



HEALTHCARE
PROVIDERS

MOTIVATIONAL INTERVIEWING: EXAMPLE SCRIPTS



UConn
RUDD CENTER
FOR FOOD POLICY & OBESITY

i: When the patient is in pre-contemplation state

Goals:

1. Validate the patient's experience
 2. Help patient develop a reason for changing
 3. Encourage further self-exploration
 4. Leave the door open for future conversations
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1. Validate the patient's experience:

"I can understand why you feel that way."

2. Acknowledge the patient's control of the decision:

"It's up to you to decide if and when you are ready to make lifestyle changes."

3. Repeat a simple, direct statement about your stand on the medical benefits of eating healthier for this patient:

"I believe that your eating patterns are putting you at risk for conditions such as heart disease and type 2 diabetes. Making some lifestyle changes could help you improve your health substantially."

4. Explore potential concerns:

"Can you imagine how your current eating patterns might cause problems in the future?"

5. Acknowledge possible feelings of being pressured:

"It can be hard to initiate changes in your life when you feel pressured by others. I want to thank you for talking with me about this today."

6. Validate that they are not ready:

"I hear you saying that you are not ready to change your eating patterns right now."

7. Restate your position that it is up to them:

"It's totally up to you to decide if there are changes you want to make right now."

8. Encourage reframing of current state of change—the potential beginning of a change rather than a decision never to change:

"Everyone who's ever made dietary changes starts right where you are now; they start by seeing the reasons where they might want to make changes. And that's what I've been talking to you about."

ii. When the patient is in a contemplation stage

(e.g., when the patient is ambivalent about change - "Yes my eating patterns are a concern for me, but I'm not willing or able to begin changing them within the next month.")

Goals:

1. Validate the patient's experience
2. Clarify the patient's perceptions of the pros and cons of making a change
3. Encourage further self-exploration
4. Leave the door open for moving to preparation

1. Validate the patient's experience:

"I'm hearing that you are thinking about improving your eating patterns, but you're definitely not ready to take action right now."

2. Acknowledge patient's control of the decision:

"It's up to you to decide if and when you are ready to make lifestyle changes."

3. Clarify patient's perceptions of the pros and cons of making a change:

"What is one benefit of changing your eating patterns? What is one drawback of changing your eating patterns?"

4. Encourage further self-exploration:

"Would you be willing to think about this further and talk to me about it at our next visit?"

5. Restate your position that it is up to them:

"It's totally up to you to decide if there are changes you want to make right now. Whatever you choose, I'm here to support you."

6. Leave the door open for moving to preparation:

"After talking about this, and doing the exercise, if you feel you would like to make some changes, the next step won't be jumping into action – we can begin with some preparation work."

iii: When the patient is in a preparation stage

(e.g., when the patient is preparing to change and begins making small changes to prepare for a larger life change. "My eating patterns are a concern for me; I'm clear that the benefits of attempting to change my eating outweigh the drawbacks, and I'm planning to start within the next month.")

Goals:

1. Reinforce the decision to change behavior
 2. Prioritize behavior change opportunities
 3. Identify and assist in problem solving re: obstacles
 4. Encourage small initial steps
 5. Encourage identification of social supports
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1. Reinforce the decision to change behavior:

“It’s great that you feel good about your decision to make some lifestyle changes; you are taking important steps to improve your health.”

2. Prioritize behavior change opportunities:

“Looking at your eating habits, I think the biggest benefits would come from reducing the amount of soda you drink. What do you think?”

3. Identify and assist in problem solving re: obstacles:

“Have you ever attempted to make dietary changes before? What was helpful? What kinds of problems would you expect in making those changes now? How do you think you could deal with them?”

4. Encourage small, initial steps:

“So, the initial goal is to try an unsweetened seltzer water instead of soda with your dinner every night this week.”

5. Assist patient in identifying social support:

“Which family members or friends could support you as you make this change? How could they support you? Is there anything else I can do to help?”

¹ These scripts were adapted from scripts developed by the UCLA Center for Human Nutrition, and are available at http://www.cellinteractive.com/ucla/physician_ed/scripts_for_change.html