Motivational interviewing

An ‘At a Glance’ guide for clinicians

Motivational interviewing (MI) is a direct, person – centred counselling style for helping people explore and resolve their ambivalence towards behavioural change. MI is about clinician’s arranging the conversation so that the patient talks themselves into change that is based on their own values and interests (Miller & Rollnick, 2002).

This guide provides tools to help you develop skills in MI and offers the potential for improved clinician/ patient communication.

**Questions to trigger a discussion about change –** Never assume the patient wants information about their condition at this time so ask...

**The advice sandwich**

|  |  |
| --- | --- |
| 1. Would you like to know……? 2. Offer advice…. 3. How do you feel about that? | \\obmh.nhs.uk\home\CHOx-Home\Sarah.Gardner\My Documents\My Pictures\sandwich.png |

**E.P.E.**

|  |  |
| --- | --- |
| **E** | **E**licit – “Tell me what you already know about…” |
| **P** | **P**ermission to **P**rovide information in the third **P**erson – “Would it be alright if….?” |
| **E** | **E**licit – “What do you make of/ think of/ feel about that information?” |

**A need for change has been identified – Assess the patient’s readiness for change**

**Scaling questions**

How important is it for you to make this change OR How confident are you that you can make this change?

|  |  |  |
| --- | --- | --- |
| **Not important**  **Not confident** | 0 1 2 3 4 5 6 7 8 9 10 | **Very important**  **Very confident** |

Follow this up with: “Why didn’t you give me a lower number?” OR “What would have to happen to make this number higher?”

**Change Talk –** These are themes you may hear that tell you about the patient’s motivation. Hearing these themes suggests the patient is leading in the direction of change, but by themselves, they do not trigger behaviour change.

**DARN**

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| **D** | **D**esire – “I want to…”, “I would like to…”, “I wish…” |
| **A** | **A**bility – “I could…”, “I can…”, “I might be able to…” |
| **R** | **R**easons – “I would probably be better if I …”, “I need to have more energy to play with my grandchildren”, “This pain keeps me from seeing my friends” |
| **N** | **N**eed – “I ought to…”, “I Have to…”, “I really should…” |

**Open-ended questions –** this will facilitate the gathering of more information by allowing the patient to consider their own ideas, thoughts and feelings about the subject.

**Questions to evoke change talk**

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| What would be the benefits of making this change…? |
| Let’s just imagine that you decided to make this change, how might your life be different…? |
| If you decided to make this change, how might you go about it? |
| If nothing changes, how/ what might life be like in X years….? |
| How might things be different if you…? |
| What would be a next step for you? |

**Open questions exercise and the importance of active listening**

Use this exercise to practice your MI skills. Each question that is answered is likened to being handed a flower. At the end, the person asking the questions hands back the flowers as a bouquet, summarising what they have heard.

**What change would you like to talk about today?**

**What are your reasons for making this change?**

**If you decided to make this change, how might you go about it?**

**What are the main advantages to making this change?**

**How important is it for you to make this change?**

**Summarise- Hand back the bouquet…**

**What, if anything do you think you will do about your change?**