Study Questions
Motivational Interviewing: Learning the Basics

Note: to answer these questions refer to Basic Skills “Principles of Behavior Change” and TTS Core Training module presentation

1. Prochaska & DiClemente’s Stages of Change Model stipulates all of the following except:
   a) Clients are the last to know what the “real” problem is.
   b) Change occurs gradually.
   c) Different counseling techniques are needed for clients at different stages of change.
   d) Counselors need to understand and accept the client’s stage of change.

2. Eliciting “Change Talk” is important because
   a) Change takes time.
   b) Taking something away increases its perceived value.
   c) Talking about something facilitates believing in it.
   d) Developing discrepancy is critical to behavior change.

3. The Processes of MI are:
   a) Engaging, Questioning, Planning, Implementing
   b) Engaging, Acceptance, Collaboration, Planning
   c) Engaging, Focusing, Evoking, Planning
   d) Engaging, Questioning, Reflecting, Planning

4. The four guiding principles of Motivational Interviewing are
   a) Resist the righting reflex, Understand motivation, Listen and Empower the client
   b) Reframe sustain talk, Understand motivation, Listen and Evoke
   c) Resist sustain talk, Undo client misperceptions, Look interested and Evoke
   d) React to discord, Undo client misperceptions, Listen and Engage

5. Ms. Jones is a 47 year old married female smoker. She completes the Importance/Confidence exercise and reports a 3 on “Importance” and “9” on confidence. An effective counselor intervention would be to:
   a) Review with Ms. Jones her prior quit attempts and try to figure out “what went wrong”.
   b) Discuss Ms. Jones’ long-term plans and understand how continuing smoking might have an effect on achieving these goals.
   c) Inform Ms. Jones about the typical health effects on women during menopause.
   d) Ask Ms. Jones how you might help her try out an action plan to see how well it worked.

6. Reflection can be an effective tool in handling discord because:
   a) Acknowledging the client’s feelings will diffuse discord.
   b) Being kind and sympathetic reduces argumentation.
   c) Through reflection, clients come to see the not-so-good side.
   d) Being sarcastic gets the client to look twice at what they are saying.
7. “My job is to lay out the options; what, if anything, you do is completely up to you.” This is an example of:
   a) Shifting focus
   b) Siding with the negative
   c) Emphasizing autonomy
   d) Reframing

8. When using the Importance/Confidence scales, asking ‘why not a lower number’ is helpful because:
   a) The number originally given might be unrealistic.
   b) It avoids the righting reflex.
   c) The client will be more likely to talk more.
   d) It encourages exploration of change talk.

9. “Asking permission first” is important because:
   a) New HIPAA regulations stringently protect patient privacy
   b) It helps avoid falling in the expert trap
   c) Clients never want instruction
   d) It’s the golden rule

10. The ‘righting reflex’ is
    a) The client’s usual response to suggestions
    b) The helper’s attempt to fix the problem
    c) The result of too much focus on change talk
    d) The result of too much focus on sustain talk

**Application Problem:**

Henry Williams is a 56-year-old man with angina. He smoked 2 ppd for the last two years, down from 3 ppd for the prior 20 years. He is currently hospitalized and the unit staff would like you to talk to him about his smoking. Mr. Williams has reluctantly agreed to this discussion.

Mr. Williams doesn’t really believe that smoking can be bad for his heart. His smoking causes him trouble because his wife doesn’t like the smelly living room curtains and one of his grandchildren has asthma. He doesn’t like his yellow fingers, bad breath, not being able to taste food, and the money he has thrown away on cigarettes.

1. Generate two reflective statements that might accurately capture how Mr. Williams feels about the current discussion of his smoking.
   Examples of reflective statements:
   - It sounds like you don’t really want to be spending your time discussing smoking.
   - You are concerned about having yellow fingers.
   - You think that all this hoopla about heart disease is a bit overstated.
2. Create one statement that affirms Mr. Williams for his participation in this discussion.

Example of an affirming statement:
- Thanks for being willing to meet with me and discuss some of the issues you are facing around your smoking.

3. Identifying the client’s values is important in evoking change talk. Create three reflections that address values that seem important to Mr. Williams.

Sample reflections of 3 likely personal goals/values:
- One concern you have about smoking is appearance and the smell on your clothes
- Pleasing your wife is important to you.
- You care about and are concerned for your grandson.

4. Write 1 simple reflection and 1 complex reflection for this statement by Mr. Williams: “I don’t think that smoking is bad for my heart, but I don’t like the trouble that smoking causes between me and my wife.”

Simple Reflection example: It’s a sore topic between the two of you.

Complex Reflection example: Your relationship with your wife is important to you, and you don’t like the strain that this is causing.

5. Generate 3 possible open-ended questions you may want to ask Mr. Williams:

   a. Tell me about the role that smoking plays in your life??

   b. What connection, if any, do you see between your smoking and your current hospitalization?

   c. I am curious about how and why you cut down from 3 ppd to 2 ppd
6. Motivational Interviewing offers effective strategies for providing advice and direction to clients. Assuming Mr. Williams has asked for your advice regarding modification of his smoking, how might you present a menu of options for change to Mr. Williams?

“There are a number of ways that other folks have successfully modified their smoking. Would it be OK if I shared a few of the options with you? (continue if client responds positively)

Well, some folks have tried to go cold-turkey; others have used a tapering technique. Some other folks have decided to use a nicotine replacement product such as the patch or gum to help them quit. Others have decided to switch brands and as a way of slowly giving up or cutting back on tobacco. There are also many other options for changing your smoking behavior. What do you think about these options? Is there any option that you find particularly appealing: Is there anything here that you think might work for you?”