

## MOTIVATIONAL INTERVIEWING PRACTICAL STRATEGIES



Explore future consequences of current behavior.

"What do you see happening if you continue to smoke a pack a day?" "What are the consequences if this behavior continues?"



Explore the option of not changing at all.

This may be what the patient is already choosing. "Suppose you make no change at all. What do you see happening?"



Pay attention to when you begin to "solve" the problem for the patient. Allow the patient to come up with their own solutions. To what extent does the patient appreciate the need to make a change?



Look for examples of partial or previous adherence.

"You don't drink during the week, what made you make that decision?" "What made you want to quit smoking in the past?"



Connect what the patient cares about to why they are in your office.

"How do you think having high blood pressure could impact your ability to spend time with your grandchildren?"



When the patient is ready to make a plan, rather than providing your own suggestions, try:

"What would change look like for you?" "How would making this change impact your (insert medical condition)?"



#### Resistant patients:

Highlight patient autonomy:

"The decision is ultimately up to you."

"What would have to happen in order for you to be ready to make a change? Inquire about patient's understanding of your concerns:

"What do you suppose my concerns are as your physician?" When change is low, assess how important they think YOU think it is: "How important do you think I believe it is for you to (quit smoking, take your meds, exercise)."



# MOTIVATIONAL INTERVIEWING

## **MI SKILLS**

### OPEN ENDED QUESTIONS

Emphasize questions beginning with "What", "How", or "Tell me about."

#### AFFIRMATIONS

Identify and highlight positive patient behaviors, even if they're small.

### REFLECTIVE LISTENING

Respectfully attend to content and emotion expressed. Selectively paraphrase to guide the conversation.

### SUMMARIZING

Drawing together patient's concerns, emotions, behaviors, plans.

#### INFORMING AND ADVISING CONLY DONE WITH PATIENT REQEUST OR PERMISSION

If as the provider you are educating because it's your automatic response - pause and be more curious.

# Sustain Talk

Barriers Reasons why change is hard

#### Status quo

What TO do: Summarize or reflect. Ask open ended questions that elicit change talk.



Diagnosis Treatment/management options Appreciate patient autonomy Guiding role



Desires, abilities Reasons why change is important What is the NEED for change? What TO do:

Reflect. Affirm. Explore intention or impact of desired change.



Decisions about treatment Adherence Health behaviors Plans for change