



WHAT IS MOTIVATIONAL INTERVIEWING?



SPIRIT OF MOTIVATIONAL INTERVIEWING	
USE:	INSTEAD OF:
Autonomy – recognize the patient is in control of their behavior	Authority
Collaboration – partner with the patient and acknowledge each other's point of view	Confrontation
Evocation – draw out the patient's motivation for making change	Imposing



MOTIVATIONAL INTERVIEWING PRINCIPLES



Empathy: expressing recognition and sensitivity to a patient's situation



Develop Discrepancy: raising patient awareness of the gap between where they are now and where they want to be



Support Self-Efficacy: supporting an individual's belief that they can achieve their goals



Roll with Resistance: avoid contradicting the patient when they defend sustaining a behavior



CHANGE TALK VS. SUSTAIN TALK

Change Talk: patient's speech that favors movement in the direction of change.

Sustain Talk: patient's speech that favors continuing the same.



MOTIVATIONAL INTERVIEWING PROCESSES

Engage: use OARS to listen and understand



Guide: understand ambivalence, find a focus, set agendas



Evoke: elicit, respond, and summarize change talk to foster motivation for change



Plan: create a change plan



RESIST THE RIGHTING REFLEX

Resist the tendency to immediately correct or make the patient situation better by offering your own change plan.



RULES

➔ **Resist the "Righting Reflex"**

- Guide rather than direct
- Roll with resistance

➔ **Listen to your patient**

- Reflect
- Summarize

➔ **Understand your patient's motivations**

- Explore ambivalence and importance
- Evoke change talk

➔ **Empower your patient**

- Reinforce patient's confidence and motivation
- Affirm patient's strengths and commitment



Guide – Understand ambivalence, find a focus, set agendas

➔ Elicit: ask the patient what they already know

“What is your understanding of how much and what kinds of exercise would be beneficial for you?”

➔ Provide: ask for permission from the patient to provide information

“Would it be okay if I took a few minutes to share with you what others with similar goals have found helpful?”

➔ Elicit: ask for the patient’s thoughts on information you have shared

“What are your thoughts on everything we just discussed related to exercise?”



Evoke – Elicit, respond, and summarize change talk to ignite motivation for change

➔ Desire to make a change

You’ll hear the patient say:

want, prefer, wish

➔ Ability to make a change

You’ll hear the patient say:

able, can, could, possible

➔ Reason to make a change

You’ll hear the patient say:

why they’d do it, what could be good

➔ Need to make a change

You’ll hear the patient say:

important, have to, need to, matters, got to

➔ Commitment to make the change

You’ll hear the patient say:

will, can, going to do



Plan – Create a change plan

Start by assessing patients’ confidence in accomplishing their goals. The Importance and Confidence Rulers help you uncover change talk and hear the patients’ motivations and beliefs in their ability to make changes.

➔ “On a scale from 0-10, with 0 being not at all important (or confident) and 10 being very important (or confident), how would you rate the importance of (or your confidence in)...?”

➔ “**You gave yourself a 4.** Tell me the reasons you gave yourself a 4 and not a 1.”

– Patient will provide reasons they can make the change.

➔ “**You gave yourself a 4.** Tell me what would need to happen to move you up from a 4 to a 5 or 6?”

– Patient will provide information on barriers and things they need to do to increase their ability.

About the Obesity Medicine Association

The Obesity Medicine Association (OMA) is the largest organization of clinicians dedicated to preventing, treating, and reversing the disease of obesity. Members of OMA believe treating obesity requires a scientific and individualized approach comprised of nutrition, physical activity, behavior, and medication. When personalized, this comprehensive approach helps patients achieve their weight and health goals.

Visit www.obesitymedicine.org to learn more.

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