Introduction to Motivational Interviewing for Health, Fitness & Wellness Coaches

Prepared by Robert Rhode, PhD

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Participants in his workshops have had clients who are overcoming mental disorders, substance use disorders, dual disorders, homelessness, or improving health related behaviors. His trainings describe the concepts and make them memorable using popular media like movies. More information at http://home.comcast.net/~rrhode2/MItraining/.

Introduction

Motivational Interviewing is a counseling methodology developed over the past 15 years, initially in the addiction treatment field, and is defined as a “client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.”

This methodology considers what is necessary to initiate and support change - summarized briefly as being ready, willing, and able - and uses a decisional balance sheet to consider the pros and cons of the status quo and the change under consideration. Through a careful balance of inquiry and reflective listening, interviewers elicit and selectively reinforce pro-change talk, and respond to resistance in a way that is intended to diminish it.

This class is intended to provide an introduction to motivational interviewing principles that are not already addressed by the Wellcoaches coach training programs.
Motivational Interviewing Principles covered:

1. Change talk
2. Open-ended questions
3. Reflective listening
4. Working with feelings
5. Developing discrepancy
6. Exploring importance and building confidence
7. Rolling with resistance talk
8. Motivational interviewing summary
9. Practicing motivational interviewing
10. Additional resources
1. Change Talk

An important approach to helping your client increase her motivation and progress toward a health behavior goal is to help the client find and hear herself say her own reasons to do the healthy alternative. This healthy alternative is called the target behavior when using a motivational interviewing style. It is what you are hoping the client does more often.

At the very least you need to have in your mind what the target behavior is. It also helps if you and the client are thinking about the same target behavior as you talk.

The more you can help the client describe her reasons to choose the healthy alternative the more likely the client will move in that direction. Conversely the more the client describes why she can’t change, or why it isn’t worth the effort to change, or what’s right about the health risky behavior the less likely the client will be to make a change.

So, it is useful to help the client say more words about doing the healthy behavior and avoiding the unhealthy behavior. If the client is saying why she can’t change or doesn’t want to change you want to do something to move the conversation away from that.

Listen for & solicit the client’s Reasons AND Steps to Commitment:

- REASONS to do the target behavior
- Ability to do the target behavior
- Need to do the target behavior
- Desire to do the target behavior
- STEPS toward the target behavior - behavioral steps, not the target behavior but steps that ought to create the target behavior or desired change.
- COMMITMENT to do the target behavior.

These are categories of client change talk you are hoping to hear. When you hear them you want to reinforce them. If you are not hearing them, you want to do something to solicit them.

When the client has few thoughts or statements about doing the health promoting behavior and perhaps wants to continue with the health risky behavior keep in mind OARS:

Open ended questions about the client’s experience - learn the details of how the client has the health risky behavior as part of her life. Open ended questions are those kinds of questions that facilitate more words from the client.

"You doctor has some concerns but you tell me how you see things."
"What have you noticed about your {health risky behavior} in the last years?"
"What do you like or enjoy about {health risky behavior}?"
Affirm - comment favorably on a trait, attribute, or strength of the client. The reference should be to something positive that refers to an aspect of the client that would endure across time or situations (smart, resourceful, patient, strong, etc.), although it may also be for effort ("I appreciate your willingness . . ."). This characteristic might be something that would be behind the health promoting behavior ("You really want to be the best mother you can be.") would be a characteristic that could be associated with any number of health promoting behaviors).

Reflect or paraphrase is one of the primary ways a client is likely to register that you are listening. It is a key part of empathy which is central to facilitating change. One way to create some simple reflections is to take your question about the client’s health risky behavior that you have in your thoughts and say it as a statement. That is, turn your voice tone or inflection down, rather than up, at the end of the statement. Another way is to continue the paragraph the client is saying. That is, add some additional meaning or clarification.

"You're feeling..."  "So you have been..."
"Sounds like you..."  "If I have heard you correctly, you..."
"It seems you..."

Summarize

a. Ask where the health risky behavior fits in with lifestyle, health, or stress.

"Where does ________ {health risky behavior} fit in with the trouble falling asleep?"
"So ________ {health risky behavior} helps you unwind at the end of the day. What else does it help with?"
"How does ________ {health risky behavior} relate to your weight?"
"On a 1 to 10 scale with 10 being the most concerned you have been about anything, how concerned are you now about your ________ {health risky behavior}? What about last year?"

b. Ask the client to describe her typical day, from morning to evening, so you can hear the context in which the health risky behavior occurs. The information you need to help the client is in the details.

c. Ask the client why she stops, or changes even temporarily, the health risky behavior as opposed to continuing doing it.

d. Ask the client why she does the health promoting behavior even if sporadically.
2. **Open-Ended Questions**

**Closed ended question** (answered with few or one word): Do you like to exercise?

**Open ended question** (pulls for more words in the answer): How do you describe your experiences of exercise?

To increase a client’s internal motivation, most of your questions should be open-ended questions instead of closed ended questions. The client is more likely to use open-ended questions (OEQ) to explore and describe his or her experiences. The client is likely to use closed-ended questions (CEQ) to adopt a passive role and at best answer your question and wait for your next question.

The theory is to have clients who actively explore their experience rather than adopt a passive role in the counseling session because the client has to be active in modulating their experiences outside of the counseling session so as to avoid the previous pattern associated with the health compromising behavior.

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<tr>
<td><strong>At minimum you want 50% of your questions to be OEQ.</strong></td>
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<td><strong>Experts of MI have 70% or more of their questions as OEQ.</strong></td>
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- Put **CEQ** in the column to the right if you think the question is a closed-ended question (can be answered or likely to be answered using one word).
- Put **OEQ** in the column to the right if you think the question is an open-ended question (likely to be answered using many words).

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<thead>
<tr>
<th></th>
<th>OEQ</th>
<th>CEQ</th>
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<tbody>
<tr>
<td>1. Do you think you have problems with your eating?</td>
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<td>2. How much do you exercise usually?</td>
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<td>3. Has this situation occurred before?</td>
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<td>4. What is your description or assessment of your eating pattern?</td>
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<td>5. Do you like to walk?</td>
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<td>6. What concerns has your doctor expressed about your eating?</td>
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<td>7. What do you enjoy about your job?</td>
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<td>8. How was this most recent situation similar or different from the last time?</td>
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<td>9. How does your day go after a late night of working?</td>
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<td>10. What do you imagine or what has been your experience if you go out and don’t drink?</td>
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<td>11. Describe your daily activities and tell me where the watching TV fits in.</td>
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<tr>
<td>12. Has your spouse expressed concern about your weight?</td>
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</table>
Make each of these closed-ended questions into an open-ended question:

1. Do you want to make a change in your exercising?

2. Do you know the physical risks you are creating with your eating?

3. Have you heard of a binge eater?

4. Do you think your life would change if you started exercising?
3. Reflective listening

Reflective listening is central and foundational to motivational interviewing.

Example (no question, just a statement):

You have been thinking about your exercise pattern and wondering if you are too sedentary.

Keep in mind:

- If you can’t easily and reliably use reflective listening you are unlikely to be using motivational interviewing.
- Most counselors, and probably coaches, believe they are frequently using reflective listening. The data does not support that view.
- To increase a client’s internal motivation you want to use reflective listening at least as often as you ask questions.
- Experts who facilitate an increase in client motivation use reflective listening twice as often as they ask questions.

What happens with a question & answer pattern:

If a coach asks closed ended questions or too many open ended questions (more than two in a row), the client is inadvertently trained to:

- Provide short answers.
- Wait for next question rather than experience his ambivalence.
- Reduce self-motivational statements.

Why not just ask?

- A question pulls your client out of his/her experience and into observing him or herself.
- Your goal is to have your client experience the ambivalence not just talk about it.

Turn your questions into reflections:

1) Think of the question you want to ask.
2) Guess how your client might answer.
3) Say your answer out loud.
   a) Don’t emphasize it as definite and don’t ask if you are correct.
   b) Don’t let your voice tone go up at the end.
   c) Use a tone of voice like asking about the weather.
Things that are commonly used by counselors and coaches but are not reflective listening:

- Probing, questioning, interrogating what... where... why... how... when...
- Advising, giving suggestions or solutions What I would do is..  Why don't you..
- Persuading with logic, arguing, instructing Did you know that..  Losing weight involves...

Why OEQ or CEQ may not be as useful as reflective listening:

Any question, open or closed-ended, requires that the client leave his or her current experience, take a step back from it, and create a description of the experience in order to answer the question. The theory is that by experiencing his reasons to change or not change, rather than talking about those things, the client might move toward a healthier alternative. If you find that your clients seem to be “talking about” but not really engaging in the work of the changing it could be because you are asking too many questions.

Each of the content areas asked about with CEQ/OEQ pairs below could be accessed without questions by using reflective listening or paraphrasing. First are examples, followed by an exercise on the next page.
### Reflective Listening Examples

1. **CEQ:** Do you want to make a change in your exercising?  
   **OEQ:** What are you thinking of doing about your exercise pattern?  
   **Reflection:** You have been thinking about your exercise pattern and wondering if you are too sedentary.

2. **CEQ:** Do you know the physical risks you are creating with your eating?  
   **OEQ:** What physical risks might you incur with your eating?  
   **Reflection:** Your eating is comforting and rewarding but you’re thinking there might be some future unwanted risks.

3. **CEQ:** Have you heard of a binge eater?  
   **OEQ:** What sense do you make out of this eating pattern you describe?  
   **Reflection:** There are some things that you really enjoy about your eating and some things that don’t seem quite right.

### Reflective Listening Practice

4. **CEQ:** Do you think your life would change if you started exercising?  
   **OEQ:** How might your life change if you started exercising?  
   Write your reflective listening or paraphrasing response here:

5. **OEQ:** Has this situation occurred before?  
   **CEQ:** How was this most recent situation similar or different from the last time?  
   Write your reflective listening or paraphrasing response here:
4. Working with feelings

Say it with feeling, more or less...

How mad are you that your spouse won't exercise with you?

Mild
- Annoyed
- Peeved
- Miffed

Moderate
- Disgusted
- Hacked
- Harassed

Intense
- Ripped
- Wrenched
- Enraged

Client says she's here.

How mad are you that your spouse won't exercise with you?

Mild
- Annoyed
- Peeved
- Miffed

Moderate
- Disgusted
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- Harassed

Intense
- Ripped
- Wrenched
- Enraged

Client says she's here.

I want the client to be less mad...

so I use a more intense word for “mad,” hoping the client moves away from it.

How mad are you that you didn’t exercise during the holiday week?

Mild
- Annoyed
- Peeved
- Miffed

Moderate
- Disgusted
- Hacked
- Harassed

Intense
- Ripped
- Wrenched
- Enraged

Client says he’s here.

How mad are you that you didn’t exercise during the holiday week?

Mild
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Client says he’s here.

I want the client to be more mad...

so I use a less intense word for “mad,” hoping the client moves away from it.
### Examples of Feelings:

<table>
<thead>
<tr>
<th></th>
<th>SAD</th>
<th>MAD</th>
<th>GLAD</th>
<th>SCARED</th>
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</thead>
<tbody>
<tr>
<td><strong>MILD</strong></td>
<td>Apathetic</td>
<td>Annoyed</td>
<td>Amused</td>
<td>Apprehensive</td>
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<tr>
<td></td>
<td>Bored</td>
<td>Peeved</td>
<td>Comfortable</td>
<td>Concerned</td>
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<td></td>
<td>Disappointed</td>
<td>Miffed</td>
<td>Content</td>
<td>Tense</td>
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<tr>
<td><strong>MODERATE</strong></td>
<td>Burdened</td>
<td>Disgusted</td>
<td>Delighted</td>
<td>Afraid</td>
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<td></td>
<td>Discouraged</td>
<td>Hacked</td>
<td>Eager</td>
<td>Alarmed</td>
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<td></td>
<td>Down</td>
<td>Harassed</td>
<td>Happy</td>
<td>Anxious</td>
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<tr>
<td><strong>INTENSE</strong></td>
<td>Anguished</td>
<td>Ripped</td>
<td>Bursting</td>
<td>Desperate</td>
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<td>Crushed</td>
<td>Wrenched</td>
<td>Ecstatic</td>
<td>Panicky</td>
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<td></td>
<td>Deadened</td>
<td>Enraged</td>
<td>Thrilled</td>
<td>Petrified</td>
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5. Developing Discrepancy

When the client has some thoughts about doing the health promoting behavior and is considering changing, help your client increase his/her sense of **DISCREPANCY**.

This is the discrepancy between where he is now and where he intended to be.

Remember this as **GO AVE.**

With all the developing discrepancy strategies your tone of voice has to be even and without implication that there is a particular answer. You should sound like you are asking whether the client wants a cup of coffee with no investment in him having or not having the coffee.

**Good and not-so good things.**

1) Ask, “What are some of the good things about ________ {the unwanted or problem behavior like over eating, not exercising, staying at work too long, etc.}?”
   a) Facilitate a comfortable but quick pace.
   b) Elicit what you think are all of the reasons, then summarize to make the transition to the question you will ask in #2.

2) Ask, “What are some of the less good things (or things you like less) about ________ {the unwanted or problem behavior like over eating, not exercising, etc.}?”
   a) Do not ask for "problems" or "concerns."
   b) Elicit these one by one and slower, paraphrasing each maybe.
   c) Maybe ask after each one, "How does this affect you?” or “Does this concern you?”

3) Summarize & wait for the client’s response or summarize & ask what the client is thinking she will do now?
Outlook on the future.

Open ended questions about what the client is imagining for the future, both with and without the health risky behavior.

“How do you think this _______ {health risky behavior} is going to get worse?”
“What are you worried about the most with this _______ {health risky behavior}?”
“What do you imagine will happen if you don’t make a change now?”
“What things might go away or not happen if you continue to _______ {health risky behavior}?”
“How do you see yourself in 5 years?”
“What does somebody who you think is successful at your work do in that situation?”
“How will it be when your son is 15?”

Open ended questions that pull for the client to express his Reasons AND Steps to commitment to change:

“Tell me more about your desire to see this change.”
“What other things have you changed like this one?”
“How do you think you would do at changing this now?”
“What reasons to you have now to make this change?”
“What do you think the next step is?”
“What plan of action do you have for next time?”

Take the idea of “What else?” and make a statement about the particular Reasons AND Steps to commitment.

“What else have you been concerned about with your _______ {health risky behavior}?“
“What other things have not been so likeable about your _______ {health risky behavior}?“
“Why else are you likely to succeed now?”

Ask the client (as described by de Shazer and Scott Miller),

“If some magic happened tonight, while you were asleep and unaware, to solve the problems about which you are talking, what would you notice the next day that would tell you the miracle had happened?”

“What will you be doing when you are not _______ {health risky behavior}?“
“When you are feeling less . . . what will you be doing?”
“How would someone else be able to see that you are feeling . . .?“
“What would . . . notice different about you?”
“What would you notice different about . . .?”

After a description has been developed for recognizing the "miracle"

“When are there times when parts of this miracle happen?”
“What's different about those times when some of the miracle occurs?”
“What would have to happen or what would you have to do to increase parts of this miracle happening?”
A nxieties with the health risky behavior.

Open ended questions about anxieties, specific events, or concerns.

"In your daily activities how does your concern about _______ {health risky behavior} come up?"
"What things during the day don't you do because of your _______ {health risky behavior}?"
"When is it that you don't like how you feel because of _______ {health risky behavior}?"
"What things have been happening that you have been thinking about your _______ {health risky behavior}?"
"What makes you think this is a problem?"
"What isn't working anymore about your _______ {health risky behavior}?"
"What don't you like about your _______ {health risky behavior} regularly?"
"How does your _______ {health risky behavior} and _______ {other health symptom} concern you?"

V alues that go with the health promoting behavior.

Connecting things the client values with the _______ {health promoting behavior}.

Here, and with all the developing discrepancy strategies, you want to demonstrate your curiosity: what values or reasons does the client have?

"How does the _______ {health risky behavior} help or hurt your work?"
"You like wine in the evening. How does your enjoying wine fit with your desire to be the best mother you can be?"
"What are the things that matter the most to you now? What do you do each day to make those things happen?"
"If 100 stands for how you would like to be or how you would like your life to be, where are you today? When have you been closest to 100?"
"On a scale of 1 to 10 with 10 being the most concerned you have been about anything, what would you rate your concern about your _______ {health risky behavior}?
"At what number would your spouse rate his or her concern?"

E arlier experiences that contrast with current experiences.

Facilitating the client recalling how things were before the health risky behavior was a problem.

"What was it like before you increased your _______ {health risky behavior}?"
"What was your experience of home like when you didn't _______ {health risky behavior} at all?"
"How are things going now with your wife in comparison to when you were courting?"
"Why has this _______ {health risky behavior} not been a problem in the past?"
6. Exploring importance & building confidence

Scoring importance and confidence

Today, how important is it that you change your __________________?

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<tr>
<td></td>
<td>Not important at all</td>
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<td></td>
<td>About as important as most of the other things I would like to achieve now</td>
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<td></td>
<td>Most important thing in my life now</td>
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Explore Importance

• Why have you given yourself a ____ and not a lower score on importance?
• What would have to happen for it to become much more important for you to change?
• What would have to happen before you seriously considered changing?
• What would have to happen for your importance score to move up from x to y?
• What concerns do you have about ... [current behavior]?
• If you were to change, what would it be like?

Today, how confident are you that you will change your ________________?

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<tr>
<td>I do not think I will achieve my goal</td>
<td>I have a 50 percent chance of meeting my goal</td>
<td>I think I will definitely achieve my goal</td>
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Build confidence

• Why have you given yourself a ____ and not a lower score on confidence?
• What would make you more confident about making these changes?
• How could you move up higher, so that your score goes from x to y?
• How can I help you succeed?
• Is there anything you found helpful in any previous attempts to changes?
• What have you learned from the way things went wrong last time you tried?
• If you were to decide to change what might your options be? Are there any ways you know about that have worked for other people?
• What are some of the practical things you would need to do to achieve this goal? Do any of them sound achievable?
• Is there anything you can think of that would help you feel more confident?
7. Rolling with resistance talk

Change talk vs Resistance talk

The client’s talking might be called “Change talk” whenever he or she talks about:

- The disadvantages of the continuing with the health risky behavior.
- The advantages of enhancing the health promoting behavior.
- His or her intention to enhance the health promoting behavior.
- Feeling optimistic about enhancing the health promoting behavior.
- Any Reasons AND Steps to Commitment to the health promoting behavior.

The client’s talking might be called “Resistance talk” whenever he or she talks about:

- The advantages of the continuing with the health risky behavior.
- The disadvantages of enhancing the health promoting behavior.
- His or her intention to continue with the health risky behavior.
- Feeling pessimistic about enhancing the health promoting behavior.
- Any Reasons AND Steps to Commitment to the health risky behavior.

Resistance talk is the opposite of change talk. The client might be saying she has:

- Few or no Reasons to change,
- No or low Ability to change,
- No or low Need to change,
- No or low Desire to change, and/or is
- Taking Steps that move away from the health promoting behavior, resulting in
- No or low Commitment to change.

Whenever the client describes why she can’t change, or why it isn’t worth the effort to change, or what’s right about the health risky behavior you want to do something to move the conversation away from that. The client is more likely to change his or her thinking and behavior based on what he or she says or feels rather than on what you say.

You will have an easier time helping clients increase their motivation if you think about resistance as:

- An observable behavior during the session & not as a trait or something the client has.
- Something the client does possibly in response to what you are doing.

Arguing & wrestling decreases rapport with the client. But more importantly, resistance talk is a signal to change how you are talking to the client. At such times it is useful to roll with resistance talk rather than confront, advise, direct, or otherwise resist back.
Use “SAD” to handle resistance:

**Simple reflection:** demonstrating that you understand the meaning of the client’s statements.

*client:* I just have to manage all this anxiety when I am at work.
*coach:* The real reason you eat has to do with the anxiety you often feel.

*client:* I had thought I might be stressing too much, but I haven't been upset in the last several days.
*coach:* So from the viewpoint of a constant problem you don't think you have too much stress.

**Amplified reflection:** reflecting back what the client has said about no reasons or low ability, low need, low desire, or no commitment, in a more intense or extreme form so as to facilitate the client taking note of her reasons, ability, need, desire, or commitment to change.

*client:* I don't have a problem unless my friends come by to party. They don't have to watch their weight so they can eat all they want.
*coach:* You can make your own choices except when these friends make you party.

*client:* I doubt if there is a problem with my stress level. I don't have difficulties sleeping.
*coach:* As long as the sleep is OK then everything is OK.

**Double-sided reflection:** reflecting back what the client is saying now and some other things the client has said previously that might highlight his reasons, ability, need, desire, or commitment to change.

*client:* I don't see how my blood pressure can be that high. My doctor just 2 months ago said that I was fine.
*coach:* It doesn't seem possible that your blood pressure could have changed so quickly even though you recognize your exercise has decreased some in the last months.

*client:* I’d hate to have to never eat chocolate again. You know, stop all together.
*coach:* You don’t want to have to avoid chocolate and you don’t want to have the pounds sneaking up on you over the years either.
Exercise

Consider a client who is ambivalent about implementing a health promoting behavior (less drinking, more exercising, stopping smoking, etc.)

Put **Change** in the column to the right if you think the coach behavior would lead to Change talk by the client.

Put **Resist** in the column to the right if you think the coach behavior would lead to Resistance talk by the client.

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<tbody>
<tr>
<td>1. The coach provides reasons why the health promoting behavior would be a good thing to do.</td>
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<td>2. The coach provides accurate and expert information about the risks of continuing the health compromising behavior.</td>
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<td>3. The coach tries to instill negative emotions about the health compromising behavior by emphasizing unwanted consequences that others have had happen while they engaged in the health compromising behavior.</td>
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<td>4. The coach describes how a diagnosis, like pre-diabetic, fits the client.</td>
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<td>5. The coach tries to prevent the client from incurring unwanted events by telling him what to do based on the coach’s experience of working with the client’s health compromising behavior.</td>
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<tr>
<td>6. The coach asks what the client likes and doesn’t like about the health compromising behavior.</td>
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<tr>
<td>7. The coach expresses empathy for the client as he or she describes his or her experience with the health compromising behavior.</td>
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<tr>
<td>8. The coach asks why the client thinks his or her life would be better if she were to do the health promoting behavior.</td>
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8. Motivational interviewing summary

If you want to remember only one thing about Motivational Interviewing:

Your goal is to have the client say out loud his or her reasons to change. The goal is for the client to demonstrate the motivation to change. Motivational interviewing arranges for the client to confront the goal, not you confronting the client. It is a way of being a partner with the client, not a set of techniques. It is like dancing not wrestling. It is intended to help the client get off the fence & start a change process.

The client often uses the coach’s motivational interviewing to:

- Experience his ambivalence (what is often interpreted as resistance by the coach is ambivalence experienced by the client).
- Increase his motivation to change.
- Directly face the difficult decision or goal of changing.
- Resolve his ambivalence in favor of the health promoting choice.

Motivational Interviewing Process

1. Learn the story.
   - Learn the context and story surrounding the problem behavior.
   - Learn how ready client is to change.
   - Learn about the client’s reasons, values, or goals as they relate to the problem behavior.
   - Express understanding for the client’s reasons for doing the health risky behavior.

2. Increase client’s experience of discrepancy.
   - Discrepancy is what puts direction into the interaction.
   - Move the client off the fence using the client’s reasons and not coercion.
   - Solicit Reasons AND Steps to Commitment for change.

3. Create a change plan with the client.
   - Recognize when the client is ready to take some action.
   - Develop the behavioral steps from the client’s experience.
   - Attend to the client’s motivation for any particular step.
   - Call attention to examples of where the client has been successful.
8. Practicing motivational interviewing

Audiotape a session with a client - by yourself or with a mentor:

Count the number of open ended questions and closed ended questions. To be consistent with a motivational interviewing style you want at least 50% of your questions to be open ended.

Count the number of reflections you make. To be consistent with a motivational interviewing style you want at least twice as many reflections as questions, & you want at least one reflection every minute.

Did you talk less than your client? To be consistent with a motivational interviewing style you want your client to talk about twice as much as you.

Listen for where you did or could have solicited or reinforced any client Reasons AND Steps to Commitment for the healthy alternative.

Look at each instance where you gave your client advice. Did you use the “elicit – provide – elicit” format or in some other way ask for permission and ask your client to consider how the advice fit for him?

Did you warn your client of any possible consequences, confront your client regarding his behavior, or raise concerns, without using “elicit – provide – elicit”? To be consistent with a motivational interviewing style you want none of these behaviors.
8. Additional resources

Several readings, each about 2-3 pages, are found on the web site http://motivationalinterview.org/clinical/index.html


Coaching on using motivational interviewing with your clients is available from Robert Rhode, (520) 615-7623 or rrhode@u.arizona.edu