

Is That Motivational Interviewing?

A Case Example

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The following dialogue is with a behavioral health specialist who works on site in a medical clinic, seeing people who could benefit from behavior changes. She typically sees people with chronic conditions in which a change in behavior or lifestyle is a key to disease management or recovery. Chronic disabling pain is a common reason for referral, as in this case. This is her first conversation with a 52-year-old man newly referred by his physician, who is worried about persistent requests for pain medication.

The interviewer (designated as I) generally demonstrates the clinical style of motivational interviewing (MI), but occasionally she offers MI-inconsistent responses. The right-hand column provides commentary on how the interviewer and the client (designated as C) are responding. As a learning exercise, we invite you to cover the right-hand commentary column as you read this dialogue, and as you come to each Interviewer response ask yourself, “Is this MI-consistent?,” and why you think it is or is not. Then reveal the corresponding commentary box.

1	I	Tell me what brings you to the clinic.	+ An open question (OQ)
2	C	My doctor said I should see you because I’ve been having some back trouble, pain in my lower back. Sometimes it’s hard to get out of bed in the morning.	A possible focus (pain management) with change talk about pain reduction (“having . . . trouble . . . hard to get out of bed”).
3	I	It hurts that much.	+ Reflecting change talk. The engaging process usually involves open questions and good listening.
4	C	Yes, it’s always worse in the morning. I get up anyhow, but it takes me a while to straighten up. And I get these shooting pains down my leg.	
5	I	And still you get on with your day.	+ Complex reflection (CR).
6	C	Yes, and that’s not easy. My whole life has changed, and the tablets from the doctor don’t really help, and he doesn’t want to give me stronger ones.	
7	I	Sometimes you must wonder when you will ever feel better.	+ CR.
8	C	Exactly, it’s been going on for a few years now, and I sometimes just burst into tears with the pain.	
9	I	It gets that bad.	+ CR.
10	C	And I can’t keep taking time off work, so I have to keep going, and it only seems to get worse.	
11	I	Like it’s taking over your life.	+ CR.

12	C	That's exactly right, and I can't keep going like this. I'm not that old.	Engagement is good so far, and he is expressing change talk, but is exercise the focus?
13	I	Something's got to change for you.	+ CR of change talk.
14	C	Yes, so he referred me to you for help with exercise, but I just hate exercising. It's so incredibly boring and I get out of breath quickly.	Focus on exercise is confirmed, and he starts with sustain talk.
15	I	Exercise seems like a waste of time.	+ CR.
16	C	Not exactly. I mean, I can see that it's an investment in my own health, but I get so bored just exercising. I can't stand it. Besides, it hurts.	Change talk and sustain talk together.
17	I	An investment in your health—yes! That's a good way to look at it. What kinds of exercise have you tried?	+ Reflecting the change talk; affirmation. Asking for elaboration.
18	C	I never go to a gym—weight lifting or anything like that. I feel too self-conscious.	
19	I	Why do you feel self-conscious?	? OQ, but asking for elaboration of sustain talk. The expected result would be more sustain talk.
20	C	There would be all these superbuffed people working out there. I'd feel like a loser.	Sustain talk.
21	I	There are some gyms that are designed for older people.	–[MI-inconsistent] Offering information/advice without permission.
22	C	I just don't like to exercise around other people.	More sustain talk.
23	I	It's the comparison that feels so uncomfortable—being unfit.	+ CR.
24	C	Yeah. I've put on some weight here in the belly, and I don't look good in spandex!	
25	I	And the back pain is keeping you from doing things you enjoy. . . .	+ CR Bringing the focus back.
26	C	<i>(interrupting)</i> Dancing, too. I used to like going dancing.	
27	I	The pain limits you in doing things you enjoy like dancing. You notice you're getting out of breath more quickly, and sometimes you feel self-conscious about being out of shape. You're also concerned about being restricted or disabled, both now and as you get older.	+ A good MI summary of change talk offered thus far.
28	C	Right. The pain is really slowing me down.	
29	I	How much do you already know about exercise and aging?	+ OQ, possible beginning of an elicit-provide-elicite sequence.
30	C	I've heard that you lose muscle mass as you age if you don't do something to prevent it.	Change talk.

31	I	Yes, you're right about that. Do you know how to prevent it?	+ Affirmation. Closed question, but MI-consistent.
32	C	Use it or lose it, I guess. But what's the good of living a few months longer if you've spent them exercising?	
33	I	It's the <i>quality</i> of life that matters to you.	+ CR that is a nice reframe of sustain talk.
34	C	Yes. I mean, I'd like to live to a nice ripe old age, too, but only if I'm healthy and able to do things.	
35	I	With whatever amount of time you have, long or short.	+ CR Continuing the paragraph.
36	C	Right.	
37	I	So I asked you before what kinds of exercise you have tried.	+ OQ.
38	C	I used to run some. People say that if you run long enough you get this kind of high that keeps you going. Never happened. I promised myself once to run every single day for a year at a track nearby. I did it, and I hated every single day of it.	
39	I	What else have you tried?	+ OQ.
40	C	I bought a stationary bicycle from a friend earlier this year, and like I said it just bores me to death.	Taking steps. Sustain talk.
41	I	You bought an exercise bicycle for your home! Good for you. What else?	+ Affirmation. OQ.
42	C	That's about it, I guess. I used to do some sit-ups sometimes to tighten up my belly, but I can't now.	
43	I	You're pretty self-conscious about your stomach.	+ CR.
44	C	Yeah, I don't want Dunlap disease. (<i>Laughs.</i>)	Change talk (desire). "Dunlap disease" is a southwestern joke: "My belly done lapped over my belt."
45	I	So that's another change you might like—to tighten up your stomach muscles.	+ Adding a focus.
46	C	I'd look better.	Change talk (reason).
47	I	What other advantages might there be for you to exercise more?	+ OQ Shifting focus a bit to exercise.
48	C	My doctor told me that I have borderline diabetes, and losing some weight would help with that.	Change talk (reason).
49	I	Oh! So that's another consideration—you don't want to wind up with diabetes.	+ CR.
50	C	It runs in my family, and I've seen what can happen.	Change talk (reason).
51	I	You know what can happen.	+ Simple reflection.

52	C	My grandmother had to take insulin every day, and she died from complications of diabetes. She was also going blind.	Change talk (reason).
53	I	And you don't want that to happen to you.	+ Reflection. Continuing the paragraph.
54	C	No, I don't. I like to read, go to movies, see my family.	Change talk (reasons).
55	I	What else do you know can happen with diabetes?	+ OQ (elicit).
56	C	I've heard you can lose your toes or your feet. Is that right?	Change talk (reason) and giving permission.
57	I	Yes, high blood sugar makes your blood thicker, and that interferes with circulation. Over time it can affect your hands and feet, and your eyes, as you said. What would that mean for you?	+ Providing information with permission followed by eliciting.
58	C	Well like I said, I don't want to be disabled.	Change talk.
59	I	That's a big theme for you—to stay healthy and able to do what you enjoy doing. That's one reason you came here.	+ Reflection linking to prior material.
60	C	Yes, I guess so.	
61	I	You guess so? Well is it or isn't it?	–MI-inconsistent: Confront.
62	C	Well mostly I came about my back.	Backpedaling.
63	I	You're not really that concerned about the diabetes.	+ Reflecting sustain talk (without any sarcasm).
64	C	Oh, I am. I was kind of surprised when the doctor told me I'm getting it, and I should lose some weight.	Change talk.
65	I	That surprised you.	+ Simple reflection.
66	C	It did. I think of myself as a pretty healthy person, and I want to stay that way as long as I can.	Change talk.
67	I	And you know that there's something you can do about that—like you said about not losing muscle mass. What you do makes a difference in staying healthy.	+ CR Testing the water a bit on action planning.
68	C	Yes. So what do you think I should do?	
69	I	I can certainly suggest some options, and together we can figure out what might work best for you—what would fit into your life and get you the results you want.	+ Avoids the trap of making one suggestion.
70	C	That sounds good.	
71	I	Let me just take a minute to make sure I understand what you want, and then we can talk about options. OK?	+ Transitional summary.
72	C	All right.	
73	I	The first thing you mentioned, what was bothering you most, is your lower back pain that particularly slows you down in the morning. The pain and getting out of breath has been keeping you from doing things that you enjoy, like	+ Summary of change talk.

		dancing. You wish we could just wave a magic wand and make it go away, and you also suspect that exercising more could help. So far so good?	
74	C	Yes.	
75	I	OK. A big motivation for you is that you don't want to become disabled as you age. You know about "use it or lose it" and you don't want to lose it. Then there is also this concern about diabetes, and you think there are things you could do to keep from developing it, or at least slow it down.	+ Continuing the summary of change talk.
76	C	That's what the doctor told me.	
77	I	And that's right, you can. So the theme that seems to run through all this is that you want to be as healthy as you can. You know that doesn't happen automatically, but there are things you can do to keep yourself more healthy and strong. Not only the length, but the quality of your life is important to you. Did I miss anything?	+ Continuing the summary of change talk.
78	C	That I don't like exercising.	The client responds with a sustain talk theme that is an important piece of the puzzle.
79	I	Right. That's a real puzzle for you. You really detest exercising, and you know that your health depends on what you do, and that's part of why you're here. You don't like exercise, and you know it's important. That's where you're stuck.	+ CR Double-sided reflections of ambivalence with "and" in the middle, placing the change talk last.
80	C	Well, I'm here.	
81	I	Yes, you are! You're warming up a bit to the idea of being more active. In fact, being able to stay active is one of the things you want.	+ Affirmation. Reframe.
82	C	Right. It's just so boring.	
83	I	Yes—sorry, I forgot to mention that. You've told me several times now how boring exercise is for you sometimes. And at the same time maybe there are kinds of activity that you really enjoy. It's just certain kinds of exercise that you hate.	+ Apology. Reframe.
84	C	Uh huh. If I enjoyed it, it would be easier to do.	
85	I	One key for you, then, is to find forms of exercise or activity that you enjoy doing and that will also help you manage your pain, maybe lose some weight, and decrease your insulin resistance. So what do you think might make physical activity less boring and more enjoyable for you?	+ Summary and OQ. The interviewer is doing well with reflection, but is starting to talk more than the client. It's time to change the balance, and the interviewer does it with an open question.
86	C	When I'm doing it with someone, like dancing, that's more fun, especially if it's someone I like being with.	
87	I	Having a friend along.	+ Simple reflection.

88	C	Yeah—someone to talk to. But it doesn't have to be with somebody else. I do like walking in the mountains by myself. It's peaceful and helps me relax.	
89	I	That's interesting. Sometimes activity is not boring.	+ CR.
90	C	In the mountains it's not all the same. I see different things along the way, hear sounds, feel the air. It's not the same every time.	
91	I	It's straight repetition that is dull. And you're self-conscious exercising around others, except maybe a friend.	+ CR.
92	C	I tried that bicycle at home, but it was so boring.	
93	I	Just staying in the same place, with nothing else happening.	+ CR.
94	C	Right. Maybe I should get a mountain bike!	
95	I	Or you could try doing something you enjoy while riding the stationary bike at home.	–Advice without permission; not terribly off track, but now they must discuss the interviewer's idea.
96	C	Like what?	Uh oh. Will the interviewer become the problem solver?
97	I	It would have to be something that you watch or listen to, I guess. What do you watch or listen to when you're relaxing?	+ The interviewer recovers with an open question to elicit solutions from the client.
98	C	I could listen to music. Or I can get reruns of TV programs I like on my iPad.	
99	I	That sounds like a good idea. How would you do it?	+ Affirm, OQ.
100	C	The machine has like a music stand on it, and I can put the iPad on there, or the iPod just goes in my pocket.	
101	I	So how would that work for you, to try bicycling while you enjoy reruns?	+ OQ.
102	C	Or even new programs—they stream them now after the broadcast. You can get all kinds of things on line.	
103	I	There's a lot to choose from.	+ Reflection, emphasizing choice.
104	C	Yeah. That might work.	
105	I	You're not sure yet.	+ Reflecting voice tone of ambivalence.
106	C	Well, I like being outside more, but I could try it when the weather's not good.	Mobilizing change talk: Activation.
107	I	I see. When the sun's shining you like to be outside, and you even had the idea of a mountain bike to keep your strength and energy up. Then when that's not convenient, you also have the option of using your inside bicycle and watching programs or listening to music you enjoy. It sounds like that could work for you.	+ Summarizing a change plan.

108	C	Yes, I think so.	Change talk (ability).
109	I	And how do you think that might help you with the pain you've been having, or managing your blood sugar?	+ Eliciting instead of giving information he may already have.
110	C	The doctor told me that being more active, getting more exercise can help with both of those.	Change talk (reasons).
111	I	Two for the price of one.	+ CR.
112	C	Maybe even lose some weight, too.	Change talk (reason).
113	I	So are you going to do it or not?	–[Definitely MI-inconsistent] Closed question, and pressing for commitment too quickly.
114	C	It sounds like a good idea.	Still preparatory, not mobilizing change talk.
115	I	Well, let me see if I understand you, then. Your doctor referred you because you're having this lower back pain that is slowing you down and preventing you from doing things you like, and there is also this concern about developing diabetes. You know that more regular exercise could help you with both of those and also with keeping your weight down. Since some kinds of activity are really boring for you and you're definitely not into going to a gym, you've been coming up with ways that you could get more exercise and also enjoy it. You already go walking in the mountains sometimes, and you like that, and you've thought about getting a mountain bike that could let you cover more ground, see more scenery, and get a good workout. And you came up with a way that you could even use the stationary bike at home and pass the time by watching programs you like.	+ A recapitulation emphasizing the change talk that he has offered . . . and his own ideas for a change plan.
116	C	Without the commercials!	
117	I	Right! You can get reruns with the commercial breaks cut out. That gets an hour program down to about 45 or 50 minutes, which is good length of time to exercise. And another idea you had was to be active with other people, with friends, like going dancing. So you have come up with some really good options. I suppose the challenge at this point is getting yourself to do these things. Given what you know about yourself, what will it take?	+ CR . Continuing the change plan. OQ, eliciting.
118	C	Well, I know if I call a friend and say let's go dancing or walking or biking, I'm going to do it.	Mobilizing change talk.
119	I	That's one thing that would work for you.	+ CR, with an implicit "What else?"
120	C	And for me it's deciding when I'm going to do it—like on what day and time.	
121	I	If you schedule it, it's more likely to happen.	+ CR.

122	C	Yeah, otherwise I just have these good intentions, but never get around to it.	
123	I	So planning it for regular times and days of the week and maybe including somebody else in the plan sometimes. That would help you actually carry out your plan.	+ CR.
124	C	I think so.	
125	I	Now let me ask you this. On a scale from 0 to 10, where 0 is not at all important, and 10 is extremely important, how important would you say it is for you to do this, to be more active?	+ Importance ruler.
126	C	Seven maybe, or eight.	
127	I	Seven or eight. That's pretty high! Why such a high number?	+ OQ follow-up.
128	C	This diabetes thing is bothering me, and I can also see that if I don't do something different and take off some weight I'm just going to get more restricted and not be able to do things I enjoy.	His own change talk summary.
129	I	OK. Now how about this? On that same 0 to 10 scale, where 0 is not at all confident, and 10 is totally confident, how confident are you that you can do this, increase your activity, if you make up your mind to do it?	+ Confidence ruler.
130	C	Ten.	
31	I	Ten! My word! No doubt about it.	+ CR.
132	C	Nope.	
133	I	So it's really a matter of deciding that it's important enough to do, and once you do that, it's going to happen.	+ CR.
134	C	That's right. And it's important.	
135	I	You're pretty close to making up your mind.	+ CR.
136	C	I am.	

Now what is your hunch? Do you think that the interviewer should try now for a firm commitment? Why or why not?