

5 Pearls for Motivational Interviewing

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The foundation of cardiovascular health improvement consists of healthy lifestyle behaviors such as getting regular exercise, avoiding smoking, eating a healthy diet, and taking medications as prescribed.

However, it can often be challenging to guide patients toward meaningful behavior changes.

Motivational Interviewing (MI) is an evidence-based conversational approach to explore and strengthen a patient’s own motivating factors toward behavior change.¹

MI seeks to understand circumstances from the patient’s point of view, because while providing information to patients is important, it is not typically sufficient to drive behavior change.² Change is driven by the patient’s desire for consistency between their goals and values and their behavior. In MI, the clinician guides the patient in resolving their ambivalence by eliciting their motivation for healthy behavioral changes.

For additional motivational interviewing strategies and use cases: cardi-oh.org/best-practices/principles-of-motivational-interviewing

Consider incorporating these MI skills into your clinical conversations as you work with patients toward better cardiovascular health:



Open-Ended Questions

These cannot be answered with a simple “yes” or “no”

TRY ASKING

What is your understanding of how smoking affects your blood pressure?

INSTEAD OF

Do you see a connection between your smoking and your recent high blood pressures?



Evoke Change Talk

Change talk is any argument the patient makes for change

TRY ASKING

If you really decided to quit smoking, how could you do it? What’s the downside of how things are now?

INSTEAD OF

Why haven’t you changed? Why do you have to smoke?



Ask-Tell-Ask

This elicits patient thoughts or concerns both before and after providing a key message

TRY ASKING

How do you feel about your smoking? Quitting smoking is one of the best ways you can reduce your risk of heart attack and stroke. What questions or concerns do you have for me?

INSTEAD OF

You need to quit smoking.



0–10 Scales

These can assess importance, readiness to change, or confidence

TRY ASKING

On a scale of 0-10, with 0 being not at all ready, and 10 being ready today, how ready are you to make a quit-smoking attempt? What made you say 5 instead of 3? What might it take for you to move to a 6 or 7?

INSTEAD OF

You don’t seem ready to quit yet.



Reflective Listening

This summarizes what the patient has said, or restates the meaning of what they express

TRY ASKING

You sound concerned about the need to add new medicines.

INSTEAD OF

I am prescribing a new medicine for your blood pressure.

Additional information on motivational interviewing is available at cardi-oh.org/best-practices/patient-adherence.

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CITATIONS

1. Miller WR, Rollnick S. Motivational interviewing: Helping people change. Third Edition. New York: Guilford, 2013.
2. Anderson BA. Controlled information processing, automaticity, and the burden of proof. *Psychonomic Bulletin and Review* (2018) 25:1814-1823. <https://doi-org.ezproxy.libraries.wright.edu/10.3758/s13423-017-1412-7>

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