The following is an overview of the performance improvement strategies found in the American Board of Pediatrics' Performance Improvement Module (PIM) on motivational interviewing. These include: reflective listening, readiness rulers, open questions, elicit-provide-elicit, and values sheets.

1: Reflective Listening

Reflective listening challenges the provider to listen so carefully to the patient that they are able to reflect the patient's words and emotions back to them. Reflective listening tends to keep the patient talking more than simply responding with additional questions.

A **simple reflection** is using the patient's own words to state back what the provider heard, with a two-fold goal of 1) the patient feeling understood and 2) ensuring that the provider understood the patient's experience. A **complex reflection** is stating back the patient's words, while identifying the meaning or emotion behind their statement.

Responses that are NOT Reflective Listening[1]

- Ordering, directing, or commanding
- Giving advice, making suggestions, or providing solutions
- Persuading with data, arguing, or lecturing
- Telling people what they should do or moralizing
- Disagreeing, judging, criticizing, or blaming
- Interpreting or analyzing
- Agreeing, approving, or praising
- Reassuring, sympathizing, or consoling
- Distracting, humoring, or changing the subject
- Asking questions

When forming reflections, healthcare providers are often tempted to elaborate on the reflective statement with information or advice. However, when patients are resistant, they are not able to accept advice. Reflections allow providers the space to ease into their recommendations by first validating the patient's point of view. Reflective listening reflects the statement only, and avoids elaborating with a "but" clause or providing information. Examples include:

"I've tried everything – fruits, vegetables, yogurt – he just won't eat anything but chicken nuggets and French fries. It's not my fault."

You're doing everything you know how to improve his diet, but it's not working.

"My baby loves juice in her bottle. She's only 6 months old; it can't possibly be hurting her at this age."

She likes the juice and you don't see the problem.

"I just don't have time to eat. I have way too much to do with school and clubs and band practice and everything else."

You are busy and it is tough to find time to eat well.

"I know I'm supposed to stick to this diet but I can't. You've taken away all the things I love to eat. I'd rather be sick."

You're really not satisfied on the diet.

"I know what you said, but I can't afford vitamin D supplements. So she's not taking them."

They are expensive, and that is a barrier.

Until you are comfortable using reflections, it may be helpful to rely on the following response stems to help you form the reflection:

- *It sounds like…*
- *It has been difficult because…*
- *You have conflicting feelings about…*
- *You're considering…*
- *You're feeling…*
- *I'm not sure I understand. Let me see if I have this right…*

Some providers worry that if they attempt to reflect, they will incorrectly represent the patient's statements or feelings. That may happen, and if so, the patient is most likely to simply correct the provider. This exchange is empowering for the patient and may help them further clarify their thinking. Correctly representing the patient's words is not the point; rather, the provider's willingness to engage in an exchange to reach mutual understanding is most important.

2: Importance, Confidence & Readiness Rulers

In motivational interviewing, a provider should assess if the patient feels the change is important to them before moving into a plan. If the change is clearly important, the provider should then assess the patient's confidence in their ability to make the change, followed by assessing their readiness.

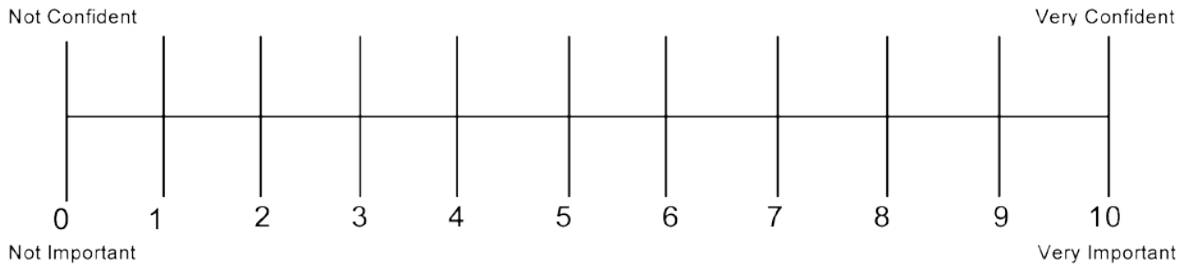
Importance: Is the change important to the patient? Why? What are the benefits?

Confidence: Does the patient feel confident they can make the change? How?

Readiness: Is the patient ready to make the change? If not, when?

The goal is to help the patient resolve their ambivalence about change. In health behavior, the professional knows the preferred outcome. In MI, the challenge is guiding the patient to that outcome, yet accepting that the patient will only do what they feel is important to do. Assessing each element – importance, confidence, and readiness – is key to developing a realistic treatment plan. Some patients may feel the change is important, but not confident they can do it, and others may feel confident they can make the change but it is not important to them.

The "ruler rating" tool helps move the conversation forward and encourages a patient to think in concrete terms about change. Start with assessing how important the change is to the individual. If they are high on the importance scale, move on to assessing their confidence in making the change. If high on confidence, proceed to asking how ready they are to make the change.



Example scaling question: *"On a scale of 1 to 10, where 10 is the highest number for moving ahead and 1 is the lowest, what number would you choose for:*

- **Importance**
  If low, what would increase it?
- **Confidence**
  If low, what would strengthen?
- **Readiness**
  If not now, then when will it be the right time?

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"Why is it a __ and not a lower number? What would help move the number up, even a point or a half a point?"

The ruler exercise is a simple method for exploring important drivers of motivation, including: How much does the patient want to make the change? What could get in their way? What could help them achieve their goals? What would the patient's first step be?

If the patient responds they are a 0-1 on the importance scale, consider reassessing values or priorities before moving forward. It may be that it is not the right time to develop a behavior change plan.

3: Open Questions

Asking open questions encourages patients to give detail in their responses and allows them to think out loud. Generally open questions are objective, non-judgmental and encourage a deeper discussion. Importantly, open-ended questions are also not easy to answer. Using open questions helps the patient do the difficult work during the interview – searching for and identifying solutions that will work for them.

A closed question is any question that can be answered by one or two words, such as "yes" or "no." Providers often fall into asking repeated closed questions, especially when conducting assessments or stressed for time, yet doing so leads to the provider doing most the talking and sometimes expressing judgment (example: "Do you eat meals as a family?").

Closed – Ended	Open – Ended
How many snacks do you eat between meals?	Tell me about your snacking in a typical day.
Are you anxious about the surgery?	Help me understand what worries you about the procedure.
You know that a bad diet can cause heart disease, right?	What connection, if any, do you see between a bad diet and heart disease?
Do you know what diabetes is?	Tell me what you know about diabetes.
How many sodas do you drink a day?	Tell me about what you drink in a typical day.
Do you like school?	How is school going?
Is everything okay at home?	How are things at home?
Do you think you can adhere to this diet?	How does this diet sound to you?
How many hours do you sleep a night?	How are you sleeping?

Patients tend to give much more information when answering an open, rather than closed, question. Open questions help patients think more broadly about the topic, and also convey that the provider is truly interested in their views. Open questions often lead to information the provider did not directly ask, and therefore reaches the core of the ambivalence more quickly.

Open-ended question stems may include:

- *Tell me about…*
- *To what extent…*
- *Help me understand…*
- *What, if any…*
- *How did you…*

While simple to do, consistently framing questions open-endedly takes practice. Additionally, providers often believe they phrase questions openly more often than they actually do. A helpful strategy is to tape record a session with a patient, then listen to the tape. Count the number of times closed and open questions were used. In motivational interviewing, the goal is for the provider to use at least twice as many open than closed questions.

4: Elicit-Provide-Elicit

Elicit-provide-elicit is a motivational interviewing tool to encourage provider attention to the patient's comments and concerns. In applying the tool, the provider first asks an open-ended question, the patient responds, the provider offers a reflection and information with permission, and lastly, follows with another open-ended question. For example:

Elicit: provider asks the patient what he or she already knows or would like to know

Provide: With permission, the provider offers information

Elicit: Provider asks patient how the information was interpreted

An interaction may be:

Provider: *"Tell me what you already know about diabetes."* ***(elicit)***

Patient: *(responds)*

Provider: *"I have some information that may be helpful, if you'd like."*

Patient: *(responds)*

Provider: *"What we know is…."* ***(provide)*** *"What does that mean to you?"* ***(elicit)***

Using elicit-provide-elicit ensures the patient is doing more talking than the provider, which is a key component of motivational interviewing. Again, the patient is most knowledgeable about changes that will work for them, so the provider's task is to help the patient explore their own ideas.

5: Values Sheets

In motivational interviewing, providers can help patients resolve ambivalence and build motivation for change by 1) identifying the perceived barriers to and benefits of change 2) strengthening confidence that change is possible and doable and 3) highlighting how the change is relevant to the patient's personal values.

A person's values are fundamental things that are important to them, like family or working hard. Healthcare providers can help patients make the connection between their values and health by using a values sheet. With a values sheet, providers share a list of common values with the patient, and ask them to identify which ones are important to them. For example, a values sheet for children may look like the following:

Values Sheet for Children and Adolescents[2]

Please select three of the most important values to you by checking the boxes:

Value	This might mean….
Family	To have a happy family
Friendship	To have good friends
Responsibility	To do what is expected of me
Respect	To treat others well
Generosity	To give to others
Independence	To make my own decisions
Honesty	To be truthful
Health	To take care of my body
Achievement	To try my best in school or other activities

For adolescents, values may include any of the above, as well as: significant others, financial security, or service to others. Similarly, a values sheet for parents may include the following:

Values Sheet for Parents or Adults[2]

Value	This might mean….
Family	To have a happy family
Friendship	To have close, supportive friends
Responsibility	To follow through on commitments
Respect	To be kind to others and treat them well
Generosity	To give to others
Independence	To make my own decisions
Significant others	To have a good relationship with my significant other
Health	To take care of my body
Success	To achieve my goals

Values often influence or drive the choices people make, although perhaps not consciously. When patients realize their health is relevant to their values, it may prove easier to build on motivation for change. Some patients may naturally see the connection between their values and health concern, and others will not. Use open questions to help them explore the connection on their own, as doing so drives meaningful motivation.

References:

1. Rollnick S, Miller W. (2010, June). Motivational interviewing: Preparing people to change health behaviors. *Motivationalinterview.org.* Retrieved Feb 10, 2013, from www.motivationalinterview.org.
2. Bolling, C. (2014). *Adapted Motivational Interviewing Obesity Management as a Model: Skills Handbook.* Unpublished manuscript.

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