3. Develop discrepancy (dissonance) – Creating dissonance can be achieved in two major ways. The goal is to elicit from the client those aspects of his or her life that are important but may be compromised because of the behaviour. For example, the client may say that he or she enjoys going to the bar and drinking with his or her friends for most of the weekend, and how he or she hates taking medication especially those that do not make him or her feel well. In the next sentence, he or she may add that since he or she was diagnosed as having high blood pressure, he or she is very worried about having a stroke. The healthcare provider needs to understand what is important to the client in terms of short- and long-term goals. Ask the client about the pros and cons of the changes that are needed and then listen carefully for discrepancies that allow for the creation of dissonance. Remember, dissonance is motivating. We develop discrepancies by repeating back the pros and cons as stated by the client. Then, ask the client to discuss his or her goals relative to the treatment.

4. Roll with resistance – Ignore antagonistic elements in the client's comments in order to focus on the important underlying issues. For example, the client says, "Look, I haven't had any real problems with my smoking so far, so don't worry about it." Instead of rejecting this comment by saying, "If you continue smoking, I can assure you that you will suffer some major consequences," the healthcare provider can roll with the expressed resistance by saying, "I hope your health continues to stay that way. I would like you to consider getting your lungs checked because early stages of cancer and lung disease may not have symptoms. That way, you can make a better decision about whether you want to keep smoking. I am worried that your smoking is going to make your heart disease much worse in the future. However, the decision to smoke or quit smoking is yours." Do not meet resistance with confrontation but instead utilize reflection to create dissonance. This allows the client to hear information without being chastised. In the end, the decision belongs to the client.

5. Support self-efficacy – A person's belief in the possibility of change (Bandura, 1977; 1982) is an important motivator. Clients, based on their abilities and the resources and strengths they possess, need to be encouraged by the healthcare provider. Questions such as: "What worked before?" or "What do you think helped you to be successful last time?" provide valuable information about the client's strengths. Examine past successes (or failures) and offer genuine support for the successes. It is important to notice not only actual changes in behaviour, but also contemplated changes, expressed in a positive manner. The client must be able to imagine that success is a possibility before actually trying to change.

When using Motivational Interviewing, there are six general skills that should be utilized.

1. Asking open-ended questions: Asking questions in such a way that it is the client who is encouraged to do most of the talking. Some examples: "What concerns you about your health?" or "What is it that you like about smoking" or "What reasons might you have for not quitting smoking?" or "Tell me about the difficulties you encounter when trying to refill your prescriptions." Miller and Rollnick (1991) recommend not asking more than three questions in a row. Asking open-ended questions sets the stage for reflective listening, affirmations and summation.

2. Reflective listening: As a foundational skill in motivational interviewing, reflective listening is useful to address resistance. Reflections can be simple "you're feeling sad" to more complex, "It sounds like you are concerned what smoking all these years may have done to your overall health." Reflective

statements, whether simple, amplified or double sided, tells the client that you have heard what he or she is saying and encourages them to explore their feelings. Simple reflection acknowledges the client's thoughts, feelings and positions in a neutral manner.

3. Affirmations: Support for what the client is saying should occur frequently throughout the conversation. Praising or complimenting and exploring past successes help to build a therapeutic relationship.

4. Summarizing or reframing: Reframing pulls the information together so that the client can reflect upon it. By reframing, you tell the client that you have been listening and are open to exploring the situation further.

The summary links together the main points of the interview, both past and present. The ambivalence is clear and the reflection in the end encourages the client to address the ambivalence (whether to continue to struggle to get her prescriptions filled or ask someone to help).

5. Self-motivational statements: Clients must be responsible for change and motivated to acknowledge ambivalence when change is being considered and set the stage for dialogue to occur. The client argues the pros and cons of changing the behavour and the healthcare provider gets insight into the client's feelings and values as he listens to the argument.

6. Personalized feedback: This can be done on a one-to-one basis or through the use of standardized tools; for example, a chart showing the change of blood pressure toward the target levels as the client adheres to the goals set at a previous visit. The feedback must not be confrontational to the client. Instead, the data will do the confronting if the client has not been adherent.

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