4 Principles of Motivational Interviewing – "REAL" → R – L – E – A

R – Righting Reflex / Resistance
Doctors are trained to diagnose and then make things right. We want to tell patients what to do in order to fix them ("righting reflex"). When you feel yourself doing this and/or you feel the patient's resistance, think Motivational Interviewing. Recognize the patient is in control. One way to do this is to ask for permission: *"Would you be willing to discuss your smoking?"*

L – Listen in order to Understand and Empower
Take 5-15 minutes to turn away from the computer and actively listen to the patient and her/his story. Use this understanding to offer sincere empathy and generate rapport. Use Reflective Listening: *"What I hear you saying is that drinking helps you manage your stress."*

E – Effortless Empathy
Express empathy with sincerity. By hearing the patient's story and understanding her/his plight on a deeper level, this allows the doctor to build trust and collaboration, generate rapport, and to appear sincere.

A – Ambivalence
Through active listening, uncover discrepancies between the patient's behavior and values and reflect them back to the patient. This helps patients figure out what they are doing vs. what they want to be doing.

- Open ended questions about specific concerns: *"What concerns you most about your smoking?"*
- Facilitating recall about times before the behavior was a problem: *"What was it like for you before your drinking started affecting your work?"*
- Facilitating patient imagination of future both with/without behavior: *"What do you think your life will be like in five years if you don't change the way you are eating?"*
- Connecting patient's values with behaviors/Explore ambivalence: *"What do you like about smoking? What do you not like about smoking?"*
- Use scaling questions: *"How important is it for you to do this on a scale of 1-10, with 10 being most important? Why did you pick a 6 instead of a 3? What would it take for you to be a 9?"*