

Tip Sheet

Preparing People to Change Health Behaviors



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:

- Ordering, directing, or commanding
- Warning or threatening
- Giving advice, making suggestions or providing solutions
- Persuading with logic, arguing, or lecturing
- Moralizing, preaching, or telling clients what they should do
- Disagreeing, judging, criticizing, or blaming
- Agreeing, approving, or praising
- Shaming, ridiculing, or labeling
- Interpreting, or analyzing
- Reassuring, sympathizing, or consoling
- Questioning, or probing
- Withdrawing, distracting, humoring, or changing the subject

Assumptions to Avoid:

- This person *ought* to change
- This person *wants* to change
- This person's health is the prime motivating factor for him/her
- If he/she does not decide to change, the consultation has failed
- Individuals are either motivated to change, or they're not
- Now is the right time to consider change
- A tough approach is always best
- I'm the expert--he or she must follow my advice
- A negotiation approach is always best

Do you ever feel like you just want to tell the client what to do?



What non-MI responses do you frequently use with clients?

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Signs of Resistance:

Arguing:

- Challenging
- Discounting
- Hostility

Interrupting:

- Talking over
- Cutting off

Ignoring:

- Inattention
- Non-answer
- No response
- Sidetracking

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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.

Client: I don't think that anger is really my problem.

Interviewer: Your anger hasn't caused any real difficulties for you.

2. Double-Sided Reflection:

Acknowledge what the client has said and add to it the other side of the client's ambivalence. You can add information by using **and** or **but**.

And highlights ambivalence, giving equal credence to both elements of a double-sided reflection. **But** is more like an eraser, diminishing what has gone before in a double-sided reflection.

Example of double-sided reflection using **and**:

Interviewer: You think it is going to be a real challenge to change the way you cook and eat, and you also know how important it is to keep your blood sugar level regulated.

Example of double-sided reflection using **but**:

Person: You are really nice and I like you, but...

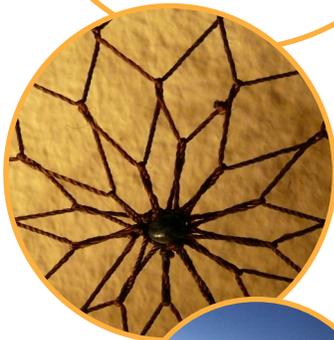
Somehow the **but** says, "*Nevermind what I just told you. Here comes the important information.*" For this reason it is recommended to use **and** as the default conjunction in double-sided reflections, unless you want to strategically de-emphasize the first part of a double-sided reflection.

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What are some MI strategies, or tools that you already use with your clients?



3. Clarification:

Verify your understanding matches the client's perspective.

Client: Well, I guess I'm smoking too much for my own good.

Interviewer: So, you think that you might be smoking too much.

4. Shifting Focus:

Shift the client's attention away from what seems to be a stumbling block.

Client: Are you saying that this is my fault, that I'm not a good husband?

Interviewer: Not at all. I'm not interested in placing blame or name-calling. What matters to me is how you would like your relationship to be better, and how you might get there.

5. Emphasizing Personal Choice and Control:

Assure the person that in the end, it is the client who determines what happens.

Client: I really don't want to exercise.

Interviewer: And it's certainly your choice. No one can make you do it. It's really up to you.

Resistance is a sign to try a different strategy.

Resistance =

