

MOTIVATIONAL INTERVIEWING

Living with Diabetes: *Engaging and Agenda Mapping*

Interviewer (I): Stephen Rollnick, Ph.D.

Client (C): Ginger

Context: Health care

Focus: Diabetes management

Time: 10 minutes

Helping People Change

Interview 2

The context of this interview is a routine follow-up visit in primary health care for type 2 diabetes. Lab results indicate an elevated A1C value, leaving room for improvement in glycemic control. With appropriate medication in place, the key to better control is patient behavior change. Good engagement seems to be in place already, given an ongoing doctor-patient relationship. Dr. Rollnick demonstrates the focusing process of agenda mapping, choosing which behavior change to discuss from a menu of options. Evoking and planning follow, with a chosen focus on exercise. Client change talk is shown in italic.

1	I	Well, we've got a few minutes here this morning just to take stock of your situation with your diabetes now and how you're feeling about it.	
2	C	Good.	
3	I	And that's probably a good place to start. How are you feeling at the moment and how are you feeling about your diabetes?	Open question.
4	C	I'm feeling comfortable that my diet's under control fairly well. <i>There are still some improvements to be made, and they're coming. I'm not exercising as much as I should.</i>	Change talk.
5	I	Right.	
6	C	And I'm finding every excuse in the world to not go take a walk.	
7	I	So you know what you should be doing, but it's not so easy to do it.	Double-sided reflection.
8	C	No, it's not.	
9	I	Right.	
10	C	It's the exercise I'm really stumbling over badly.	
11	I	OK, and that's something we'll return to in a moment. What I want to do is first of all just lay out for the two of us what we could be talking about today, OK, and then we'll make a decision. First of all, we could talk about your test result, which I've got the result for.	
12	C	OK.	
13	I	The A1C. We could talk about your diet. We could talk about your exercise, and I know that you're not a drinker and you're not a smoker, or we could talk about anything else that you'd like to. Have you got a sense, if you think about those things, which of them you'd most like to talk about? What would you find helpful?	Agenda mapping. He offers a menu of possible topics to discuss and

			offers her a choice.
14	C	I would find the most helpful, how do I stop finding all the excuses to not go exercise?	
15	I	Right.	
16	C	I get a sense that it's how I talk to myself in my own head, of finding every excuse in the book not to go do it. How do I start finding every reason in the book to go do the exercise?	
17	I	So you feel that it's something that it's important for you to do.	
18	C	<i>Yes. I do feel it's important that I do more exercising. I know it's in my own best interest, and yet I don't do it.</i>	Change talk.
19	I	And so there's something that's stopping you.	
20	C	I don't like it!	Sustain talk.
21	I	Right.	
22	C	Even taking a simple walk is not particularly athletic, and yet I'm not doing a simple, easy task.	
23	I	Right. So the thought of taking exercise is just not a pleasant one for you.	Reflecting sustain talk.
24	C	No, it's not.	
25	I	Yeah? Is that what you're saying?	
26	C	That's exactly what I'm saying.	
27	I	Yeah. So if you could find more pleasant thoughts about exercise, or if you could find some form of exercise that you would enjoy, you might be prepared to consider it.	Offering change talk.
28	C	[She sighs.]	
29	I	Although I see you sighing when I raise it.	
30	C	I have thought about other things to do. I've thought of, "Geez, go play a game," and there don't seem to be any that appeal to me. I don't know. I'm not finding anything pleasant about that chore.	
31	I	And so that must be quite frustrating for you, knowing...	Reflection of feeling.
32	C	It is. It is. It really is frustrating, <i>and I wish I would just get beyond it and go get the exercise done. I could have a higher quality of life.</i>	Change talk.
33	I	In what way? How would this improve your life? How do you see that?	Asking for elaboration.
34	C	<i>I would have more energy. I'd have less weight to carry around with me all the time. The A1C would come down.</i>	A flow of change talk – reasons.

37	I	Right. So you can see the link there between the intake of food and the exercise that you'd have.	
38	C	<i>Yes.</i>	
39	I	<i>Yeah.</i>	
40	C	<i>I've actually had insomnia for years. I understand I would sleep better if I would go get the exercise.</i>	Another reason.
41	I	Right.	
42	C	And yet, at the moment when it's time to go take the walk, I don't think of those things. It's "Oh, what a burden it is to go take a walk" either in my neighborhood or somewhere else.	
43	I	So you can see all these good reasons why it would be a good idea, but you hit a barrier, and what you'd really like to do is to try and break through that barrier somehow.	
44	C	<i>[Yes.] That's exactly where I'm at.</i>	
45	I	Yeah. And I wonder what you think might be just the first small step that could help you through that barrier. Do you see what I'm saying? Because sometimes people think about exercise and it becomes a bigger and bigger and bigger thing in their minds, and then actually the barrier gets bigger, and I'm wondering if there is some way we can just lower the barrier for you, so that there's a small step that you could take. I'm not sure what it is.	Preparatory change talk is good. He tries a transition to planning.
46	C	Maybe that's the problem. Maybe I'm not seeing any way through.	
47	I	<i>Yeah.</i>	
48	C	Other than, I think it's how I think about it. <i>If I would quit seeing it as such a huge burden, it wouldn't be such a huge burden.</i> Is that it?	
49	I	Well, it certainly sounds like it for you, that if you could not be saying those things to yourself, the barrier would feel a bit better. It's what makes sense to you that matters here.	
50	C	OK. Is it something to the effect of I hear myself thinking, "This is such a horrible chore," and then I go, "Oh. <i>Find another way to think about this.</i> "	
51	I	Yep. It sounds like that's quite a trap for you in a way, isn't it, the way you think about it. And can you think of a way, a more positive way, of looking at it that will take you out of that trap? What could you say to yourself?	Evoking her ideas.
52	C	<i>I could tell myself, "It's not nearly that big of a deal." Maybe I could just tell myself, "Instead of sitting here thinking about it, why don't you go take the walk and get it done and over with?"</i>	Envisioning.
53	I	And what would that walk be like for you? Can you think of a manageable walk that you could immediately go and do?	
54	C	<i>Yes.</i> Most of this happens at home.	
55	I	<i>Yes.</i>	

56	C	<i>I could simply go outside and take the walk.</i> Now, I don't like walking in windstorms. I don't want to be out in the rain.	
57	I	Exactly.	
58	C	<i>At that point I can, maybe I can go somewhere indoors that has a walking track,</i> and I don't really know where that is yet.	
59	I	Right. So you're thinking that might be a possibility. And you know your A1C level is a little bit raised this morning, and let me just see if I can summarize what we've said today and see what you make of this. OK? Your A1C is a little bit raised. You're aware that it's important to watch your diet.	
60	C	<i>Yes.</i>	
61	I	You've been trying to do something about that. But of all the subjects we could talk about, it's exercise where you feel you could make the most progress.	
62	C	<i>Yes.</i>	
63	I	And you're aware of the benefits of that.	
64	C	<i>Yes.</i>	
65	I	For your health, for sleeping, and just for feeling better about yourself generally. You're aware of that. It's breaking through a barrier in which your negative thinking is translated into something that's more positive, and you do some form of manageable exercise.	
66	C	<i>Yes.</i>	
67	I	We haven't quite worked out what it is yet.	
68	C	Right, exactly.	
69	I	OK. OK. So you've more or less decided you want to do it, but you're just not quite sure what it is yet. Have I got you?	Lending her change talk.
70	C	<i>Yes. You've got it perfect.</i>	
71	I	Is there anything else about your diabetes that you'd like to talk about? Anything at all? We've got just a couple of minutes left.	
72	C	<i>You know what? I would like some more recipes for things like chicken and fish, and I think that the local county extension agent has some of those, and so I think it would just take a phone call of finding out how to get those.</i>	
73	I	Yeah. So you've got your eye on some things you can do by way of cooking that you know are going to make a difference if you can just get hold of the recipes.	
74	C	<i>Yes. And that's just a matter of making a phone call,</i> and they've got some way of distributing some diabetic recipes.	
75	I	Right. Brilliant! And you're going to do that.	Affirmation. Asking for commitment.
76	C	<i>Yes.</i>	Commitment.

77	I	That's excellent. Yeah, that's very good. You know, my impression, just before we say goodbye this morning, because I will be seeing you again, my impression is that you've really made quite an effort since you've [been] diagnosed to get on top of the different things you need to look after yourself. And I wouldn't be too discouraged about the exercise. I think, it feels to me like you're on the cusp, you're on the cusp of making a breakthrough there, and I wouldn't be at all surprised if you come back next time and you have broken through that barrier.	
78	C	Oh, that would be so delightful. <i>I really would like to get through this one.</i>	
79	I	Yeah. Excellent. All right, well look, I'll get your appointment to see the eye doctor sorted out for you, OK, and I'll check that your feet are properly seen to. I'll be speaking to the nurse when you leave the room, and I'll see you soon.	
80	C	Thank you!	
81	I	OK.	

Reflection questions: What would you guess? How likely is it that this woman increased her exercise?

Suppose the interviewer had instead decided to educate this client about what she needed to do better in managing her diabetes. How might she have responded?