The practice of motivational interviewing involves employing a technique called OARS to help guide interactions with patients. OARS interviewing skills include open-ended questions, affirmations, reflections and summaries.1,2,3

Open-ended questions that encourage the patient to answer with more than “yes” and “no” answers. Building rapport between you and your patient can facilitate open communication and sharing of information. Key questions to ask your patient can include2,4:

- “What’s been going on with you since we last met?”
- “How would you like to use this time together?”
- “If you had one habit that you wanted to change in order to improve your health, what would that be?”

Affirmation through statements of empathy and support of past accomplishments and strengths in order to anchor patients to their strengths and resources as they address problem behaviors. Examples of affirmations to communicate include the word “you” with an emphasis on the patient2,3:

- “You are a real survivor and when you put your mind to something, you do it, despite the obstacles.”
- “Despite serious temptation, you were able to make healthful decisions for yourself.”

Reflective listening involves letting your patients express their feelings and thoughts. As the provider, you then make statements, not ask questions, to capture the essence of what was communicated and create momentum to help him or her be motivated to change. Examples of reflective listening can include3,4:

- “You’re frustrated by others making decisions for you.”
- “You mentioned that you won’t go in public in a bathing suit because of your weight. That seems to make summertime very stressful for you.”

Summarizing all points of discussion to strategically make connections for the patient. This expresses understanding of the patient but also elicits change talk or statements the patient verbalizes to signal willingness to change. Examples of summaries can include3,4:

- “I am wondering what you’re feeling at this point,” or “I am wondering what you think your next step should be.”
- “Let me see if I understand what you’ve told me so far,” or “Here’s what I’ve heard you tell me about your situation.”
Listening for “Change Talk” in Your Patient

Helping your patient resolve their ambivalence and resistance to change begins with recognizing change talk when you hear it. Patients will often express various themes of change talk, including the desire to change, reasons to do so, how they will achieve it, and the importance of actualizing change.1

The process of eliciting change talk can happen within a few minutes of engaging your patient, or it can occur gradually over time.1 Recognizing change talk requires an understanding of the basic elements that signal a patient’s willingness to work toward positive change3:

- Change talk represents statements about change or the desire/ability to change. Patients see the benefits of change, or are in the process of taking steps to change.
- Statements are associated with a specific behavior or set of behaviors that support the attainment of your patient’s goals.
- Change talk typically comes from your patient but it can also come from you as a reflection of what you hear during discussions. When your patient validates your reflection, it can be considered change talk.

The goal of motivational interviewing is to help your patient resolve his or her ambivalence, develop momentum for change, and allow exploration of their issues or concerns in order to increase positive health outcomes.4

Providers, members of the care team, and patients may often differ in their beliefs and attitudes about type 2 diabetes management. While providers are traditionally trained with a directing style of communication, patients may often prefer a patient-centered approach to their type 2 diabetes care. Knowing how your patient perceives their individualized treatment plan can help improve adherence as well as the effectiveness of your care.5