



# MOTIVATIONAL INTERVIEWING MICRO-SKILLS

## (1) IDENTIFY THEIR STARTING POINT & EMPATHISE

1. Don't state the obvious negative - they already know!

Large man comes in - don't say "Do you realised the damage that weight is having on your health?" Of course they know and saying this just infuriates them. Instead "Where are you currently at with your weight?" or "How do you feel about your weight" (Might give them relief to talk about it)

If you notice from the computer the patient is not ordering their repeat medication often, instead of "Are you taking your medication religiously every day as prescribed?". Instead say, some people find it difficult to take medication regularly as prescribed. Is that something that happens with you?" (Gives them permission to be honest with you)

Instead of "smoking is really bad for your health and with you having COPD is going to harm your lungs even more", say "I see you're currently a smoker. Can I ask out of curiosity - what does it do for you? and then gradually move to "And what are your thoughts about stopping?"

2. Allow patient to naturally tell their story

LISTEN

Don't interrupt & don't finish off their sentences

Open Questions

Clarify where confused

"How do you feel about diet/exercise/cutting down alcohol/stopping smoking/changing medication?"

OR EVEN BETTER - surprise them by asking what they like about it (adds neutrality to discussion, gets them to move themselves to talk about what they don't like)

"Are you still smoking? Out of interest, what is it that you like about it? Clearly it does something for you"

3. Empathise

Encourage catharsis (express feelings and emotions)

The feel better after venting

You get a better idea of the story and impact

Patient in a better and less angry position to talk about possibility

Validate their thoughts & feelings

I can see how difficult that must have been for you

To be honest, I would have found that difficult too.

Most people would have done what you did

Yes, it's hard when you've already tried three times. I can see why you feel that way.

Skillfull reflective listening

Listen, Restate concisely

So you feel disrespected because of that incident

MOTIVATIONAL INTERVIEWING MICRO-SKILLS  
(2) - THE MIDDLE CHAT (EVOKING)

2a Develop Discrepancy to help get to a state of ambivalence with COMPASSION & KINDNESS

RESPECT THAT EVERY CHANGE INVOLVES A LOSS

Decisional Balance  
"Shall we explore it?"

Staying the same

ADVANTAGES of the status quo  
What is **good** about smoking? What does it do for you?  
(Show empathy as you do this)

DOWNSIDES of the status quo  
What are the **downsides** to smoking? What are the consequences for instance?

Reflective Summary - so on the one hand the smoking does a, b and c for you but on the other hand the worry about continuing is x, y and z.

Changing

Downsides of changing  
What do you see as the **negatives** to stopping smoking?

Advantages of changing  
What are the **benefits** that would come about if you stopped smoking?  
What would it feel like if you lost 3 stone?  
What would life be like if you no longer drank alcohol everyday like the way you currently do?  
What if I had a magic wand and miraculously you have stopped smoking. What would life be like.  
(PS Sometimes "what would life be like" is better than "what would be better" because latter might be interpreted as coercive )

Reflective Summary - so with changing, you're a bit worried about a, b and c but on the other hand you can see how it might do x, y and z for you.  
So, having looked the the pros and cons of staying the same or changing, what are your thoughts now about what you would like to do? (=evocation = evoking change)

The Magic Wand

So, if I could wave a magic wand and let's say we're 12 months since you last stopped smoking. What would be the benefits to you life?

EPE - Elicit, Provide, Elicit - provide information at NATURAL points then seek views. But always seek permission first that just to express your urge!

1. What do you feel about xxx?

2. Can I provide some additional information that I think might help you?

Can I tell you about the program that we have here?  
Would it be okay if I provide you some information on  
Is it okay if I give you some information on that  
Is it okay if I give you some information from what the medical research says about that  
I think at this point it would be a good idea to go through some of the medical stuff around diabetes. Would that be okay?

3. Having heard that, what are your thoughts and feelings?

Get patient to reflect patient values to patient behaviour

Evoke which means to help someone tease out their own often new new perceptions about something

Patient to then provide reasons for change, not the doctor

Socratic Questioning (the dialectical approach) - be gentle

"It sounds like you come to a decision after much careful reading around the subject. I'm just wondering what websites and information you used to make that decision" (patient then realises he hasn't read around much)

Scales

On a scale 1-10, how **important** is this change for you  
Why isn't it **lower** - say a 2 or a 3?

Reflect & Summarise reasons why it isn't any lower.  
So you feel that it is important because you feel that if you continue you will a, b and c.

On a scale 1-10, how **confident** do you feel you can do it?  
Why isn't it **lower** - again, say a 2 or a 3?

Why isn't it any lower?  
Reflect & Summarise reasons why it isn't any lower.  
So you feel you do have some confidence because of x, y and z.

RESPECT THAT EVERY CHANGE INVOLVES A LOSS

## MOTIVATIONAL INTERVIEWING MICRO-SKILLS (2) - THE MIDDLE CHAT (EVOKING)

### 2b Roll with Resistance

**See resistance as a normal part of MI process.** It's not patient being difficult

Don't get into a fight with logical argument

Recall past successes

#### The Righting Reflex

Where you want to correct the patient (i.e. make them 'right')  
**Breathe and let it go. Perhaps write it down instead.**

**Don't use words like "BUT" or "HOWEVER" >> lead to resistance talk**  
BUT means "ignore everything that came before the but"  
HOWEVER is just a glorified BUT word dressed up in a tuxedo!  
Instead use "the thing is" or just replace with a small second or two of silence

**Patient resistance talk should be a signal for dr to change approach**

Less questioning or lecturing or arguing

More listening, reflections, summarising and empathising

Emphasise personal choice & control

**Calm down your inner monkey**

When your angry inside practise deep breath. Let it go.

Remind yourself that every problem was once a solution|  
a) to calm down or cheer up  
b) to numb anger or worries  
c) to beat loneliness by feeling connected  
d) to beat hopelessness by feeling worthwhile

**"I don't wanna talk about my smoking today. Please don't go there like all the other doctors"**

*That's okay, i get that you get frustrated when people talk about smoking without your permission. So can I ask you what you would like to talk about today.*

*That's okay. I sense you get frustrated by it. Out of interest, can I ask thought what you like about it? It clearly does something for you [The neutrality opens the discussion. Patient may then start continuing to talk about it]*

*That's okay, I sense you get frustrated by it. I'd like you to remember that my door is always open if you ever want to talk about it. Is that okay?*

### 2c Facilitate CHANGE TALK

*Pt: I know I like smoking but I can see that if I continue it's not good news.  
Dr: Just remind me in what ways is it not good news?*

When u hear change talk ask more questions about it. Explore. Highlight it

"It sounds like" or "I wonder if" are great phrasing starts

**MOTIVATIONAL  
INTERVIEWING  
MICRO-SKILLS**  
**(3) THE END BIT  
FOCUS & PLANNING**

**Patient-centred  
problem-solving**

**Encourage patient to come up with solutions than you**

You are GUIDING, not convincing-- The most you should do with change talk is reflected back to them than emphasising imposing

**Offer, don't impose suggestions**

*I have a few suggestions that might help you. Would you like to hear them?*

*One other patient of mine was in that position, would you like to hear what they did?*

**Concentrate on the NEXT SMALL step**

*So, what's the next small little step you can take to help starting to make this exciting journey happen? Let's just focus on one or two things. Let's try and make it easy.*

**Promote  
SELF-EFFICACY -  
Talk possibility & Be  
positive**

**Focus on the patient**

Nurture hope and confidence - e.g. through past successes

**Show them YOU believe in THEM**

At natural points

Should be genuine, not superficial

*I'm impressed with some of your suggestions and I love the way you've been open and trusting with me about things. I have a feeling you can do this and I'm looking forward to our next session*