

# Motivational Interviewing Coding Activity

A conversation with “Bob” about his smoking

As you watch the video, use the transcript on pages one-three of this document to code the MI skills used by the therapist. On page four, you will find an MI coding sheet where you may tally your results.

Speaker	Content	
Practitioner	Hi Bob, nice to meet you, I’m Stephanie.	
Patient	Hi, hi, I’m pleased to meet you.	
Practitioner	What can I do for you today? [Uh] What brings you here?	
Patient	Uh, I, well smoking or wanting not to smoke, I mean I, I have COPD, and, and I smoke, which is not a good combination so um, that’s, that’s kind of the pith.	
Practitioner	Okay so you know you need to quit smoking.	
Patient	Uh yea, yea certainly I know, and uh the wife in no uncertain terms is telling me that I have to, I mean she’s the trigger for me coming here today. You know, just um she’s been uh truly impressive in her nagging. Supportive nagging but definitely nagging. So, but I, I, I know, I mean I just, I haven’t, I just haven’t been able to quit.	
Practitioner	Well, have you ever quit in the past?	
Patient	Not really, no, I’ve been, I’ve been, you know, since I got the, the diagnosis and, and, I’ve been trying to cut down and the, I’ve had a couple of exacerbations, one of them threw me in the hospital for 3 days. So that, that kind of scared me. So I’ve been, I’ve been trying to cut down but it, it just hasn’t been working. You know, go up and down and, triggers if I’m out and if at home I get, I get anxious, it just um, it just hasn’t been working.	
Practitioner	Yea I mean quitting is really hard.	
Patient	Well, yea, apparently so. Yea.	
Practitioner	And everything can be a trigger.	
Patient	Uh, yea, pretty well, pretty well. Yea which is not good, even no triggers can be a trigger. Cause yea, that’s your, you know, I’m thinking so much about not smoking, what am I thinking about smoking! So...	
Practitioner	So what about distracting yourself, you know when you get these thoughts of smoking and then you think of smoking. I mean what about just distracting yourself all together?	
Patient	Eee, I don’t think that’s really going to help because it’s not [pause] I, I smoke to give myself a little break to you know push the world back a bit, just like okay now I’m, I’m carving out a little moment for myself. Um so, it’s when I need to be away from distractions that I use it. You know, there’s like stuff, stress or whatever going on. So it’s a break from that, so I need [okay], I guess I need something that will give me that break.	

Practitioner	Right so you don't know how to take a break without smoking, So what about, mindfulness?	
Patient	Mindfulness?	
Practitioner	Yea or [is that] meditation or...	
Patient	Oh, like doing nothing.	
Practitioner	Yea [yea] the things people who don't smoke do [they] to take a break. [Uh] like relaxation, mindfulness, listen to some nice music.	
Patient	Yea I'm not, I'm not sure, that's like sitting down and doing nothing as opposed to anything. I, I, I'm not sure that's a positive thing. I always thought that was kind of new wave.	
Practitioner	Okay so you're not a mindfulness kind of guy. So what about uh video games? Like you do have a cell phone like an iPhone or Android you can keep yourself busy with video games.	
Patient	So every time I want a cigarette I'll play a video game? I, I don't know. That just seems kind of juvenile actually. Um I am sure they are very intelligent cell phone games but I don't know, I can look, I can look at some apps.	
Practitioner	Yea, it's not so much juvenile, it's just sort of like ways to keep your hands busy. Like carrot sticks, or...	
Patient	Oh I see...carrot sticks?!	
Practitioner	Or celery sticks.	
Patient	Okay...	
Practitioner	You know the hand to mouth stuff because a lot of people too, it's not just taking a break but its keeping their hands busy on a break, so I'm trying to give you some ideas of what you could do instead.	
Patient	Vegetables.	
Practitioner	Vegetables.	
Patient	Okay [laughs] chocolate cigarettes, uh, there's even bubble gum cigarettes, I remember. Uh I could, I could look at some carrots I suppose. Uh that seems, uh like it would be commented on in the general public but uh, well. Vegetables.	
Practitioner	Well, what about nicotine replacement? I mean forgive me for not even thinking that sooner like [yea] what about the gum, the inhaler, the lozenge?	
Patient	Umm I don't know I mean, they, they, I figure they tend to be as expensive as cigarettes you know so there's not financial incentive but you know just, you know, isn't part of the idea that to get rid of the drug as well. You know it's not, it's not just the, the burning particles, but the, the drug. You know, that's the addictive thing isn't it? So you know if I'm going to quit shouldn't I not have the drug?	
Practitioner	I mean ideally. It's nice that people can quit cold turkey but the reality is, less than 5% of people are able to do that on	

	their own, so...	
Patient	Less than 5%...that's grim.	
Practitioner	It's not likely.	
Patient	That's grim [laughs].	
Practitioner	Let's get real about this whole thing and, and look at what's going to make it more likely that you're going to have success when we go for this quit attempt and nicotine really isn't the problem, the problem is the way you're get it. So, you know [yea] what about using an inhaler to give yourself some nicotine so you don't have withdrawal when you quit and you can avoid smoking [mmhmm] until that becomes more of a habit, not smoking rather than smoking.	
Patient	Uh, so I can, not have the cigarettes, have the nicotine and then after I feel better, then I can quit the nicotine.	
Practitioner	Yea, how does that sound?	
Patient	Uh, sounds like a plan I guess.	
Practitioner	Alright, I am going to make you a referral to my colleague. <i>[Bob makes a series of muffled noises to try to interrupt the practitioner]</i>	
Patient	Okay, okay.	
Practitioner	And uh, we can take it from there.	
Patient	Okay.	

# Motivational Interviewing Coding Sheet

Watch the video and write down the number of statements you hear that correspond to the categories below.

Closed questions:	_____
Open questions:	_____
Simple reflections:	_____
Complex reflections:	_____
Affirmations:	_____
Discord:	_____
Righting Reflex:	_____
Giving advice/information without permission:	_____
Expert trap:	_____
Therapist talk time (approximate):	_____

## Glossary of Terms:

**Closed questions** elicit a yes or no response.

**Open questions** elicit a more detailed response from clients.

**Simple reflections** – reflect the same content the client has offered.

**Complex reflections** reflect content plus meaning or feeling.

**Affirmations** highlight a strength or positive quality in the client.

**Discord** – when client and clinician disagree or are not on the same page.

**Righting Reflex** – clinician provides solutions, tries to fix the problem.

**Giving advice/information without permission** – clinician provides advice on what and how to change without seeking permission from client.

**Expert Trap** similar to righting reflex, clinician prescribes the solution.

## Targets

1. Twice as many reflections as questions
2. At least 50% complex reflections
3. No more than 50% therapist talk time