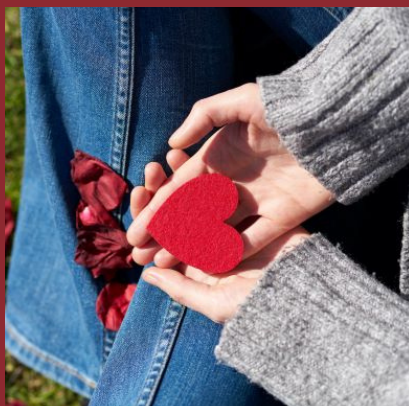


Motivational Interviewing for Health Care Providers



Motivational Interviewing for Health Care Providers

Training Workbook

Acknowledgements

The content in this workbook is adapted from Native American Motivational Interviewing: Weaving Native American and Western Practices: A Manual for Counselors in Native American Communities (Venner, Feldstein & Tafoya, 2006); the work of Bill Miller and Steve Rollnick 1991-present; and the collective wisdom and contributions of the Motivational Interviewing Network of Trainers.

This workbook was developed by the Patient Navigator Training Collaborative, in partnership with the Alaska Native Tribal Health Consortium.



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM

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Using Prayer or Meditation to Describe Motivational Interviewing

It was suggested to provide a prayer, song, and ceremony for MI, so that Alaska Native and American Indian (AN/AI) Peoples might have an easier time deciding whether to adopt this method. In preparation for a session, prayer is sometimes thought to assist in feeling grounded and helpful in finding a place to heal.

Suggested uses include before a session or as an opening to the counseling session if the patient would like to include prayer.

We offer this prayer as a suggestion. In preparation for your session, you may choose to use it, modify it, or leave it out. Different people and cultures may pray differently or not at all, please do what is comfortable for you and your patients. The adaptation of the original prayer that follows addresses the unique tasks of a community health aide. A copy of the original prayer can be found on the last page of this manual.



Community Health Aide Meditation

Guide me to be a community member companion

To listen with a heart as open as the sky

Grant me the vision to see through others' eyes

And eagerness to hear others' stories

Create for us a safe and open meadow in which we may walk together

Make me a clear pool in which our patients may reflect

Guide me to find my patients' own wisdom

Knowing the greatest desire is for them to be in harmony — healthy, loving,
and strong

Let me honor and respect others' choosing of their own paths

And allow all to walk their paths freely

May I know once again that although others are different from me

There is a peaceful place where we are one

Guide me to be a patient companion

To listen with a heart as open as the sky

Adapted from William Miller, 2006

Motivational Interviewing in a Nutshell

Motivational interviewing (MI) is a guiding style—a collaborative way of being with people. We have found that this style can increase a person’s natural desire to change. We emphasize that MI is a method of communication rather than a set of tricks for getting people to do what they do not want to do. It is not something that one does to people, but rather, it is a fundamental way of being with and for people—a facilitative approach to communication that evokes natural changes (Miller & Rollnick, 2002).

The MI style of communication was developed by William Miller (University of New Mexico), Stephen Rollnick (University of Wales College of Medicine), and their colleagues over the past three decades. It has been evaluated in clinical trials, numerous meta-analyses, and has demonstrated efficacy in facilitating behavior change across many health behavior outcomes including alcohol and drug addiction, cancer screening behaviors, diabetes, obesity management, tobacco use, and vaccine hesitancy. For your reference, key meta-analyses are included in the back of this workbook.

MI is usually thought of as a brief intervention (1-4 sessions) that can be effective on its own to help people make healthy changes in their lives. Briefer forms of MI have also been developed and used to prepare patients for treatment (e.g., in the case of alcohol, nicotine and other addiction treatments, weight management, medical adherence, etc.). The brief form of MI that is used for vaccine hesitancy conversations can occur in as little as 5-20 minutes in a clinical setting.

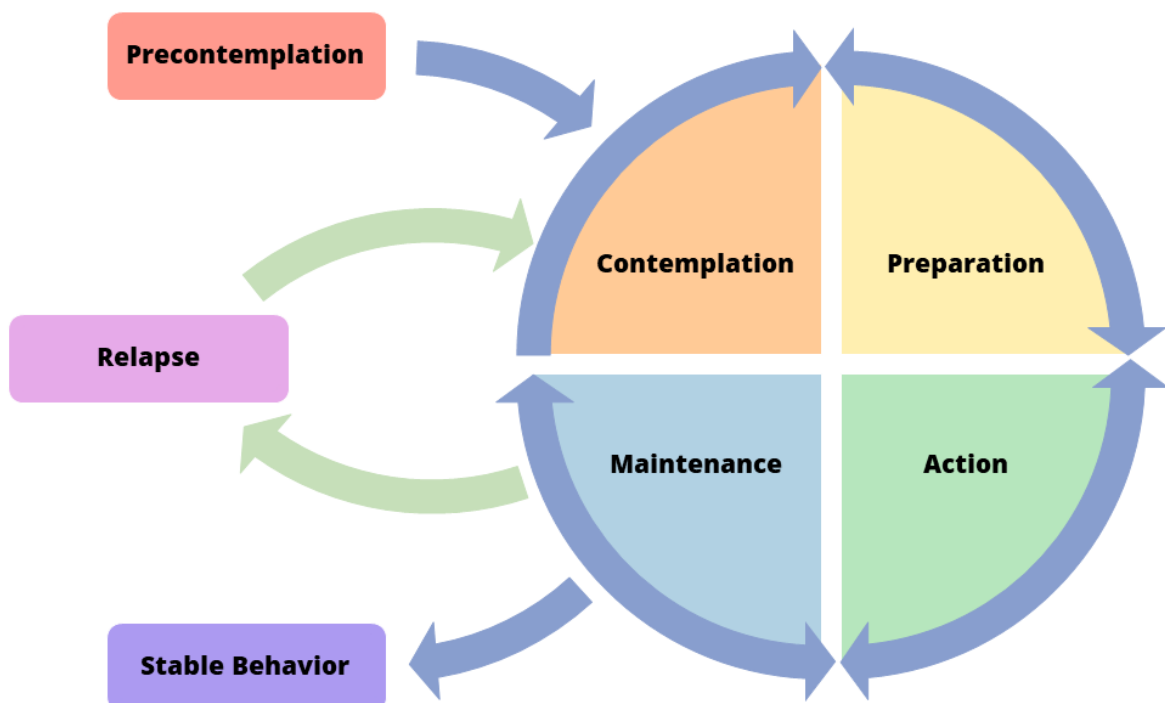
Creating a Foundation – What is Motivation?

An ever-changing state:

- Needed for change to happen
- Rises or falls in response to the influence of others, especially helpers and peers!
- Strongly shaped by the interpersonal “style” of helping professionals!

The Stages of Change Model

This section contains information about the Stages of Change model developed by James Prochaska and Carlo DiClemente. In this discussion, we will use COVID-19 vaccine hesitancy as the targeted behavior change.



Stage 1: Pre-contemplation



“You have not yet prepared the ground for planting”

You do not see getting the vaccine as important. In terms of vaccine dispositions, the pre-contemplation stage is the same as “refusing a vaccine.”

You have decided not to get the COVID-19 vaccine even though your family is pressing you to do so. You are just not convinced that it is safe. Besides, you are young and healthy and do not worry about the consequences of getting COVID-19.

Stage 2: Contemplation



“A seed is in the ground, but it has not been watered.”

You are unsure about making a change. In terms of vaccine disposition, the contemplation stage is the same as “hesitant.”

You have mixed feelings about getting the COVID-19 vaccine. On one hand, you know it will help to protect others and that is important to you. On the other hand, you wonder if it is better for people to build natural immunity and you are not sure the vaccine is safe. At this stage, you feel stuck. Part of you knows why it would be better to get vaccinated, but you are worried about the COVID-19 vaccine side-effects.

Stage 3: Preparation



“You’re preparing the soil, watering your garden daily to create a good environment for the new plants.”

You are certain that you want to make a change and you are now getting ready. You have made a commitment to get vaccinated and plan to do it next week.

Stage 4: Action



“The plants have broken through the soil.”

Now you are at the starting line. You are ready to get vaccinated. You made your appointment and are getting it today.

Stage 5: Maintenance



“The garden is thriving.”

For most behavior changes, i.e., receiving a COVID-19 vaccine, there is a period when you are actively engaged in the change, and ready to face ongoing challenges.

Maintenance is when you are doing the behavior change for more than 6 months. In terms of disposition, this is when you are continuing to follow mask guidelines and receive vaccine boosters when advised.

Relapse, although not a stage, occurs. We think, “What do we need to do to get things growing again?”

Relapse is common and it is not failure but a state of behavioral modification, where your patient considers triggers for relapse and adapts the plan to achieve success. In terms of the COVID-19 vaccine, you have stopped getting boosters even though they are recommended and available.

Community Health Aide’s Tasks Based on Patient’s Readiness

Stage of Change	Characteristics	Techniques
Pre-contemplation	<ul style="list-style-type: none"> • Not currently thinking about change: "Ignorance is bliss." 	<ul style="list-style-type: none"> • Accept lack of readiness. • Make clear that decision is theirs. • Encourage re-thinking current behavior. • Encourage self-exploration, not action. • Help them to consider the importance of change.
Contemplation	<ul style="list-style-type: none"> • "Sitting on the fence." • Not considering change in the immediate future. 	<ul style="list-style-type: none"> • Accept lack of readiness. • Make clear that decision is theirs. • Encourage talk about the good things that will come from receiving a vaccine. • Identify and promote new, positive views of life after being vaccinated.
Preparation	<ul style="list-style-type: none"> • Some experience with change and are trying to change: "Testing the waters." • Planning to act within one month. 	<ul style="list-style-type: none"> • Identify and assist in problem solving. • Help to find social support. • Assess skills for change. • Support them in taking small steps.
Action	<ul style="list-style-type: none"> • Practicing new behavior for three to six months. 	<ul style="list-style-type: none"> • Help to deal with feelings of loss (it can be hard to change). • Help to build confidence.
Maintenance	<ul style="list-style-type: none"> • Continued commitment to sustaining new behavior. • Post-six months to five years. 	<ul style="list-style-type: none"> • Plan for follow-up support. • Plan on how to deal with relapse (smoking, drinking alcohol, drug use).

Ambivalence – (am·biv·a·lence) Normal Part of Change

Ambivalence is a normal part of the change process. Successfully working through ambivalence is a key to MI work.

We can think of ambivalence as a swift moving school of salmon. Sustain talk is like a salmon swimming in a stream consisting of the same thoughts and behaviors, e.g., hesitancy or refusal of a COVID-19 or flu vaccine. *Sustain talk* represents the thoughts, feelings, and beliefs a person expresses that focus on the reasons of not changing. For example, “this is what I have always done, and it feels comfortable to me” or, “these are the reasons I cannot change...”



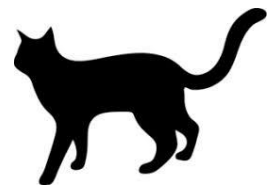
The leaping salmon, on the other hand, represent the thoughts, feelings, and beliefs that focus on the benefits of change, which constitute *change talk*. When engaged in change talk people focus on their desire or need for a change and expressing hope for change.



You will hear statements about why getting a COVID-19 vaccine to preserve health is important and the ways in which individuals feel confident to protect themselves from COVID-19.

Our goal in MI is to listen for the “leap” and encourage it by purposely highlighting the healthier behavior that aligns with a desired change. We do that by asking more questions about the leap than we do about the steady swim, while also frequently reflecting and affirming leap statements. This is how MI allows us to build motivation.

Recognizing and Eliciting Change Talk: DARN-CAT



Desire to change
 Ability to change
 Reasons for changing
 Need to change

Statements that contain any of these elements are examples of “**CHANGE TALK**”

Commitment to change
 Activating (ready/willing)
 Taking Steps toward change

Statements that contain any of these elements are examples of “**COMMITMENT TALK**”

Identify the Change Talk Practice Exercise

1. I've been thinking about getting a flu vaccine this year but I'm not sure. My brother got one for the first-time last year and he ended up getting the flu anyway. I'm not sure it works.
2. I'm not concerned about the flu. I'm scared about getting COVID-19. That virus is bad.
3. I'm not worried about myself because I'm young and in good health. I do worry about my parents getting COVID-19 though. They both have serious health issues.
4. Yes, I got the COVID-19 vaccine and the booster, and I'll likely get another booster if the COVID-19 rates pick up again. I'm not ready to immunize my little kids, though. I worry about the side effects for them.
5. I told my sister, "Good for you," when she got her COVID-19 vaccine. She's never been very strong physically, so she needs it, but me, come on, I'm only 18 and in great shape.
6. I don't want to hear anything about the COVID-19 vaccine. Healthy people don't need it. If I get the virus, I'll be fine and I'll get natural immunity from having had it.
7. I got the COVID-19 shot and the booster, and I still caught COVID. Can you tell me why I should bother getting another booster now?
8. I want to protect my kids from COVID-19, but I don't know if the vaccine is safe for them. It's all been so messed up, I mean, how these vaccines were created so fast. If I knew they were safe, that would be different.

9. People don't need vaccines at all. We were meant to catch viruses and build immunity. Sure, some people die, and that's sad, but that's also the natural order of things in nature. We shouldn't interfere.

10. I heard that the COVID-19 vaccine causes infertility in men. I don't want anything to do with that. I'll get the flu shot though. I've gotten that one before.

MI Might Be Easy for You If ...

- You are a good listener
- You honor and hold a deep respect for patients
- You are warm and caring
- You feel comfortable acting as an equal with patients
- You believe it is important to be genuine
- You believe that the answers and motivations lie within the patient
- You accept and expect that patients will disagree with you and challenge you
- You understand that deciding to change is often difficult
- You know that the process of change does not usually go smoothly, and often includes relapse
- You appreciate how complex people's lives and motivations can be
- You are sensitive to verbal and nonverbal behavior and are willing to adjust *your* behavior to help the patient
- You are willing to take responsibility for *your* part in decreasing or increasing movement toward behavior change COVID-19 and Flu vaccination



MI Spirit: The Right Heart Set



A key aspect of motivational interviewing is to have the right “**heart-set.**” Just as the correct mindset is needed to apply motivational interviewing techniques, the right heart-set is needed as well. This involves approaching patients with the underlying perspectives of partnership, acceptance, compassion, and evocation.

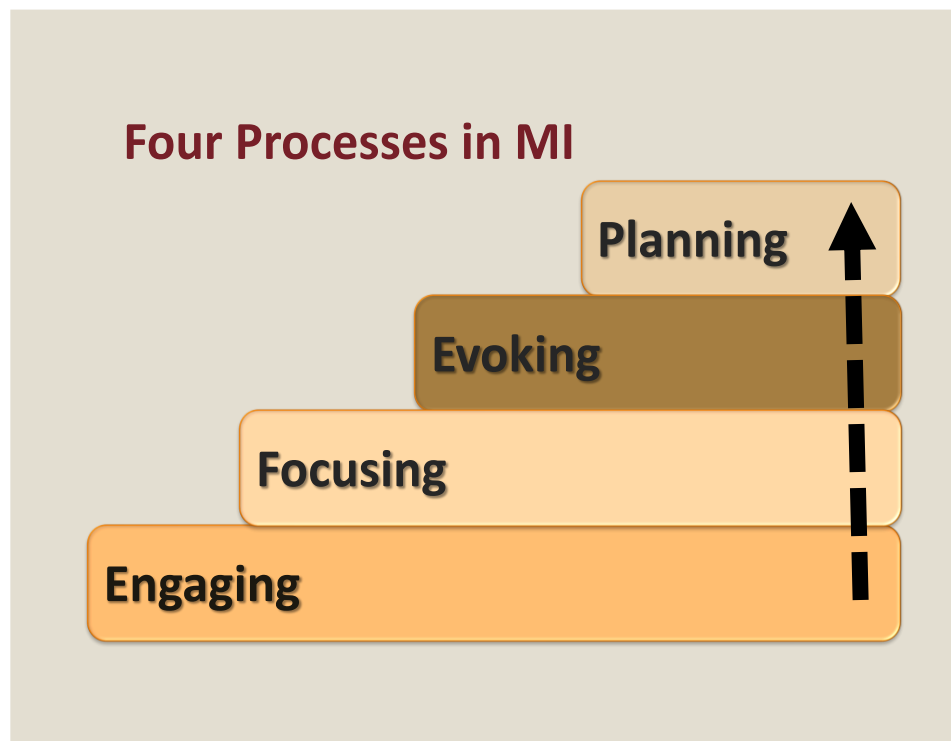
Partnership involves engaging individuals in an active collaboration. The method of MI involves exploration rather than telling, interest and support rather than persuasion or argument. MI should be more like dancing than wrestling.

Acceptance includes valuing the inherent worth and potential of every human. This can be demonstrated through empathy interest in the exploration of an individual’s internal perspective.

Compassion requires promotion of an individual’s welfare by making their needs the priority.

Evocation involves discovery of and focus on an individual’s strengths and resources. Each person possesses wisdom and experience that guides their actions and to facilitate positive change. The role of the counselor is to draw out this knowledge through keen interest in the individual’s perspective.

MI Processes



MI also involves a conversation flow or process. It begins with:

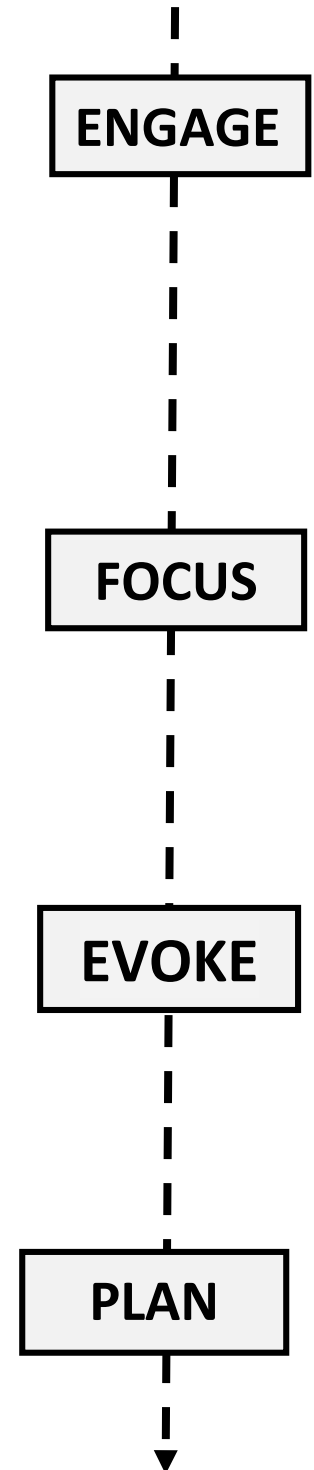
- **Engaging** or laying the relational foundation: inviting the patient early in the conversation to share their view of the behavior (e.g., vaccination) by listening and demonstrating a desire to understand.
- **Focusing** or collaboratively setting the course of the conversation. The goal is for the community health aide is to invite a partnership, for instance, by reviewing educational materials together. You want to invite the patient onto an even playing field. The few extra minutes it may take to engage and collaboratively focus early the discussion will provide a good deal of information that will save time later in the conversation.

- The next process is **evoking** which simply means that the community health aide asks open-ended questions to bring forth the patient's views of change to create or identify ambivalence. The community health aide remains neutral and avoids taking the side of quitting before the patient is ready.
- **Planning** is the last step in the process and occurs collaboratively when the patient is ready to act.

Conversation Flow Guide

MI Conversation Flow

1. Open the conversation
 - Name
 - Role
 - Time
 - Ask permission
2. Ask open-ended questions
 - Invites patient to do most of the talking
 - Focus on strengths & successes
3. Negotiate the agenda
 - Supports autonomy and choice
 - Facilitates conversation
 - Less is more!
4. Assess readiness to change
 - Supports tailoring
 - Invites “change talk”
5. Explore ambivalence
 - Most common stage of change
 - Needs to be addressed for sustained change
 - Invites and encourages “change talk”
6. Ask about “next step”
 - Assesses impact of conversation
 - Perspective often shifts in the process!
7. Make a Plan
(If the patient is ready to take action)



Four MI Skills (OARS)

- **Open questions**
- **Affirmations**
- **Reflective listening**
- **Summarizing**



Skill #1 - Ask Open-Ended Questions (Be “Otterly” Curious)

The first skill that is important to support behavior change is the ability to ask open-ended questions.

What Is an Open-ended Question?

- Can’t be answered with “yes” or “no”
- Allows for a fuller, richer discussion
- Is non-judgmental
- Allows the patient to think out loud
- Allows the patient to do most of the talking using their own words
- Allows the patient to know the conversation is about them



What Is a Closed-ended Question?

- Can usually be answered with “yes” or “no”
- Allows the person who asks the question to do most of the talking
- Can be perceived as judgmental or as forcing a person into a certain answer

Open-ended Questions Examples

- What brings you in today?
- Tell me your thoughts about the flu vaccine this year?
- When are you most likely to wear your mask?
- What have you heard about COVID-19?

Answers to open questions often give a lot of information. For example, if you ask, “What do you think about getting your flu vaccine today?” you might hear:

- Reasons why they would not like to get the flu vaccine
- Barriers to getting vaccinated
- Concerns for themselves
- Concerns for friends and family

Answers like these help you understand the patients you coach. And the better you understand, the more you can support the patient as they work toward changing unhealthy behaviors

Let’s Practice! Changing closed to open-ended questions

How would you turn these closed questions into open ones?

1. Do you have a family member or friend who can come with you to your medical appointment?

Open ended:

2. You do know that smoking can cause your child to get ear infections, right?

Open ended:

3. Are you going to make an appointment for your blood work soon?

Open ended:

4. Have you arranged for your travel to the screening facility?

Open ended:

5. Did you get your flu vaccine?

Open ended:

Skill #2 – Affirmations (Call forth inner strength)

What are affirmations?

- Affirmations are statements and gestures that tell a patient that you see their strengths.
- They feel good to receive!
- Affirmations build confidence.
- To really help, affirmations must be honest and true.



Examples of Affirmations:

- “I appreciate that you are willing to meet with me today.”
- “You are clearly a very resourceful person.”
- “You handled yourself really well in that situation.”
- “That’s a good suggestion.”
- “If I were in your shoes, I don’t know if I could have managed nearly so well.”
- “I’ve enjoyed talking with you today.”

Let's Practice! Making Affirmations

A mother of two children, ages six and two-years-old, is considering a getting her children vaccinated against COVID-19. Both children are up to date on all their scheduled vaccines, and she has been bringing them to the clinic annually for their well-visits. However, she has heard a lot of bad things about the COVID-19 vaccines and doesn't know if they are safe enough for children. Although she did get the original two doses of the COVID-19 vaccine, mainly to protect her kids, she has not gotten any of the boosters. She wants the children to be safe and is relieved that they have not yet gotten COVID-19, but she is just not sure that getting additional booster shots will make a difference.

Patient Strengths:

Your Affirmation:

Skill #3 – Reflective Listening

Reflective Listening is listening with both mind and heart.



What does it mean to reflect?

Reflective listening is like holding a mirror up as people speak – it allows them to hear things aloud that they may have only been thinking about. Reflective listening also helps to show that you understand what another person has said.



In general, Native Alaskan People are good storytellers and good listeners. Using MI, you can tap into your patient's ability and willingness to tell his or her own story, to learn more about their health behaviors, and how those behaviors fit with their overall life balance. Being a good listener lets your patient know that you have heard and understood them (express empathy: accurately understanding your patients). In MI, the ability to reflect well starts with being a good listener and a good communicator.

Reflective listening:

- Is active listening—listening carefully to the words that are spoken and to the emotions that may be behind those words.
- Keeps people thinking and talking.
- Forces you to listen—you can't reflect if you're not paying attention.

A reflection is a statement that:

- Reflects what people have said or what they are feeling.
- Lets you check that you understand what has been shared.
- Shows your desire to understand.
- Opens the door for people to keep talking.

A reflection is not:

- Giving advice.
- A question.

Reflective Listeners:

- Listen and reflect on what they hear.
- Remain supportive and non-judgmental.
- Help people find their own solutions by letting them sift through their thoughts and feelings. This can help them set realistic goals and decide how to achieve them.
- Don't give advice or try to solve problems.

Let's Practice! Engaging in Reflective Listening

How would you reflect the following patient statements?

1. **“I try but I’m getting really discouraged about my son’s lack of physical activity since he’s been doing school remotely.”**

2. **“I feel uncomfortable wearing a mask around other guys. I don’t want to look weak.”**

3. **“I’ve missed two mammogram appointments. It’s important but I don’t want to expose myself to COVID-19 just to get a mammogram.”**

4. **“I get my child the other vaccines, but I don’t trust these new vaccines.”**

Skill #4: Summary of Thoughts and Plans

The final communication skill is summarizing. The person you coach will get more out of the conversation if you summarize their thoughts and plans.

What is a Summary?

You may want to think of a summary as a “change talk bouquet.” A summary restates the key parts of the conversation. The summary may include:

- Thoughts
- Concerns
- Plans
- Reflections (especially those that produced a strong reaction)

How to Use a Summary

A summary can be useful in a few ways. It can help the person:

- Recall the conversation
- Think of new ideas
- Plan their next steps
- Feel more confident about moving forward

Elicit, Provide, Elicit (EPE): Providing information



EPE Practice Exercise

Often you are required to share information with patients. The “EPE” tool helps you do this, along with the Spirit of MI. It can make things flow better for you and help your patients to be more interested in your information.

Think about an area of your work in which you are required or need to share information with patients. For example, if you must provide information on the COVID-19 vaccine, you might try this EPE approach.

Elicit - Ask the patient what they know about the COVID-19 vaccine. Reflect what you hear and affirm what the patient already knows. Then ask permission to provide additional or different information to clarify or address gaps.

Provide - Share facts, prioritize, be clear and offer small amounts of information. Don't tell the patient what to think.

Elicit - Ask for patient interpretation, understanding, or response.

EPE worksheet

Design your own EPE below.

Elicit: Ask what the patient already knows. Next, reflect what you hear and affirm what the patient already knows. Then, ask permission to provide additional or different information to clarify or address gaps.

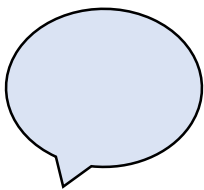
Example:

- *“What have you heard about the COVID-19 vaccine?”*
- *“It’s great that you know the vaccine can help you protect yourself against COVID-19 by increasing your immunity.”*
- *“May I share additional information about the community benefits of you being vaccinated?”*

Your E statement:

Provide: Share facts, prioritize, be clear and offer small amounts of information.

Example:



“Viruses can travel quickly through a community and make a lot of people sick. If enough people get sick, it can lead to an outbreak. But when enough people are vaccinated against a certain disease, the viruses can’t travel as easily from person to person — and the entire community is less likely to get the disease.”

“That means even people who can’t get vaccinated will have some protection from getting sick. And if a person does get sick, there’s less chance of an outbreak because it’s harder for the disease to spread.”

Your Provide Statement:

Your final Elicit statement: Ask for patient interpretation, understanding, or response

Example:

- *“How does this sound to you?”*
- *“What is relevant to you here?”*

Your E #2 statement:

MI Strategies



Importance
and
Confidence
Rulers



Evocative
Questions -
Importance



Evocative
Questions -
Confidence



Values
Exploration

This section of strategies is meant to provide some guidance as you begin to use the Motivational Interviewing style. This section is divided into two phases with the first being how to increase motivation for change and the second being how to strengthen patients' commitment to change.

Just a reminder that these strategies are guidelines and do not have to be followed exactly. Your patient will be your best guide and teacher. Finally, for these strategies to be considered motivational interviewing, the spirit or principles of motivational interviewing need to be present.



Importance and Confidence

Importance means how important it is to a person to receive a COVID-19 or flu vaccine. The level of importance is based on the patient's perceived personal benefits. For example, a person sees the benefits of refusing a vaccine, but they may have other needs or priorities in their life.

Confidence means how confident or sure a person is about their ability to get a vaccine. Confidence is key to making changes. People sometimes feel less confident because they experience barriers, such as not knowing symptoms and side effects of vaccination. Taking small steps that lead to a larger goal can help increase confidence.



How community health aides can help their patients build motivation

Talking about importance and confidence can be a turning point in the conversation. Both issues need to be discussed because:

- One person may think it's very important to receive a health behavior change, but they may lack the confidence to do so.
- Another person might feel very confident that they can change their behaviors but may not think it's important to do so.
- Understanding both issues can help a person develop a realistic plan of action.

These discussions can raise a few questions. They include:

- How much do I want to make this change?
- What could get in my way?
- What could help?
- What would my first step be?

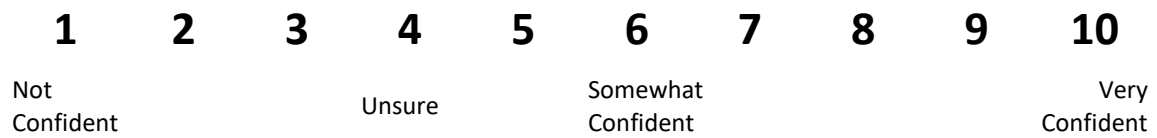
An easy way for you to learn about a person's motivation is by using Importance and Confidence Rulers. Remember, the people you are counseling may not have a copy of the ruler.

Importance and Confidence Rulers

Importance Ruler



Confidence Ruler





Start by using the ruler to learn about importance

1. Ask: “How *important* is it to you to (the new behavior) _____? On a scale of 1 to 10, with 1 being not important at all and 10 being very important, where would you place yourself?”
2. After the person gives you a number, ask: “Why did you choose (number) _____, and not a lower number like 1 or 2?”
3. Take time to reflect upon and fully explore the benefits expressed by your patient. In this way, change talk is increased and the patient’s motivation rises.
4. After a little while, you will want to ask: “What would it take to move your number a little higher?” Their answers will tell you what they will need to move to the next stage of change. For example, from contemplation or preparation to action (see figure on page 7).

Additional strategies for evoking importance

- Asking about extremes. “Imagine you don’t get vaccinated for COVID-19 or don’t get your child vaccinated (this can also be substituted for other behaviors like smoking, substance abuse, medication adherence, healthy diets, etc.). What is the worst thing that can happen?”
- Looking back. “Think about a time when you felt healthy. What were you doing that made you feel good?”
- Looking forward. “If you decide to receive your COVID-19 or flu vaccination [or other behavior of focus], what will be different?”



Ask similar evocative questions about confidence

1. Ask: “How *confident* are you that you could _____ if you decided to? On a scale of 1 to 10, with 1 being not confident at all, and 10 being very confident, where would you place yourself?”
2. After people give you a number, ask: “Why did you choose _____, and not a lower number like 1 or 2?”
3. Reflect on the reasons given.
4. Ask: “What would help improve your *confidence* level?” Their answers will tell you what would increase their confidence. Reflect.

Additional strategies for evoking confidence

- Reviewing past successes: “Tell me about a time in your life when you made up your mind to do something and you succeeded in doing it?”
- Personal strengths/supports: “What strengths do you have that can help you _____?”
- Hypothetical change: “Suppose you did _____ and are looking back on it now ... what most likely is it that worked?”



Values Worksheet

Choose three values that are particularly important to you. What does each of the values you chose mean to you? What connection, if any, do you see between your values and a behavior you have identified?

What is that behavior? _____ (identified behavior)

- Health, to be physically well.
- Family, to have a happy, loving family.
- Parenting, to be a good parent for my child.
- Spirituality, to grow and mature spiritually.
- God's will, to follow God's plan for me.
- Responsibility, to be a good role model for others.
- Discipline, to do what is right.
- Independence, to be able to meet my own needs.
- Consideration, to be thoughtful of others.
- Honesty, to be truthful in all areas of my life.
- Inner peace, to feel a sense of quiet/calmness within me.
- Friendship, to be a good friend and have close, supportive friends.
- Helpfulness, to reach out to others.
- Loving, to give and receive love.
- Hopeful, to remain positive in my view of the world.

Moving to Action

Discussing importance, confidence and values should give you an idea of why the person you are coaching might want to receive a COVID-19 and flu vaccine. For those who are ready to change, you can help them develop a realistic action plan.



Key question to ask: What now?

Ask if the person has some ideas for making a change. Reflect on these ideas in a way that provides support for a plan: “You can see yourself (doing the behavior) and sticking with it.”

If the patient does not have a plan, provide guidance:

- Get permission to share some ideas that have worked for others.
- Ask if any of these ideas could be useful.
- Reflect on the patient’s response to these ideas in a way that provides support for a plan: “You can see yourself trying some of these things to see if they’ll work for you.”
- Make a SMART PLAN: Goals that are specific, measurable, achievable, relevant, and can be accomplished within a defined time frame.

If the person does not develop a plan, that’s OK. Offer a reflection like, “You’re interested in learning about vaccines, but you’re not ready to get it yet.”

Check to see if the person wants to add anything to the summary. Ask, “What would you like to add?” Reviewing the conversation may have brought up other thoughts and ideas about the behavior change.

Action Plan Worksheet

- My plan is to _____ (Behavior Change)
- The reasons I want to _____ are...
- The specific steps I plan to take are...
- The ways other people can help me are:
- Some things that could interfere with my plan are...
- My backup plans are...
- I will know that my plan is working if...
- My confidence level for achieving this goal is a...

Let's Practice! Final Role Play

Review Open-ended Questions, Reflections, Affirmations & Summary

Pair off with a partner. Try to pick someone you do not know very well. Decide who will be the speaker and who will be the listener.

As the listener, ask open-ended questions and use reflections to understand a lifestyle change that your partner is considering.

As the speaker, answer and elaborate on the questions asked by the listener. Speaker, remember to slow down and take a breath from time to time so that your partner has a chance to reflect upon what you are saying. Also, remember that you are ambivalent. You are not in pre-contemplation. You have not already made the change. You are thinking about but unsure if you want to make the change.



Use the Conversation Flow Guide (p 19) to guide you in an MI conversation.

Speaker, begin the conversation by telling your partner about the change you are thinking of making.

Listener, engage your partner, focus the conversation, and explore ambivalence by using your OARS. You can ask open-ended questions and use reflections and affirmations but do not provide any advice.

We will take ten minutes for the listener to engage your partner, focus on a behavior change, learn as much as you can about your partner's ambivalence and then assess if they want to move forward with a change.

Tip: You should not be working on solutions until the planning process at the very end of the conversation. If you are coming up with solutions early in the process, you are not working in the MI spirit.

Then, let's take another minute for you to summarize what you've learned.

Questions for the Listener:

- What did you learn about your partner by asking open ended questions?
- How easy or hard was it to guide a conversation without providing advice?
- What did you learn about yourself as a listener?

Questions for the Speaker:

- How did it feel to talk to your listener (e.g., did you feel supported, heard, validated?)
- What was one thing your listener said or did to encourage you?
- What did you learn about your readiness for change as you went through this process?

Let's switch roles and repeat.

References

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Prochaska J, DiClemente C. Toward a comprehensive model of change, in: Miller WR, Heather N (eds) *Treating Addictive Behaviors: Processes of Change*, pp 3-27. New York, Plenum. (1986)

Prayer and Stages of Change Adapted from *Motivational Interviewing: Weaving Native and Western Practices*, Venner, Feldstein & Tafoya, (2006)

Photos courtesy pexels.com, unsplash.com, Canva and Alaska Native Tribal Consortium

Motivational Interviewing Resources

Websites:

- Motivational Interviewing Network of Trainers (MINT)
motivationalinterviewing.org
- Motivational Interviewing Wiki page
https://en.wikipedia.org/wiki/Motivational_interviewing

Recommended Book:

Miller WR, Rollnick S. *Motivational Interviewing: Helping People Change*. 3rd Edition. (2013)