

## OBSERVING AND COACHING FOR MOTIVATIONAL INTERVIEWING:

## MOTIVATIONAL INTERVIEWING CONSISTENT STRATEGIES

1.	EMPATHIC STRATEGIES: Note the number of non-verbal empathy indicators (eye contact
	smile, lean forward, mirroring face) and verbal indicators (affirming strength statements,
	appreciation statements, normalizing statements, acknowledging feelings statements)

1 2 3 4 5
Not at all Infrequently Somewhat Considerably Extensively

2. **RELATIONAL FOCUS:** Note purposeful connecting statements (connecting small talk), purposeful compliments, humor, statements of thanks for attending the session, offers around comfort (checking on office temperature, offers of water, etc).



3. **OPEN-ENDED QUESTIONS:** To what extent were open-ended questions used (i.e., questions or requests that elicit more than yes/no or other one word responses) These questions often begin with the interrogatives: "What," "How," or "Tell me about..."

12345Not at allInfrequentlySomewhatConsiderablyExtensively

4. **AFFIRMATION OF CHANGE EFFORTS:** To what extent were change efforts verbally acknowledged and reinforced/appreciated.



5.	REFLECTIVE STATEMENTS: To what extent were reflective listening statements
	made? For example: repeating (exact words), rephrasing or summarizing (slight
	rewording and summaries)?

1 2 3 4 5
Not at all Infrequently Somewhat Considerably Extensively

6. **FOSTERING A COLLABORATIVE ATMOSPHERE**: To what extent was collaboration conveyed? Note the statements that reinforced autonomy and personal choice, and questions that elicited the patient's beliefs, wants, perceptions, etc.



7. MOTIVATION TO CHANGE: To what extent was motivation assessed? Note the assessment of conviction (belief about how important something is) and the assessment of confidence (how easy or hard the change might be)? Either in scale form or open ended question form.

1 2 3 4 5
Not at all Infrequently Somewhat Considerably Extensively

8. **DEVELOPING DISCREPANCIES:** How many questions/statements elicited from the patient the discrepancy between where his or her life is currently versus where he or she wants it to be in the future? How many questions elicited how the current pattern of behavior may be inconsistent with the patient's goals for the future or their values?



9. **PROS, CONS, AND AMBIVALENCE:** To what extent was ambivalence addressed and explored with the patient? Note any eliciting of pros and cons of the current behavior? How many statements normalized ambivalence? How many statements reflected both sides of the patients' ambivalence?

1 2 3 4 5

Not at all Infrequently Somewhat Considerably Extensively

10. CHANGE PLANNING DISCUSSION: To what extent was there goal setting (only appropriate if someone's conviction is high). Were goals elected from patient? Was patient asked about their past successes, what they've already tried, what they would like to try now? If the goals were too large, to what extent was the patient prompted to make goals into 'baby steps'?



**11. INCONSISTENT STRATEGIES:** Advice, correcting, arguing, directing, lack of connecting statements, and/or problem-focus.

