



Motivational Interviewing Tips

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"Unsolicited advice is the junk mail of life." -Bern Williams

Have you ever received unsolicited advice from someone? How did it feel?

Although it may not feel good to receive unsolicited advice (and there are exceptions), most of us have given it. It feels perfectly natural: We have knowledge and information that we want to share with others. However, the *manner* in which we share knowledge and information has an enormous impact on how it is received.

A motivational interviewing (MI) approach for information exchange is **Ask - Offer - Ask**. Any information offered is sandwiched by connected conversation where we ask permission and explore the client's understanding of that information. Although "Ask - Offer - Ask" suggests a three step process, in reality it is typically a more involved conversation with ample reflective listening. Below are some examples of how "Ask - Offer - Ask" might look in helping conversations.

1. Scenario: Caregiver discussing immunizations for her 1-year-old with a health care provider.

Caregiver: "I don't know about the MMR vaccine. I want to hold off on that one."

Provider: "You're not so sure about it."

Caregiver: "Yeah, I heard that it could cause autism. I don't want to take that kind of chance with my son."

Provider: "You want to do what's right for him. Could I ask where you heard about the autism concern?"

Caregiver: "A friend of mine told me - and she sent me some links that talked about it. I read that there was some research done that found that kids who got that vaccine developed autism."

Provider: "You've done some research - it's true that there was an article that was published about this that got a lot of publicity. Could I share some info I've learned about those claims?"



Caregiver: “Okay.”

Provider: “Well, the idea that autism might be linked to vaccines became popular after a former doctor published a paper about 12 children who had been vaccinated who also had autism. He tried to make it look like they had autism because they were vaccinated, but that just wasn’t supported by the evidence. It turned out that he had been trying to make money by connecting vaccines to autism to help win a lawsuit. Since then, there have been really good studies that include over a million children that have found no link between vaccines and autism. Unfortunately that original paper led to a lot of disinformation about vaccines and autism.

“What do you make of that?”

Caregiver: “I heard something about that doctor and the lawsuit . . . but I still wonder if there could be a connection. It’s just a lot to think about.”

Provider: “You’re carefully weighing things and want to make the right decision.”

Here, the provider gently offered some corrective information about the MMR-autism claim, but did so only after asking permission, and showed empathy for the caregiver’s continuing hesitation. At this point, the provider could ask permission to explore the caregiver’s knowledge about the risks of MMR or offer to share reliable links for the caregiver to read about, or she may feel that enough information has been offered at this point and that it would be best to take a pause and revisit the topic at a later date. Although people may decide to take action in a single conversation, the change process can often take multiple conversations.

2. Scenario: Client with history of depression discussing alcohol consumption with provider.

Client: “I know I drink a lot, but . . . My life is so stressful and a few beers is something I really look forward to at the end of the day. I’ve been feeling so crappy, and I need something that’s just for myself. But maybe this isn’t the right thing.”

Provider: “You’re thinking maybe this is a habit you want to change.”



Client: “Yeah . . . but I’m worried I’ll just feel more depressed if I don’t have something for myself. So maybe a few beers isn’t such a bad thing.”

Provider: “You definitely don’t want to feel any worse. Would it be alright if I shared a little about how drinking and depression mix?”

Client: “Okay.”

Provider: “Many people that are prone to depression find that drinking makes their depression worse. They might enjoy numbing out a bit, but then they find that their mood is even worse after drinking. This is especially true if their sleep quality decreases, which usually happens after a few drinks.

"What do you think about that?"

Client: “Yeah, I guess I can see that. I love sitting back with a few beers, but I pretty much always feel terrible in the morning. But what else am I supposed to do?”

Note that the provider offered information in a neutral tone (“many people . . .”) instead of a targeted tone (“you . . .”); this can help people feel more open to considering information because the focus is not on the individual. At this point in the conversation, the provider might explore what other self-care ideas the client might have, and, if appropriate, offer a few suggestions with the Ask-Offer-Ask framework again.

If you found this guide useful and would like more ideas on how to have effective helping conversations, check out our other resources at [Boost Oregon’s Motivational Interviewing page!](#)

-Carrie Bader

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Recommended Resources

- Building Motivational Interviewing Skills: A Practitioner Workbook, by David Rosengren
- Motivational Interviewing in Health Care, 2nd ed. by Stephen Rollnick, William Miller, and Christopher Butler
- Motivational Interviewing: Helping People Change, 3rd ed. by William Miller and Stephen Rollnick
- www.motivationalinterviewing.org

