

**Interview 3: Living with Diabetes**  
**Interviewer: Stephen Rollnick, Ph.D.**  
**Client: Ginger**  
**Context: Primary health care**  
**Time: 10 minutes**  
**Focus: Diabetes management**

			Code
1	I	Well, we've got a few minutes here this morning just to take stock of your situation with your diabetes now and how you're feeling about it.	NC (SEEK considered but declined) (1)
2	C	Good	
3	I	And that's probably a good place to start. How are you feeling at the moment and how are you feeling about your diabetes?	Q
4	C	I'm feeling comfortable that my diet's under control fairly well. <i>There are still some improvements to be made, and they're coming. I'm not exercising as much as I should.</i>	
5	I	Right	NC
6	C	And I'm finding every excuse in the world to not go take a walk.	
7	I	So you know what you should be doing, but it's not so easy to do it.	CR (low in SST)
8	C	No, it's not.	
9	I	Right.	NC
10	C	It's the exercise I'm really stumbling over badly.	
11	I	OK, and that's something we'll return to in a moment. What I want to do is first of all just lay out for the two of us what we could be talking about today, OK, and then we'll make a decision. First of all, we could talk about your test result, which I've got the result for.	SEEK
12	C	OK	
13	I	The A1C. We could talk about your diet. We could talk about your exercise, and I know that you're not a drinker and you're not a smoker, or we could talk about anything else that you'd like to. Have you got a sense, if you think about those things, which of them you'd most like to talk about? What would you find helpful?	SEEK (cont'd from above)
14	C	I would find the most helpful, how do I stop finding all the excuses to not go exercise?	
15	I	Right.	NC
16	C	I get a sense that it's how I talk to myself in my own head, of finding every excuse in the book not to go do it. How do I start finding every reason in the book to go do the exercise?	
17	I	So you feel that it's something that it's important for you to do	CR
18	C	<i>Yes. I do feel it's important that I do more exercising. I know it's in my own best interest, and yet I don't do it.</i>	
19	I	And so there's something that's stopping you.	CR

			(low in SST)
20	C	I don't like it!	
21	I	Right.	NC
22	C	Even taking a simple walk is not particularly athletic, and yet I'm not doing a simple, easy task.	
23	I	Right. So the thought of taking exercise is just not a pleasant one for you.	CR (low in SST)
24	C	No it's not.	
25	I	Yeah? Is that what you're saying?	Q
26	C	That's exactly what I'm saying.	
27	I	Yeah. So if you could find more pleasant thoughts about exercise, or if you could find some form of exercise that you would enjoy, you might be prepared to consider it	CR
28	C	[She sighs]	
29	I	although I see you sighing when I raise it.	CR (cont'd from above)
30	C	I have thought about other things to do. I've thought of, "Geez, go play a game," and there don't seem to be any that appeal to me. I don't know. I'm not finding anything pleasant about that chore.	
31	I	And so that must be quite frustrating for you, knowing . .	SR
32	C	It is. It is. It really is frustrating, <i>and I wish I would just get beyond it and go get the exercise done. I could have a higher quality of life.</i>	
33	I	In what way? How would this improve your life? How do you see that?	Q (high in CCT)
34	C	<i>I would have more energy. I'd have less weight to carry around with me all the time. The A1C would come down.</i>	
35	I	Right.	NC
36	C	<i>I get a sense that I could eat more starches if I was burning them off with exercise.</i>	
37	I	Right. So you can see the link there between the intake of food and the exercise that you'd have.	CR
38	C	Yes.	
39	I	Yeah.	NC
40	C	<i>I've actually had insomnia for years. I understand I would sleep better if I would go get the exercise.</i>	
41	I	Right	NC
42	C	And yet at the moment, when it's time to go take the walk, I don't think of those things. It's "Oh, what a burden it is to go take a walk" either in my neighborhood or somewhere else.	
43	I	So you can see all these good reasons why it would be a good idea, but you hit a barrier, and what you'd really like to do is to try and break through that barrier somehow.	CR (high in CCT)
44	C	[Yes] <i>That's exactly where I'm at.</i>	
45	I	Yeah. And I wonder what you think might be just the first small step that could help you through that barrier. Do you see what I'm	Q PERSUADE

		saying? Because sometimes people think about exercise and it becomes a bigger and bigger and bigger thing in their minds, and then actually the barrier gets bigger, and I'm wondering if there is some way we can just lower the barrier for you, so that there's a small step you could take. I'm not sure what it is.	WITH (2)
46	C	Maybe that's the problem. Maybe I'm not seeing any way through.	
47	I	Yeah	NC
48	C	Other than, I think it's how I think about it. <i>If I would quit seeing it as such a huge burden, it wouldn't be such a huge burden.</i> Is that it?	
49	I	Well, it certainly sounds like it for you, that if you could not be saying those things to yourself, the barrier would feel a bit better. It's what makes sense to you that matters here.	CR (3)
50	C	OK. Is it something to the effect of I hear myself thinking, "This is such a horrible chore," and then I go, "Oh. <i>Find another way to think about this.</i> "	
51	I	Yep. It sounds like that's quite a trap for you in a way, isn't it, the way you think about it. And can you think of a way, a more positive way of looking at it that will take you out of that trap? What could you say to yourself?	CR (4)  Q (high in CCT)
52	C	<i>I could tell myself, "It's not nearly that big of a deal." Maybe I could just tell myself, "Instead of sitting here thinking about it, why don't you go take the walk and get it done and over with?"</i>	
53	I	And what would that walk be like for you? Can you think of a manageable walk that you could immediately go and do?	Q (high in CCT)
54	C	<i>Yes.</i> Most of this happens at home.	
55	I	Yes	NC
56	C	<i>I could simply go outside and take the walk.</i> Now, I don't like walking in windstorms. I don't want to be out in the rain.	
57	I	Exactly	NC
58	C	<i>At that point I can, maybe I can go somewhere indoors that has a walking track,</i> and I don't really know where that is yet.	
59	I	Right. So you're thinking that might be a possibility. And you know your A1C level is a little bit raised this morning, and let me just see if I can summarize what we've said today and see what you make of this. OK? Your A1C is a little bit raised. You're aware that it's important to watch your diet.	CR
60	C	<i>Yes</i>	
61	I	You've been trying to do something about that. But of all the subjects we could talk about, it's exercise where you feel you could make the most progress	SR
62	C	<i>Yes</i>	
63	I	And you're aware of the benefits of that.	SR
64	C	<i>Yes</i>	
65	I	For your health, for sleeping, and just for feeling better about yourself generally. You're aware of that. It's breaking through a barrier in which your negative thinking is translated into something that's more positive, and you do some form of manageable exercise.	CR
66	C	<i>Yes</i>	

67	I	We haven't quite worked out what it is yet.	CR (5)
68	C	Right, exactly.	
69	I	OK. OK. So you've more or less decided you want to do it, but you're just not quite sure what it is yet. Have I got you?	CR Q
70	C	<i>Yes. You've got it perfect.</i>	
71	I	Is there anything else about your diabetes that you'd like to talk about? Anything at all. We've got just a couple of minutes left.	SEEK
72	C	<i>You know what. I would like some more recipes for things like chicken and fish, and I think that the local county extension agent has some of those, and so I think it would just take a phone call of finding out how to get those.</i>	
73	I	Yeah. So you've got your eye on some things you can do by way of cooking that you know are going to make a difference if you can just get hold of the recipes.	SR (high in CCT)
74	C	<i>Yes. And that's just a matter of making a phone call, and they've got some way of distributing some diabetic recipes.</i>	
75	I	Right. Brilliant! And you're going to do that.	CR (high in CCT)
76	C	<i>Yes</i>	
77	I	That's excellent. Yeah, that's very good. You know, my impression, just before we say goodbye this morning, because I will be seeing you again, my impression is that you've really made quite an effort since you've [been] diagnosed to get on top of the different things you need to look after yourself. And I wouldn't be too discouraged about the exercise. I think, it feels to me like you're on the cusp, you're on the cusp of making a breakthrough there, and I wouldn't be at all surprised if you come back next time and you have broken through that barrier.	AF (6)
78	C	<i>Oh, that would be so delightful. I really would like to get through this one.</i>	
79	I	Yeah. Excellent. All right, well look, I'll get your appointment to see the eye doctor sorted out for you, OK, and I'll check that your feet are properly seen to. I'll be speaking to the nurse when you leave the room, and I'll see you soon.	NC
80	C	Thank you!	
81	I	OK	NC

### Global ratings

CCT            4  
SST            3 (7)  
Par             5  
Emp            4

(1) This statement does not rise the level needed for a SEEK. Consider, for example, if the interviewer had said, "We've got a few minutes here this morning to take stock of your situation with your diabetes. There are several things we could talk about. I am wondering most of all what concerns you about your diabetes and where you'd like to start?" (SEEK)

(2) We coded this as Persuade With because of multiple examples of removing demand characteristics. For example, by saying “I wondering if there is some way...” “I’m not sure what it is”. Other indicators: interviewers declining of expert role, using “we” language. It would not be wrong to code this as a Question. It is not a SEEK.

(3) We considered an EMPHASIZE here, but it did not meet the bar. Consider if the interviewer had said, for example, “you are the only one who could decide what strategy could work for you” (EMPHASIZE). This statement could be best be thought of as a weak emphasize, and therefore not coded.

(4) We view this reflection as more than simply a set up for the Question that follows.

(5) We coded each of these reflections separately since the client intervened with “yes” between each of them. We viewed those “yes” responses as change talk, rather than simply facilitations such as “ok”. These multiple reflecitons might NOT be captured in coding without a transcript, and should not be a major concern if they are missed.

(6) It would not be wrong to add a PERSUADE WITH for this utterance

(7) This interview is an example of very skillful use of MI. The lower SST score was given because of several instances of dwelling in sustain talk, which are noted. This does not imply poor practice, we simply note the interviewers willingness to linger in sustain talk at times.