# 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 clients 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 or 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 or she must follow my advice
- 9. A negotiation approach is always best

#### **Signs of Resistance:**

- Arguing
  - Challenging
  - Discounting
  - Hostility
- Interrupting
  - Talking over
  - Cutting off
- Ignoring
  - Inattention
  - Non-answer
  - No response
  - Sidetracking

- Denying
  - Blaming
  - Disagreeing
  - Excusing
  - Claiming impunity
  - Minimizing
  - Pessimism
  - Reluctance
  - Unwilling to change

## **Strategies for Handling Resistance:**

1. Simple Reflection: simple acknowledgement of the client's disagreement,

emotion, or perception

2. Double-sided Reflection: acknowledge what the client has said and add to it the other

side of the client's ambivalence

3. Clarification: verify your understanding matches the client's perspective 4. Shifting Focus:

shift the client's attention away from what seems to be a

stumbling block

5. Emphasizing Personal assure the person that in the end, it is the client who

Choice and Control: 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 choices are for approaches to making
  - 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 if 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 see handout
- 3. Looking Back client reflects on effective strategies used with past successes; have them think back to time in life when things were going well -- describe this and what has changed now
- 4. Looking Forward have client think about their hopes for the future if they make this change; how would they like things to be different; what are realistic options now – what could you do now; what are the best results you could imagine if you make this change
- 5. Exploring Goals assess match between client's current behavior and future goals; explore how realistic goals are (trying to explore and develop discrepancies between current behavior and client's goals for the future)