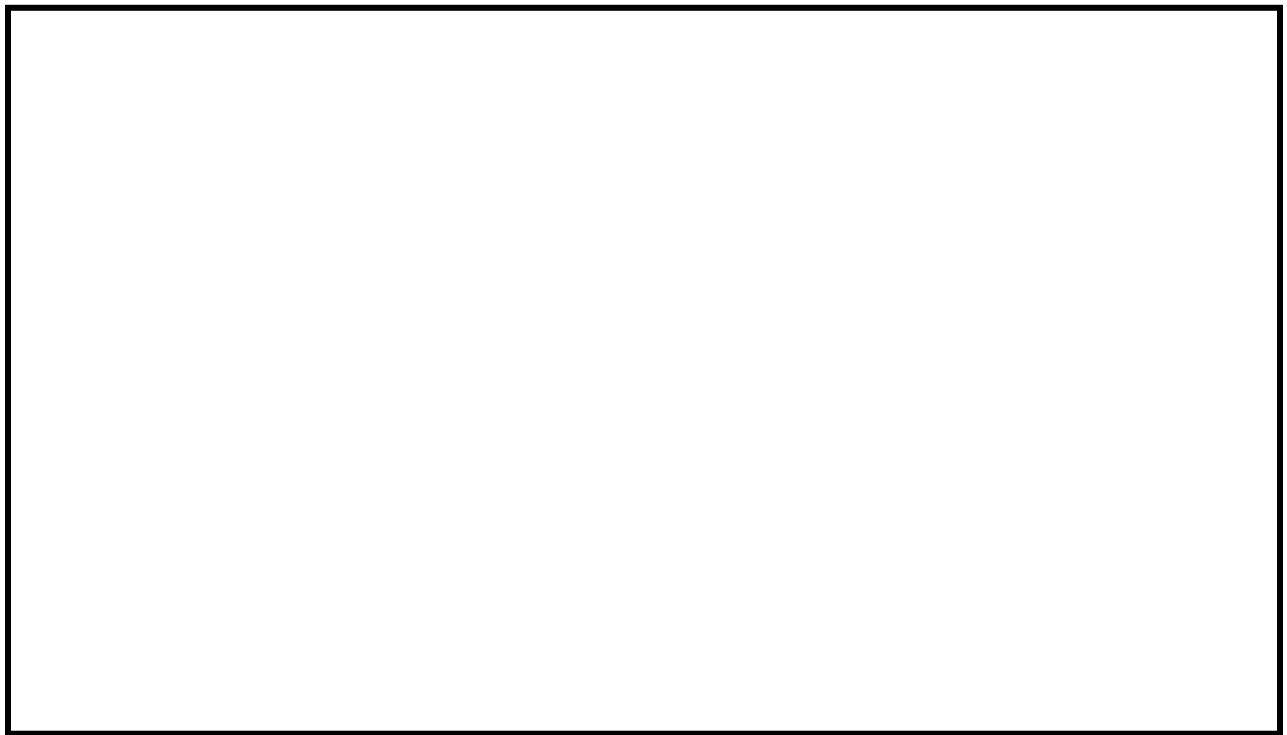
1. Open the conversation
  - Name
  - Role
  - Time
  - Ask permission
2. Ask open-ended questions
  - a. Invites client to do most of the talking
  - b. Focus on strengths & successes
3. Negotiate the agenda
  - Supports autonomy and choice
  - Facilitates conversation
  - Less is more!
4. Assess readiness to change
  - Supports tailoring
  - Invites “change talk”
5. Explore ambivalence
  - Most common stage of change
  - Needs to be addressed for sustained change
  - Invites “change talk”
6. Ask about “next step”
  - Assesses impact of conversation
  - Perspective often shifts in the process!
7. Close the conversation
  - Show appreciation
  - If appropriate, offer recommendation(s)
  - Voice Confidence



*Ask*

*Listen*

*Summarize*



## Motivation is:

- Fundamental to change!
- A dynamic and fluctuating state
- Particularly sensitive to interpersonal interactions with influential others, especially helping professionals and peers!
- Strongly influenced by the **interpersonal “style”** of helping professionals!



# Change Talk

*People are generally better persuaded by the reasons which they have themselves discovered, than by those which have come into the mind of others.*

- Pascal's Pensees (17<sup>th</sup> Century)

## Change talk:

- Represents movement towards change!
- High influenced by counseling style!
- A primary vehicle for resolving ambivalence and promoting behavior change!

## General categories:

**Desire:** *I want to...*

**Ability:** *I can...*

**Reasons:** *There are good reasons to...*

**Need:** *I really need to...*

**Steps:** *I started...*



***When you hear change talk, don't just stand there!***

- Reflect
- Reinforce
- Ask for more

# Intrinsic Motivation and Physical Activity

**Extrinsic motivation** (logical and rational reasons for exercise; product orientation)

- To look good; to be fit; to lose weight; to live longer
- To reduce the risk of coronary artery disease
- Have to
- Future focused

**Intrinsic motivation** (inner reasons for exercise; process orientation; doing something for its own sake):

- Feels good
- Enjoyable
- Satisfying
- Sense of accomplishment
- Want to
- Present focused

(Adapted from Kimiecik, 2002)

Research suggests that people generally begin to exercise for extrinsic reasons, and more likely to sustain it for intrinsic reasons!

*“To become a regular exerciser over a long-period of time, you must learn to love moving your body... to make exercise an enjoyable and uplifting experience.”*

- Jay Kimiecik

*“People won’t start exercising because it’s good for them—unless the decision to do so fits their life goals, and provides enjoyment.”*

- Mihaly Csikszentmihalyi

## Implication:

- Elicit and selectively reinforce **“intrinsic change talk”** for physical activity!

# OARS

- ❖ Asks mostly **open-ended** versus close-ended **questions**, yet questions are used sparingly and appropriately

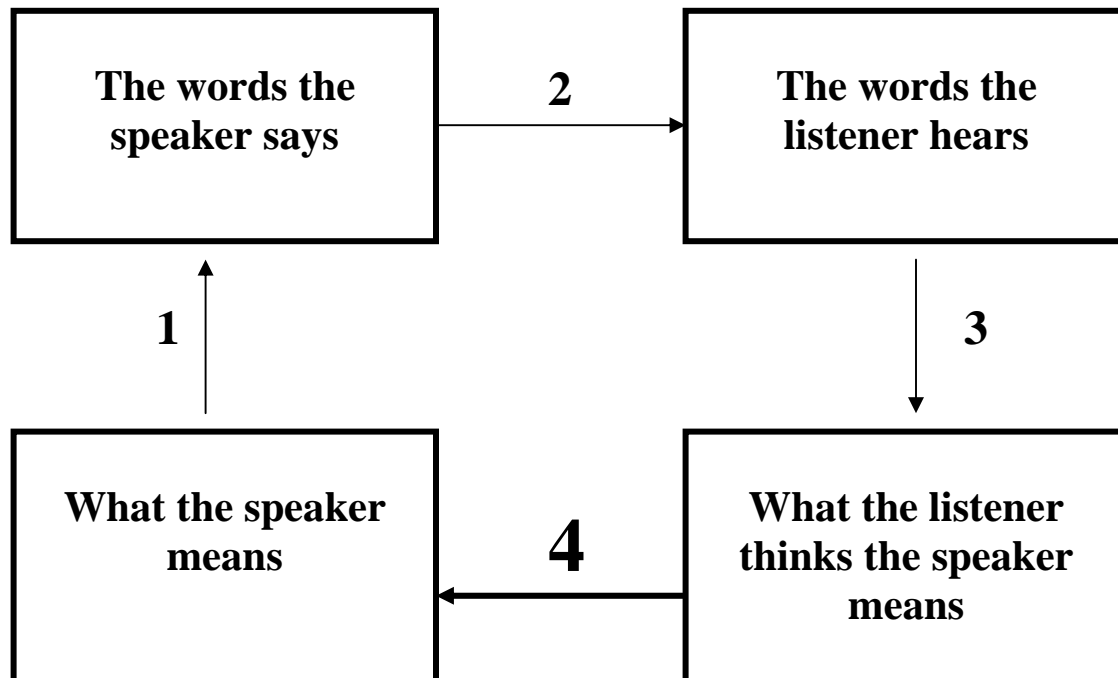
Opening Question:

Disarming Question:

- ❖ **Affirms** the client by saying things that are positive or complimentary, focusing on strengths, abilities or efforts
- ❖ **Reflective Listening**
  - Listens carefully, without judgment and interruption
  - Allows for silence
  - Effectively uses “encourages” to invite client dialogue
  - Reflect, Reflect, Reflect
- ❖ Provides frequent brief **summaries**

- ❖ **Non-verbal Body Language**
  - Establishes—and maintains—eye contact
  - Facial expression is pleasant, open
  - Body posture is open, forward
  - Voice tone is warm, pleasant
  - Rate of speech is not too slow or too fast
  - Spatial proximity is not too close or too distant

# Gordon's Model of Communication



◆ Communication can go wrong because:

1. The speaker does not say exactly what is meant
2. The listener does not hear the words correctly
3. The listener gives a different interpretation to what the words mean

◆ The process of reflective listening is meant to connect the bottom two boxes (4), to check on whether “what the listener thinks the speaker means” is the same as “what the speaker means.”

Adapted from: Thomas Gordon, *Parent Effectiveness Training*, 1970

# Forming Reflective Listening Statements

*Reflections have the effect of encouraging the other person to elaborate, amplify, confirm, or correct.*

- **Inflection turns down at the end**

- **Ways to open:**

*So you feel...*

*It sounds like you...*

*You're wondering if...*

*It seems to you that...*

*You're feeling...*

*So you...*

- **Levels of reflection**

### **Simple**

1. Repeating (repeats an element of what the speaker said).
2. Rephrasing (uses new words).

### **Complex**

3. Paraphrasing (makes a guess to unspoken meaning).
4. Reflection of feeling (deepest form; a paraphrase that emphasizes the emotional dimension through feeling statements).

*In general, simpler (1 & 2) reflections are used at first, when meaning is less clear. Deeper reflections are ventured as understanding increases. Jumping too far beyond what was said, however, can turn into a roadblock. It is better to understate a feeling than overstate it (overstating can stop dialogue, understating continues it).*

- **Metaphors and similes**

*Kind of like...*

*It's as though...*

- **Continuing the Paragraph**

*Reflections ideally move forward rather than simply repeating what the client has said. In essence, the counselor is venturing the next sentence in the client's paragraph, instead of merely echoing the last one.*

## In the moment...

A. 1

“I’ve tried to quit smoking more times than I can remember.”

B. 1

“I don’t think I’ll ever be able to lose weight. I’m too lazy and I like eating too much.”

C. 1

“I’m tired of everyone breathing down my back about this crap. I’m not stupid. I know what I’m doing.”

D. 1

“Yea, I admit, I drink more than I should sometimes.”

A. 2  
“When I stop smoking I get crazy and restless.”

B. 2  
“It’s really hard to find time to exercise—and eat well—when I’ve got two little ones at home.”

C. 2  
“This wasn’t my idea to come here and talk about my private life.”

D. 2  
“I try to stay away from the hard stuff. Usually it’s just beer & wine coolers.”

A. 3

“Thinking about quitting is easy. Doing it is another story.”

B. 3

“My down-fall is fast food. I think I’m addicted to french-fries.”

C. 3

“Sharing needles every once in a while is no big deal. Everyone does it.”

D. 3

“I’m not drinking enough to cause any problems with my pregnancy.”



A. 4

“I should quit for my children.”

B. 4

“I’m not sure if I really want to change anything about my eating right now.”

C. 4

“Yea, I use condoms sometimes, but not all of the time.”

D. 4

“The person who has a problem with drinking is my boyfriend.”

A. 5

“How am I going to cope with cravings?”

B. 5

“Do you always eat low-fat food?”

C. 5

“I feel bad for what I’ve done to my family. I don’t think they’ll ever let me come home again.”

D. 5

“If I stopped drinking right now, I know it couldn’t hurt things, especially for the baby.”

# Phase 1 Strategies: *Building Motivation*

## 1. Open the conversation

- **Name**
- **Role**
- **Time**
- **Ask permission**

## 2. Negotiate the Agenda

- **Offer options:** *“On this chart are some of things we might talk about...”*
- **Elicit choice:** *“Is there one in particular you might want to focus on today? Or is there something else?”*
- **Encourage elaboration:** *“What prompted you to pick \_\_\_\_\_?”*

## Set the Agenda: *A few ideas*

- Offer a menu of options

*Looking through your questionnaire, there's a few things I thought we might talk about: \_\_\_\_\_.*

- Encourage a choice

*What do you think?*

- *What would you like to talk about?*
- *Is there one area you would like to focus on during our time?*
- *Which one do you have the most questions, concerns, or confusion about?*
- *Which one do you feel the most ready to make a change in?*
- *If you were to make a change in one of these things, which one do think would support you the most in having a healthy pregnancy?*
- *Of these things in the circles, which one would you say you're doing the best with? (tell me more about that...) On the other hand, which one do you have the most questions or concerns about? (tell me more about that...)*

- Ask if there's anything else?

- *Or is there something else you'd rather focus on?*
- *Or is there something else you'd like to put in a circle?*
- *Or is there something else you have questions or concerns about?*
- *Or is there something else on your mind?*

- Encourage client to talk about their choice

- *How come you picked this one?*

**If you feel it's important to talk with a client about one thing in particular, ask permission first!**

*Going through your questionnaire, I noticed several areas we might talk about: physical activity, alcohol, and smoking. Of these areas, the one I was hoping we could spend a few minutes discussing is smoking. Would that be okay with you? Or would you rather talk about something else you see here?*

## Getting Started

1. You're quite sure a patient is not regularly using his inhaler to prevent asthma attacks
2. You're working with a diabetic patient who is inactive, smokes, and has a risky diet.
3. A 29-year old man with HIV is having unprotected sex.
4. A 36-old woman with insomnia, presenting with lethargy and trouble concentrating: you suspect heavy drinking.
5. A 20-year old college student reports in an intake questionnaire that she's been unable to remember what happened while drinking on several occasions in the past year.

### 3. Assess Readiness

- a. **Ask permission:** *“Would it be OK if we spent a few minutes talking about \_\_\_\_\_?”*
- b. **Ask about readiness:** *“On a scale of 0-10, how ready are you to consider \_\_\_\_\_?”*
- c. **Encourage elaboration:** *“Why a \_\_\_\_\_?”*
- d. **Ask “scaling” questions**
  - Backwards question: *“Why did you pick a 4 and not a 1?”*
  - Forwards question: *“What would need to be different for you to move from a 4 to an 8?”*
- e. **Summarize “change talk”**
- f. **Ask:** *“Did I get it all?” (Do I understand?)*
- g. **Ask about the next step:**  
*“Where does \_\_\_\_\_ fit into your future?”*
- h. **Show appreciation:** *“Thank you for your willingness to talk with me about \_\_\_\_\_.”*
- i. **Support self-efficacy:** *“I’m confident that if and when you make a firm decision and commitment to \_\_\_\_\_, you’ll find a way to do it!”*

#### Other Assessment Questions:

- How interested are you...?
- How important is it to you to...?
- How motivated are you...?
- How committed are you...?
- How much energy do you have to...?
- How confident are you...?
- How hopeful are you...?

## 4. Ask Evocative Open-ended Questions

**a. Ask permission:** *“Would it be OK if we spent a few minutes talking about \_\_\_\_\_?”*

**b. Ask open-ended questions:**

- *Why would you want to make a change in this part of your life?*
- *What are the three best reasons to do it?*
- *How might you go about it, in order to succeed?*
- *What’s a stake if you don’t change?*

**c. Summarize “change talk”**

**d. Ask about next step:**

*What do you think you’ll do?*

**e. Show appreciation:** *“Thank you for your willingness to talk with me about \_\_\_\_\_.”*

**f. Support self-efficacy:** *“I’m confident that if and when you make a firm decision and commitment to \_\_\_\_\_, you’ll find a way to do it!”*

<b>Benefits</b>	<b>Concerns</b>
<b>Benefits</b>	<b>Concerns</b>



## 5. Explore Ambivalence

- a. **Ask permission:** *“Would it be OK if we spent a few minutes talking about \_\_\_\_\_?”*
- b. **Ask “disarming” open-ended question:**  
*“What are some of the advantages for keeping things just the way they are?”*
- c. **Ask “reverse” open-ended question:**  
*“On the other hand, what are some of the reasons for making a change?”*
- d. **Summarize both sides of ambivalence**  
(Start with the reasons for not changing, followed by reasons for changing)
- e. **Ask:** *“Did I get it all”?*
- f. **Ask about the next step:**  
*“What’s the next step, if any?”*
- g. **Show appreciation:** *“Thank you for your willingness to talk with talk with me about \_\_\_\_\_”*
- h. **Support self-efficacy:** *“I’m confident that if and when you make a firm decision to make a change in this part of your life, you will find a way to do it.*

## 6. Offer Advice

**a. Ask permission:**

*“If you’re interested, I have a recommendation (an idea) for you to consider. Would you like to hear it?”*

**b. Offer advice:**

*“Based on my experience, I would encourage you to consider \_\_\_\_\_.”*

**c. Emphasize choice:**

*“And, I recognize that it’s your choice to do so.”*

**d. Elicit response:**

*“What do you think about my recommendation (my idea)?”*

## Offering Advice Worksheet

1. This very overweight teenager spends about six hours a day watching TV and/or playing video games?
2. Based on medical records and a recent alcohol assessment, this client is clearly dependent on alcohol. S/he is not interested in residential treatment, and is only interested in “cutting back.”
3. This patient has diabetes and has no interest in modifying what s/he eats.
4. This overweight patient has made all the dietary changes she feels she can, and declines to exercise because she “doesn’t have the time
5. You are working with a 10-year old client who has been sexually abused by a step-father. The mother is not interested in having her child meet with a child & family therapist who specializes in trauma and sexual abuse.

## 7. Exchange Information

Explore --- OFFER --- Explore

**Explore:** Ask what the client knows, would like to know, or if it's okay to offer them information

*“What are some things you've heard about drinking and pregnancy?”*

*“Do you mind if I share my concerns?”*

*“Can I share some information with you?”*

*“Is it okay with you if I tell you what we know?”*

**Offer:** Offer information in a neutral, nonjudgmental fashion

*“Research suggests...”*

*“Studies have shown...”*

*“Others have benefited from...”*

*“Folks have found...”*

*“What we know is...”*

*“What we generally recommend at WIC...”*

**Explore:** Ask about the client's thoughts and feelings

*“What does this mean to you?”*

*“How can I help?”*

*“What do you think about this information?”*

*“Where does this leave you?”*

### Tips for using Explore--Offer--Explore:

- Use conditional words rather than concrete words:  
*“might” “perhaps” “consider” VERSUS “should” “must” “need to”*
- Use neutral language as much as possible  
*“Folks have found...” “What we know is...” “Others have benefited...”*

## 8. Provide Clinical Feedback

*Give the facts; leave the interpretation to the patient!*

### **Key elements:**

- Ask permission.
- Use visual support materials.
- Be clear, succinct, and non-judgmental.
- Compare client's feedback to norms and standards.
- Elicit client's interpretation of the feedback.

*“What do you make of this information?”*

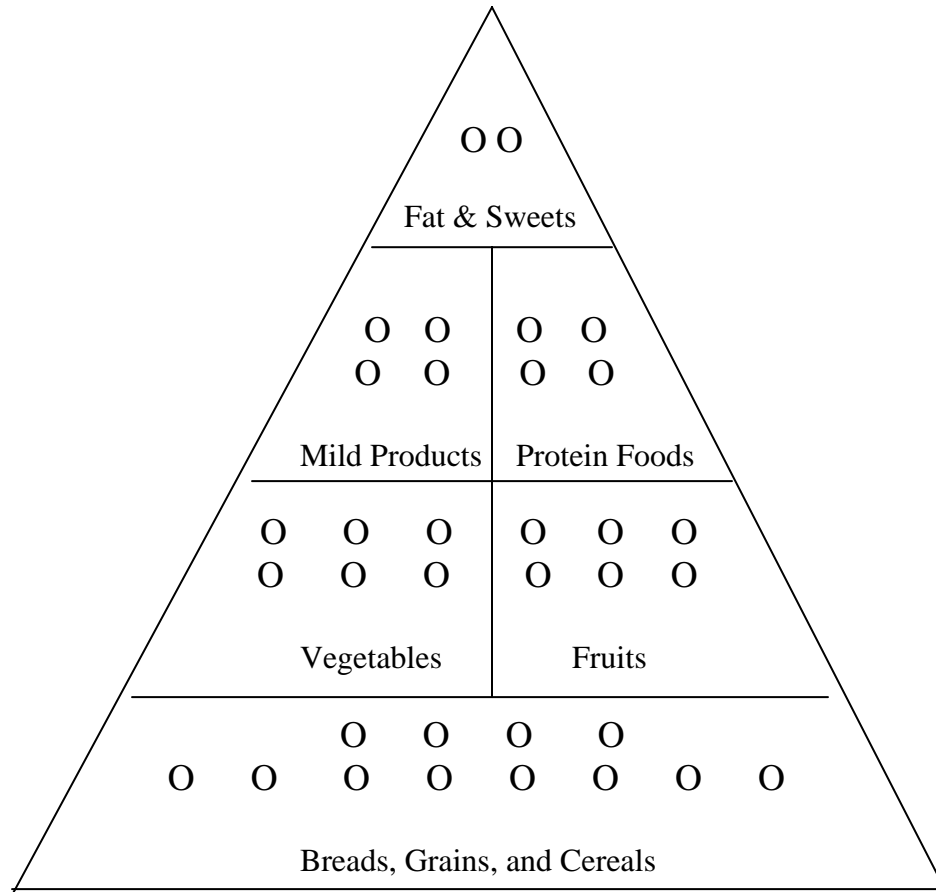
*“What do you think about your results?”*

*“Are these numbers surprising to you?”*

*“Is this what you expected?”*

## Clinical Feedback Worksheet

1. Write an example of how you would share a blood pressure reading of 186/105 with your patient (goal: <130/85)
2. Your patient with CHF has completed a dietary survey. The survey shows his diet contains approximately 4,200 mg sodium per day. The recommended sodium intake for him is less than 2000 mg per day.
3. Your client has completed an alcohol assessment. The assessment shows that he consumes—on average—12 “standard drinks” of alcohol per week. Share this information with him using the “drinking patterns” chart.
4. Your patient’s height is 5’4” and weighs 212 lbs. Share this information with her using the BMI chart.
5. Your seven year-old patient weighs 68 lbs and is 46” tall. This means she is in the 25<sup>th</sup> percentile for height and the 95<sup>th</sup> percentile for weight for her age. Share this information with her dad.



- **Breads, grains and cereals = 6 to 11 servings**
- **Vegetables = 3 to 5 servings**
- **Fruits = 2 to 4 servings**
- **Milk Products = 3 to 4 servings**
- **Protein foods = 2 to 3 servings**
- **Fats, oils and sweets = sparingly**

## Phase 2 Strategies: *Strengthen Commitment*

### 1. Support the Transition

#### a. Recognize readiness

- Decreased resistance
- Decreased discussion about the problem
- Change talk
- Questions about change
- Thinking about how change might happen

#### b. Summarize the big picture

#### c. Ask a key transition question

- *Where does cutting back fit into your future?*
- *At this point, what are you thinking about doing or not doing?*
- *What's the next step, if any?*
- *What happens next?*
- *Where does this leave you now?*
- *What are you thinking at this point?*
- *What changes, if any, are you thinking about making?*
- *Based on our conversation, what are you going to do?*
- *How would you like things to turn out?*
- *Where do we go from here?*
- *I'm wondering, where does this leave you in terms of a goal you might want to set?*

#### d. If client is ready--proceed to action plan!



## 2. Facilitate Action Planning

### Key elements:

#### ■ Brainstorm ideas and options

*What are your ideas for making a change in \_\_\_\_\_?  
 What could you do? What are your options? What's your goal?  
 What's your vision? How would you like things to turn out?  
 What could you do? How might you do it?  
 How might you make it happen?  
 Will you make the change on your own or with the support of others?  
 In a (week, one day, two days, near future) where would you like to be? What do you think it would take to get you there? What will you need to be able to do this?  
 What might need to be different in your life for you to make this change?*

#### ■ Negotiate a plan of action (SMART): **S**: specific; **M**: measurable; **A**: action-oriented; **R**: realistic; **T**: time-limited

#### ■ Explore barriers

*What might get in the way? What barriers or roadblocks might you run up against?*

#### ■ Identify support

*Where might your support come from? What resources do you need?*

#### ■ Summarize the client's decision and ask if it is what he/she intends to do. *Is this what you want to do?*

#### ■ Assess confidence

*On a scale of 0-10, how confident are you that you'll successfully accomplish your plan? What are your chances of success? What's your prediction?*

**General Guideline: *If patient is ready, forward the action!  
 Ask for movement!***

- *What can you commit to that we discussed today?*
- *Based on our conversation, name 3 things you're going to do in the next 30 day?*

### 3. Close the Session

#### Goals:

- **End the encounter on a positive note**
- Tie together what has happened during the encounter
- Build a bridge to follow-up

#### Key elements:

- Summarize the session in a brief, concise manner: Check with the patient to make sure that you got it all.
- Acknowledge and appreciate the client's willingness to engage in discussion about change.
- Support self-efficacy: affirm, compliment, reinforce, and offer hope.

*"I'm confident that if you stick with your decision to quit smoking, you'll find a way to do it."*

- Arrange follow-up as appropriate.
- Link with available resources

# Roll with Resistance

## Key Elements:

Recognize resistance behaviors as a signal to change strategies:

- Arguing (challenging, discounting, hostility)
- Interrupting (talking over, cutting off)
- Negativity/denial (blaming, disagreeing, excusing, claiming impunity, minimizing, pessimism, reluctance, unwillingness to change, nonanswer)
- Withdrawal/Ignoring (inattention, nonanswer)

The helping professional can generate resistance by:

- Using a judgmental or confrontational approach
- Insisting on change
- Jumping ahead of where the client actually is on the readiness-to-change continuum
- Mis-assessing the client's readiness to change
- Discounting the client's feelings and thoughts

The helping professional can prevent or minimize resistance by:

- Using reflective listening
- Emphasizing personal choice and control
- Acknowledging and accepting the client's decisions and choices
- Presenting clients with options and possibilities for change
- Offering support and guidance if client desires
- Encouraging clients to be as active as possible in making decisions about health behavior change
- Expressing confidence in the client's ability to make a change when ready

**When you encounter resistance, step back, listen, and try to understand things from the client's perspective!**

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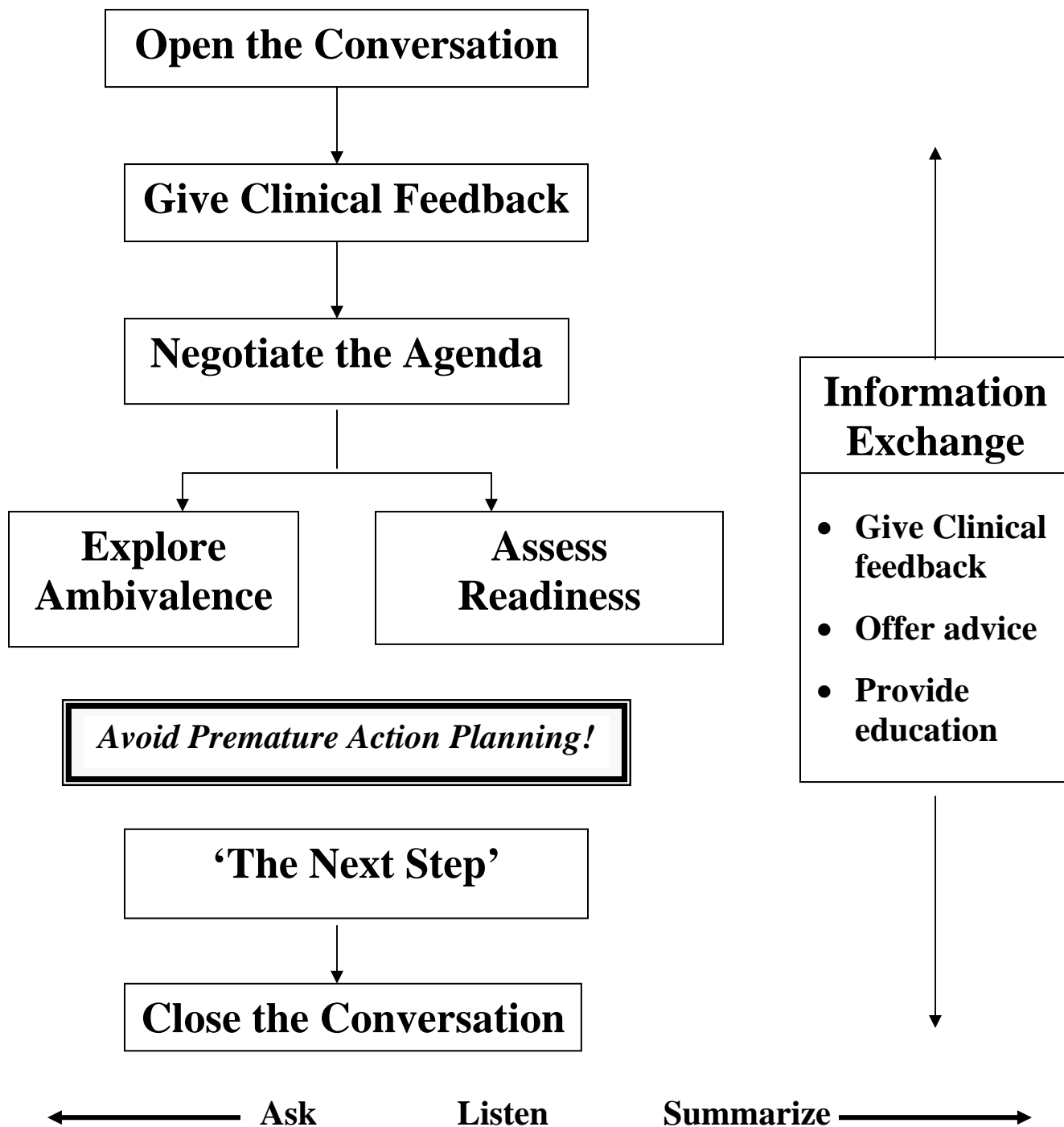
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The Motivational Interviewing Page: Resources on motivational interviewing, including general information, links, discussion board, training resources, and information on reprints and the latest research. <http://www.motivationalinterview.org/>

# Appendix 1: Clinical Roadmap



**\*\*\*\*\*Elicit and Reinforce Change Talk\*\*\*\*\***

**Wrestling****Dancing**

A. \_\_\_\_\_

1                      2                      3                      4                      5

B. \_\_\_\_\_

1                      2                      3                      4                      5

C. \_\_\_\_\_

1                      2                      3                      4                      5

D. \_\_\_\_\_

1                      2                      3                      4                      5

E. \_\_\_\_\_

1                      2                      3                      4                      5

G. \_\_\_\_\_

1                      2                      3                      4                      5

J. \_\_\_\_\_

1                      2                      3                      4                      5

# Coding #1

<b>Counselor Response</b>	<b>Count (hash marks)</b>	<b>Good Example(s)</b>
<b>O</b> pen Question		
<b>A</b> ffirm		
<b>R</b> eflect		
<b>S</b> ummary		

## Coding #2

Listen for counselor reflections, and count them. Rate each reflection as:

- A. **Simple Reflection:** a repetition or slight rewording of what the client said
- B. **Complex Reflection:** the counselor moves beyond what the client said, by paraphrasing meaning, continuing the paragraph, or otherwise reflecting a level of content or feeling beyond that which the client voiced
- C. **Summary Reflection:** the counselor pulled together two or more client statements into a summary (bouquet), including material that had not been voiced by the client immediately before

Make note of particularly good examples of each kind of reflection!

Type	Count (hash marks)	Good Example(s)
<b>A. Simple</b>		
<b>B. Complex</b>		
<b>C. Summary</b>		



# *Keepers*

