Decisional Balance is a tool used in Motivational Interviewing. Decisional balance can help patients:

- Deal with Ambivalence: Decisional balance can help a patient move forward through the stages of change. Most commonly it is used when a client is in pre-contemplation or contemplation stage, where ambivalence is strongest, but can be used at any stage if a patient “gets stuck”.
- Developing Discrepancy: Decisional balance helps a patient visualize and acknowledge where he/she is vs where he/she wants to be or how current behavior is not moving them toward their desired goal or vision.
- Most importantly Decisional Balance Elicits Change talk from the patient. Change is most likely to occur and be maintained when the patient comes up with their own reasons to change.
- Decisional Balance Is effective when coaching individual patients but is also a great exercise to conduct with a group as it can get the whole group involved in change talk; group members are able to get fresh ideas or fresh perspective from each other. It also can be helpful to break down group resistance.

A decisional balance exercise can be used for any type of desired change, from decreasing or quitting a substance such as alcohol, drugs or tobacco, changing eating habits, increasing physical activity, increasing medication compliance, improving time management etc.

A Decisional Balance worksheet is a single page divided into 4 quadrants and asks 4 questions. The 2 quadrants that form the **column on the left** represent SUSTAIN TALK and asks 2 questions: “What are the good things about NOT changing and, What are the Not so Good things about Changing (the current behavior). The **column on the right** represents CHANGE TALK and asks, “What are the Good things about changing and not so good things about NOT changing”? The Decisional Balance Worksheet has been used with different verbiage: Pro/Con; Advantages/Disadvantages; Benefits/Drawbacks. I prefer good/not so good as those words tend to be perceived as non-judgmental.

**The order in which the questions are asked is important.**

#1) Start with the Good things about the current behavior in the upper left quadrant of the page. This gets your patient talking in a non-defensive way and can break down resistance. Patients are often surprised that a coach would even ask a question such as “what are the good things about smoking or not taking your meds or not doing any regular physical activity” as they are used to being lectured about all the risks and consequences of their current behavior. These responses also give the coach information about things that are important for the patient not to lose or things they value.

- Smoking decreases my stress
- It’s one less thing I have to remember (taking meds)
- I have extra “me” time when I don’t work out
- I look forward to my Mountain Dew every day

A coach can respond with affirmations “I understand with such a full plate it must be difficult to remember to take your meds” This further breaks down resistance.

#2) Question number two is in the upper right quadrant of your page. Ambivalence may show up here, but this is also where change talk begins, as patients have to verbalize “What are the not so good things about smoking or not taking your meds or not getting more physical activity.
• It’s expensive
• I’ve put on 20 pounds in the last couple of years and my wife is complaining about my beer belly
• I’m noticing that I get winded when I play with my kids now
• My doctor tells me I’m at a greater risk for a stroke if I don’t take my meds

A coach’s reflective statements or some open ended questions can help a patient explore “the not so good” further;

“It sounds like playing with your kids is important to you tell me more about some of the things you do or would like to do”.

#3) What are the Not So Good things about changing also short-circuits resistance as well as potentially reveals a patients fears and discomfort about change. This is important information for a coach:

• Withdrawal feels awful
• Exercise is uncomfortable, and it hurts my back
• I don’t like how my medication makes me feel

#4) What are the good things about changing? Contains the most change talk; this is where the client begins to talk about change using their own argument for change in their own words. This is important information for the coach concerning the patient’s values and their own desire or vision to be somewhere other than where they are now.

• I might lose some weight
• I would lower my risk for a stroke
• I would save money
• It would make my wife and kids happy, I would probably be around longer for them

As a patient expresses change talk; (or if the patient seems hesitant to engage in change talk) the coach can follow with some open ended questions, reflections and affirmations.

Open Ended Questions: If you did decide to take your medication regularly or increase in more physical activity, or quit smoking how what might your life look like in a year? What might your life look like if you decide not to change?

Often the Sustain and Change sides of the worksheet may look about equal which is an illustration of Ambivalence. A coach’s role is to help the patient tip the balance toward change; eliciting the patient’s own change talk and helping to alleviate patient fears concerning change.

Much of “Sustain talk” is often rooted in fear. A patient may be afraid of failure, afraid of withdrawal symptoms, afraid of loss etc. A coach can help alleviate fears the patient reveals by offering continuing support, coping strategies and or medication options if appropriate; alleviating fear can help increase confidence and readiness for change and further strengthen change talk.

At this point a patient may be ready to set a goal.