



# Motivational Interviewing: Preparing People to Change Health Behaviors

## Tips Sheet

### Five General Principles of Motivational Interviewing:

1. Express empathy
2. Develop discrepancy
3. Avoid argumentation
4. Roll with resistance
5. Support self-efficacy

### Responses That Are NOT Reflective Listening:

1. Ordering, directing, or commanding
2. Warning or threatening
3. Giving advice, making suggestions, or providing solutions
4. Persuading with logic, arguing, or lecturing
5. Moralizing, preaching, or telling patients what they should do
6. Disagreeing, judging, criticizing, or blaming
7. Agreeing, approving, or praising
8. Shaming, ridiculing, or labeling
9. Interpreting or analyzing
10. Reassuring, sympathizing, or consoling
11. Questioning or probing
12. Withdrawing, distracting, humoring, or changing the subject

### Assumptions to Avoid:

1. This person OUGHT to change
2. This person WANTS to change
3. This person's health is the prime motivating factor for him/her
4. If he/she does not decide to change, the consultation has failed
5. Individuals are either motivated to change, or they're not
6. Now is the right time to consider change
7. A tough approach is always best
8. I'm the expert; he/she must follow my advice
9. A negotiation approach is always best

### Signs of Resistance:

- |              |  |
|--------------|--|
| Arguing      | <ul style="list-style-type: none"><li>• Challenging</li><li>• Discounting</li><li>• Hostility</li></ul>  |
| Interrupting | <ul style="list-style-type: none"><li>• Talking over</li><li>• Cutting off</li></ul>   |
| Ignoring     | <ul style="list-style-type: none"><li>• Inattention</li><li>• Non-answer</li><li>• No response</li><li>• Sidetracking</li></ul>  |
| Denying      | <ul style="list-style-type: none"><li>• Blaming</li><li>• Disagreeing</li><li>• Excusing</li><li>• Claiming impunity</li><li>• Minimizing</li><li>• Pessimism</li><li>• Reluctance</li><li>• Unwilling to change</li></ul> |

### Strategies for Handling Resistance:

1. Simple reflection: simply acknowledge the patient's disagreement, emotion, or perception
2. Double-sided reflection: acknowledge what the patient has said and add to it the other side of the patient's ambivalence
3. Clarification: verify that your understanding matches the patient's perspective
4. Shifting focus: shift the patient's attention away from what seems to be a stumbling block
5. Emphasizing personal choice and control: assure the patient that in the end, it is he/she who determines what happens

### **Specific MI Strategies:**

1. Ask open-ended questions
2. Listen reflectively
3. Affirm
4. Summarize
5. Elicit self-motivational statements

### **Negotiating a Plan:**

1. Set specific (short-term) goals
2. Consider your options
  - a. Discuss with the individual the different approaches to making changes
  - b. Try to match the individual to the optimal behavior change strategy
  - c. Recognize that the person may not choose the "right" strategy
  - d. Prepare the individual for this possibility
3. Establish a plan
  - a. Goals/Strategies/Tactics
  - b. Summarize the plan with the patient
  - c. Make sure to assess whether the person is now ready to commit to the plan

### **Specific MI Tools:**

1. List of pros and cons (benefits/costs) for and against behavior change
2. Assess importance and confidence
3. Looking back: patient reflects on effective strategies used with past successes, thinks back to time in life when things were going well, describes this and what has changed now
4. Looking forward: patient thinks about hopes for the future if he/she makes this change; how he/she would like things to be different; "what are realistic options now?"; "what are the best results you could imagine if you make this change?"
5. Exploring goals: assess match between patient's current behavior and future goals; explore how realistic the goals are (trying to explore and develop discrepancies between current behavior and patient's goals for the future)

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