

Getting to Change

The following information is based on—

Miller, W., & Rollnick, S. (2002). *Motivational Interviewing: Preparing People for Change*

Rollnick, S., Miller, W. R., & Butler, C. C. (2008). *Motivational Interviewing in Health Care: Helping Patients Change Behavior*

Kinds of Change Talk: DARN-C

Desire: Statements patients make about preference for change

“I would like to....”

“I wish...”

“I really want to weigh less.”

Ability: Statements patients make about self-capability

“I think I could walk twice a week.”

“I can skip that candy bar at bedtime.”

“I am able to walk from the back of the parking lot.”

Reasons: Statements patients make that are specific arguments for change

“I know I would feel better if I lost 50 pounds.”

“I would have more energy if I started exercising.”

“I would worry less about my eyes if I went for regular checkups.”

Need: Statements patients make about feeling an obligation to change

“I should walk at least three times a week.”

“I should do this for my grandchildren.”

“I have to lose weight if I am going to be able to walk up stairs.”

Commitment: Statements patients make about the action(s) they will take to change.

Intention or low-level commitment: Statements patients make related to an intention to take action to change

“I hope to...”

“I plan to...”

“I will try to....”

Higher Level Commitment Statements

“I will walk two mornings next week.”

“I am going to make a list of pros and cons for exercising.”

“I will make an appointment with my eye doctor for next month.”

“I promised my husband I would walk with him twice a week and I am going to start that tomorrow.”

Patients need to—

- ▶ Recognize the disadvantages of the status quo.
- ▶ Recognize the advantages of change.
- ▶ Hold some optimism about change.
- ▶ Have an intention to change.
- ▶ Make a commitment to change.

Patients recognizing the disadvantages of status quo

- ▶ *“I never really thought about how....”*
- ▶ *“I think I have not taken this seriously enough.”*
- ▶ *“I can see now that if I don’t take this weight off, I am probably going to die sooner.”*

Ways to evoke change talk about the disadvantages of status quo

“What concerns you about your current situation?”

“What makes you think you need to do something about your weight?”

“What concerns you about not checking your blood glucose on a regular basis?”

“What do you think might happen if you don’t change your diet?”

Recognizing the advantages of change

"If I weighed less, I could buy regular size clothes."

"If I weighed a normal weight, I would have more energy."

"I would probably feel better if I exercised."

"I might enjoy my grandchildren more as they grow up."

Ways to evoke change talk about the advantages of change

"How would life be different for you if...?"

"If you could wake up tomorrow and things changed by magic, how would things be better for you?"

"What are the main reasons you see for...?"

"What would be the benefits of ... for you?"

You might also explore goals and values with the patient:

"You mentioned how important it is for you to be able to play with your grandchildren and how your current weight interferes with that."

"You said you would really like to be able to hike with your friends on vacation and how your current energy level keeps you from doing that."

Expressing optimism about change

"I think I could exercise twice a week."

"I was able to quit smoking many years ago."

"I usually can do something if I make up my mind I am going to do it."

"I think I can do this with some support from my family."

Ways to evoke change talk about expressing optimism

"What do you think would work if you decided to change...?"

"How confident are you that you can make this change?"

"What kind of support would be helpful in making this change?"

"What encourages you to change if you want to do it?"

Expressing intention to change

“I think it is time for me to do this.”

“I have got to do something.”

“This is not how I want to be the rest of my life.”

“I don’t know how I will do this, but I am going to have to do it.”

Ways to evoke change talk about intention to change

“I can see you are feeling stuck right now. What is going to have to change?”

“How important is it for you to ...?”

“What do you intend to do?”

“What do you think you might be able to do?”

“What are you thinking about in monitoring your blood glucose?”

“What are you thinking about in changing your eating patterns?”

“You mentioned a number of ideas to exercise. Which ones sound like they might work for you?”

Ask scaling questions to help the patient determine how important a change is and how confident the patient is in making that change:

“On a scale from 0 to 10, how important is it for you to ...?”

“Tell me why you chose that number.”

“What could happen that would move you to higher number?”

“On a scale from 0 to 10, how confident are you that you can make this change?”

“Tell me more about why you chose that number for your confidence level.”

“What do you think might help you become more confident in making a change?”

Another way to help patients change is to use elaboration with questions such as—

“How much, when, where...?”

“Give me an example.”

“Describe what happened last time you...”

“Tell me about a typical day for you.”

If patients have little desire to change, you might try asking the extreme questions:

“What concerns you the most about...?”

“Suppose you do nothing about ..., what do you imagine is the worst thing that will happen?”

“How much do you know about smoking and what can happen even if you don’t see this happening to you?”

“What might be the best results you could imagine if you ...?”

“If you were completely successful in making changes you want, how would things be different for you?”

Looking at past experiences

“Do you remember a time when you weighed a good weight for you?”

“What was it like then?”

“What were things like before you stopped exercising?”

“What are the differences between the John of 10 years ago and the John today?”

“How has your weight stopped you from doing things you might want to do?”

Looking forward to the future

“If you make a change in your diet, what do you hope to be different?”

“How would you like things to be 10 years from now?”

“It seems you are anxious about how things are with you now.”

“How would you like things to be different?”

“Suppose you don’t make any changes and just continue as you are now. What do you think your life will be like 5 years from now?”

“Given how you feel now, if you don’t make any changes, how do you think you will feel a year from now?”

Reinforcing change talk

“It sounds like a good idea.”

“It sounds like that could work.”

“You make a good point.”

“I can see you gave this a lot of thought.”

“It’s important for you to...”

Rolling with resistance: Resistance behaviors may include making excuses, blaming others, minimizing importance or significance, challenging, hostile language (verbal and nonverbal), and ignoring. Patients who are resistant are not ready to change.

Ways to roll with resistance

Acknowledge the person's perception or disagreement:

"You don't see a need to check your blood glucose when your hemoglobin HBA1C is always at 6.5."

"You don't think taking your medication every day is really necessary."

"You're rather discouraged about trying to exercise again."

"You think it is better to eat whatever is available any time you are hungry."

"You think you will die anyway and smoking won't make any difference how or when that happens."

"You think in the long run losing weight will make a difference in how much medicine you have to take, and at the same time, it is really a hard thing to do."

"On one hand, you know there are some problems that can happen if you don't monitor your blood glucose and the information I suggested is not acceptable to you."

Reframing

Patient: *"I have tried to lose weight so many times and failed."*

Clinician: *"You are very persistent, even though you are discouraged. This change must be important to you"*

Patient: *"I tried to quit smoking four times, and I can never stick with it."*

Clinician: *"It seems to me you have given this a lot of effort already. Every time you try, you get closer. The average number of attempts to quit smoking before most people quit is six times, so don't give up!"*

Patient: *"Nobody can tell me that this stuff works!"*

Clinician: *"Whether this works or not is up to you. You are in the best position to know what ideas are most likely to work for you."*

Patient: *"You're probably going to tell me I have to eat certain foods and that I have to exercise every day and I hate that advice."*

Clinician: *"If I were to tell you to do a lot of things, that could overwhelm you. When you feel like you have to do something, it actually can prevent you from doing what you want to do."*

Or ... *"I can provide you with information about the benefits of good nutrition and exercise in managing diabetes if you like. It is up to you if you want to change your diet or exercise patterns."*

Patient: *"What if I tell you I won't give up smoking?"*

Clinician: *"That is a decision you need to make. I can give you information about the risks of smoking. The decision to keep smoking or quit is up to you."*