



Motivational Interviewing and Health Coaching Script

Exercise Physiologist: Kate

Outpatient: Mark

Mark has been referred to Kate by his GP for support in increasing physical activity to assist in managing his type 2 diabetes. Mark is unemployed, lives alone, and is currently not exercising. Previous attempts to exercise have resulted in knee pain.

Kate: "Hi, Mark, thanks for coming in. I'm Kate."

Mark: "Hi Kate, nice to meet you."

Kate: "I understand you were referred by your GP for support in increasing physical activity, was that right?"

Mark: "Yep, I have to start moving more for my diabetes apparently."

Kate: "I see, and were there any of your own reasons for coming here today?" – **sets the scene that this is a patient centred consultation**

Mark: "I know I probably should try to move more, as my sugars haven't been the best lately."

Kate: "Ok, so are you happy to chat more about that today with me?" – **asks permission**

Mark: "I guess so, that's why I'm here."

Kate: "Ok great, before we get chatting would you mind if I explained a bit about what I do and how I work with my clients?" – **to clarify role and patient's expectations**

Mark: "Sure"

Kate: "Great. I am an exercise physiologist, who supports people to get fitter for all round good health, and through safe and effective physical activity, helps people to prevent and manage medical conditions. The decision to make changes is always up to my clients though, so I won't force you do anything you don't want to. Today we could discuss your thoughts on physical activity but you don't have to make a decision today. It's completely up to you. What are your thoughts on this?"

Mark: "Yeah that sounds ok."

Kate: “Ok great, so you mentioned you thought you should probably move more – what are your reasons for this?” – **ascertaining importance of physical activity to patient**

Mark: “Well I don’t want to die early and I know my diabetes can lead to some other not so great things, like ulcers on my feet, losing my eye sight and kidney problems. But my joints are achy, my right knee is sore bending, walking, just about doing anything so I don’t know how I’m supposed to exercise more”

Kate: “The idea of moving more seems impossible.” – **reflective statement (amplified) to see if he has any of his own arguments for change**

Mark: “Well, maybe it’s not impossible! but I just don’t know how to exercise more without causing myself grief in the process.”

Kate: “So if you had some ideas of how you could move more without causing pain it might work for you.” – **complex reflective statement (paraphrase) to clarify meaning and move the conversation forward**

Mark: “It could do - depending on what it was. I’m not going to one of those expensive gyms and I don’t have a car....”

Kate: “So if you had some ideas that were inexpensive, didn’t involve a car and didn’t cause you pain you might be willing to try them” – **complex reflective statement (paraphrase) to clarify meaning and move the conversation forward**

Mark: “Yeah maybe, are there things I could try?”

Kate: “Sure, would you like to brainstorm some ideas with me now?”

Mark: “Ok, sure.”

Kate and Mark discuss possible options. Kate offers suggestions and also encourages Mark to discuss his own ideas (which can help to build his confidence and also demonstrates their collaborative relationship).

Mark thinks he could try a couple of the ideas.

Kate: “Sounds good. You have a few ideas there. If you decided right now to make these changes how confident do you feel about succeeding with this, if 0 is not confident at all and 10 is extremely confident” – **checking in with confidence to determine direction of consultation**

Mark: “Probably a 6...”

Kate: “Great... ok so why a 6 and not a 1?” – **asks this to elicit reasons for change and asks this scaling question first as it is not typically expected by patients. Builds confidence by stating their reasons for change before discussing barriers.**

Mark provides the reasons why he could change.

Kate: “Ok great so why a 6 and not a 9? – asks this to elicit barriers to work on

Mark explains the barriers that are still not making him 100% confident.

Kate supports Mark to explore these barriers using reflections and open questions. She encourages Mark to come up with his own solutions to his barriers. Eg: “Have you thought of ways to manage.....?”. Kate reflects back his pro change statements and checks in with his confidence again.

Where could this go?

- If Mark feels ready to try 1 or 2 ideas (high confidence and high importance) they would move forward to form a SMART goal and an action plan with tracking for each. Kate ensures he has a ‘trial and error’ mentality and they plan to review the goals and plans next consultation.
- Mark still doesn’t feel really confident to start straight away so Kate asks if he is happy to consider what they discussed today and pick back up next consultation.

What did you notice?