

CHECKLIST of MOTIVATIONAL INTERVIEWING AND ADULT LEARNING TOOLS and SELF-ASSESSMENT of YOUR USE

Your Name: _____ Organization Name: _____ Date: _____

Make Your Patients/Clients Your "A.D.O.P.T.E.E.S" with these Tools!		Your Use of the Tools Now					
		Not Doing or Using	Rarely Do/Use	Some-times	Often Do/Use	Always Do/Use	Would Like More Info
A	Act as a partner and negotiator with your patient...never the expert or the boss						
A	Allow time at each visit for the patient to select own topics, needs, problems to discuss (this is what matters most to the patient!)						
A	Allow your patients to be the first to: <ul style="list-style-type: none"> • Answer • Act • Analyze • Add their own information • Agree or disagree • Arrive at their own behavior goal • Aid in developing their own treatment plan 						
A	Abide by the 80-20 Talking Rule: patients to do ~80% of talking and the educator to do only ~20%						
A	Always remember what it means to be human during all your patient visits						
A	Accept the patient's natural ambivalence toward behavior change....and work with it						
A	Always roll with the patient's resistance to change (never show/voice angst, displeasure, etc.)						
A	Assure that the focus of your education is <i>only</i> on 1 or 2 "key core messages"						
A	Assist the patient in "saying" key, core message(s) via open-ended questions...and use the Strike Rule (tell the patient the message only if you ask the patient ~3 times to say the message)						
A	Always use the K.I.S.S.S.S.S.S. teaching method						
A	Arrange for only ~30 – 60-minute individual visits and ≤2 hour group visits						
A	Assure that the focus of eating interventions is on what the patient CAN eat... instead of what not to eat						
D	Determine the patient's IVs...Issues, Variables...that affect <i>everything</i> ; this is best accomplished when you complete a thorough patient assessment at the first visit (or before)						

<p>D Draw out more motivation to change by asking your patients open-ended questions (OEQs) tailored toward increasing motivation (example below are the B.I.G.G.E.S.T. OEQs):</p> <p>B = How would you BENEFIT if you were to test your blood sugar with a meter 1 or 2 times a day?</p> <p>I = What would IMPROVE or INCREASE in your life? What INCENTIVE would you need to start testing?</p> <p>G = Who else in your life would GAIN if you did test?</p> <p>G = What would you have to GIVE UP to testing your blood sugar? How would you GAUGE the importance of testing on a 1-10 scale?</p> <p>E = What would you ENJOY about testing your blood sugar?</p> <p>S = Would SOMEONE want to help you test your sugar before and after meals, or fasting in a.m.?</p> <p>T = What would it TAKE to:</p> <ul style="list-style-type: none"> • Get you started with your blood sugar testing? • Keep testing on a regular basis? 					
<p>D Do ask open-ended questions related to the patient’s commitment to change...examples:</p> <ul style="list-style-type: none"> • So now, what do you make of blood sugar testing? • What, do you plan to do with the new information on the benefits of blood sugar testing? • If you do decide to test your blood sugar, what would your first step be? • What, if anything, would get in your way from taking this first step? • What can I do to help you with your decision? 					
<p>O Opt for the strongest relationship with the patient (the #1 MOST important tool for behavior change!) via these strategies:</p> <ul style="list-style-type: none"> • S = Search for a connection • T = Talk much less • R = Request that the patient select the topic(s) at each visit • R = Recognize the big events in the patient’s life • O = Obtain the patient’s feelings/fears/frustrations • N = Never criticize or disagree with the patient...instead, compliment • G = Give advice to the patient (“tell”) BUT only when asked by the patient • E = Empathize...Express kindness always • S = Simplify and shorten the intervention and handouts • T = Touch the patient in between visits (example: call, text, email) 					
<p>O Obtain and affirm the patient’s negative feelings/fears/frustrations (improves behavior change)</p>					

P	Profess a "CAN DO" and "AFFIRMATIVE" attitude with your patients...always						
T	Tell the patient information, but ONLY if you ask the patient's permission to do so						
T	Together, with the patient, create 1 or 2 (only) S.M.A.R.T. behavior change goals per visit						
E	Express empathy and listen reflectively						
E	Explore, together with the patient, the patient's behavior goal barriers						
S	Steer clear, 100% of time, of criticizing, disagreeing, arguing with the patient (incl. body language)						
S	Summarize every 10 to 15 minutes what you and the patient have been discussing						
S	Solicit the patient to summarize back to YOU the important education you just delivered						
S	Search for achievements to praise...and do praise!						
S	See to it that your patients feel great about themselves after ALL visits, in order to build their confidence, and their strong relationship with you						
ADD TOTAL NUMBER TOOLS OF ____ THAT YOU USE OR WANT MORE INFORMATION ON:							

I can
AND
I will