1 Motivational Interviewing Skills Primer and Video Companion Guide

Evidence-based skills to support better adherence

This skills primer is designed to be used with the Motivational Interviewing (MI) Overview video by **Damara Gutnick, MD**, where MI concepts and skills are explained. Three accompanying Clinical Scenario Videos illustrate the skills in action.

You can access the Overview video by scanning or clicking the **QR code** to the left.

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What is Motivational Interviewing (MI)?

Motivational Interviewing (MI) is a guided communication style that can help to strengthen a patient's own motivation and commitment to changing unhealthy behaviors, such as poor adherence.[1] This might mean helping them take better control of chronic diseases like mood disorders, diabetes, and hypertension as well as with behavior changes such as medication adherence, weight loss, and smoking cessation.[1–4]

Integrating MI techniques and principles into your practice doesn't require a significant time investment—even brief encounters of only 15 minutes with MI were found to be effective.[2]

How can MI help promote behavior change and support medication adherence in mental health populations?

Treatment goals that require behavior change are best achieved with the engagement and cooperation of patients. MI is a way to have conversations that help guide patients toward change, based on their values and interests.[1]

Conversations that integrate the spirit and skills of MI can improve medication adherence for patients with many chronic conditions.[4] For mental health populations, studies have found that:

Increased medication adherence from

68% to 94%

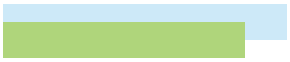
Nurse-led MI improved mean medication adherence **from 68% to 94%** in adults with bipolar disorder four to six weeks after the initial intervention (n = 14). Patients also demonstrated improved self-efficacy and motivation to change.[5]

48%

of patients

were more likely to use one or more atypical antipsychotics for at least 90 days

Patients with bipolar disorder who participated in a care management program with MI were more likely to use one or more atypical antipsychotics **for at least 90 days** during the 12-month follow-up (n = 441).[6]



nonadherence decreased by 15%

After patients with bipolar disorder completed a skills training program with MI, nonadherence to bipolar disorder medications specifically **decreased by 15%** (n = 16).[7]

reduced symptom severity

In another study, an MI intervention improved medication adherence to antipsychotic medication and **reduced symptom severity** and rehospitalizations in patients with schizophrenia (n = 110).[8]

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When you integrate MI into conversations about adherence with patients, you do not impose your own vision for change on those individuals. Rather, you see the world through their eyes and help them come up with an adherence plan that will fit into their lives.[1]

Through this type of partnership, behavior change happens through collaboration rather than coercion.[1]

How can MI improve my workflow and make me more efficient?

MI actually does not require a lot of time—you can even use some of the techniques during a 15- to 20-minute patient interaction.[1,9] For example, a technique like brief action planning (described later on in this primer) can be completed in 3 to 5 minutes.[9] Other strategies might take a bit longer, between 5 and 15 minutes. However, using this time to help prepare a patient for behavior change could lead to better outcomes and even save time, compared with giving advice to patients who are not ready to receive it.[10]

Besides helping you create a change plan aligned to an individual's values and goals, MI also can make your patient interactions more enjoyable.[1]

MI doesn't require a lot of time

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How should I apply Motivational Interviewing during patient interactions?

MI is more than a set of technical skills that can be applied during a clinical interaction. It is grounded by an underlying "spirit" for engaging with patients or clients.[1] This spirit is composed of four underlying concepts, which can be remembered by the acronym:

C A P E

C= Compassion
To be compassionate means to prioritize the patient's needs and actively promote their welfare.[1]

A = Acceptance
Acceptance is about respecting a patient's autonomy or right to change—or not to change.[1]

P = Partnership
MI is about an active collaboration between two experts, the provider and the patient. Clinicians should work to evoke solutions and ideas from the patient and consciously curb their natural tendencies to immediately provide information or expertise.[1] They also should avoid the "righting reflex," which is the urge to fix problems.[1] This does not reflect the idea of partnership and can set up an oppositional pattern of conversation with a patient.[1]

E = Evocation
Evocation is about pulling the ideas for change from the patient and having them speak about the reasons for change. When patients discuss their reasons for taking action, they are offering up change talk—language that expresses readiness for change.[1]

Approaching MI with this spirit in mind is important to avoid MI becoming a tool to manipulate patients.[1] When adopted with the proper mindset, MI is a truly patient-centered counseling style to help patients address their ambivalence about change.[1]

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How does using MI change how I have conversations with patients?

When you approach patient conversations with MI in mind, you remain the clinical expert but acknowledge that patients are the experts about themselves. You adopt a "guiding style" by offering information and choices to patients so they can determine what works for them, rather than directing or telling them what to do.[1]

During these conversations, you use MI skills to listen for and generate change talk from patients.[1]

Change Talk: In the third edition of their book, *Motivational Interviewing: Helping People Change*, William R. Miller and Stephen Rollnick describe "Change Talk" as any self-expressed language that is an argument for change. This type of talk occurs when a person expresses their desire to change, the reasons they should make a change, that they need to make a change, or states that they intend to or will make a change. Listening for and responding to Change Talk is an important part of MI.[1]

There are many types of Change Talk, which can be remembered using the acronym:

DARN

Desire | Ability | Reasons | Need

CATS[1]

Commitment | Activation | Taking Steps

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There are two categories of Change Talk

This type of talk does not indicate that change is going to happen yet, but it is important to listen for it with patients. It reflects the pro-change side of ambivalence. Most people who are contemplating change are ambivalent and are likely to offer arguments that are both for and against change.[1]

Preparatory Change Talk: This type of change talk reflects four types of speech: Desire, Ability, Reasons, and Need. These types of speech can be remembered using the acronym **DARN**. Some examples:

Desire	**"I want to lose weight."**
Ability	**"I could lose weight."**
Reasons	**"If I exercise, it might help me manage my weight."**
Need	**"I need to lose weight."**

Mobilizing Change Talk: This type of talk signals movement toward change. It reflects three types of speech: Commitment, Activation, and Taking Steps. These can be remembered using the acronym **CATS**. Some examples:

Commitment	**"I will lose weight."**
Activation	**"I'm ready to lose weight."**
Taking Steps	**"I had three healthy meals and no snacks in the evening."[1]**

Sustain Talk is the *opposite* of Change Talk. This type of language favors the status quo. Some examples include:

"I can manage my weight on my own without other people's help,"

"I don't have time to exercise,"

"I need to snack to get through the day,"

"I don't want to diet."

An ambivalent patient may use both **change talk** and **sustain talk** in the same sentence.[1]

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What are some of the key skills to generate Change Talk?

Motivational interviewing includes an array of skills, but there are four that are considered to be foundational tools in MI. These are outlined by Miller and Rollnick.[1]

You can remember these four skills using the acronym O A R S:
Open-ended questions | Affirmations | Reflections | Summaries

O

Open-ended questions: Unlike closed questions, open-ended questions can't be easily answered with a yes or no. With this technique, you invite conversation on a topic and ask the patient for an example or more details. Example: "How is this problem affecting your daily life?"[1]

Actor portrayal

Here is an example from the care manager video:

"Are there other things about these medications that make life easier for you in any way?"

One of the simplest ways to evoke change talk is to ask an open-ended question that helps uncover a patient's Desire, Ability, Reasons, and Need (again, the **DARN** acronym). Some examples:

Desire	**"How would you like for things to change?"**
Ability	**"What are you able to change?"**
Reasons	**"What might be different if you made this change?"**
Need	**"What do you think has to change?"**[1]

>

A

Affirmation: This skill allows you to offer support and encouragement by recognizing a person's strengths and autonomy. Affirmations can help reduce defensiveness and facilitate trust. One way to do this is to offer a positive comment that begins with "you" rather than "I." For example, instead of saying, "I am really proud of you for exploring ways to remember to take your medications," you would say, "You have tried really hard to find new ways to remind yourself to take your medications."[1]

Actor portrayal

Here is an example from the prescriber video:

"You have a lot of insight into your disease and actively partnered with your doctor to find a regimen that worked best for you."

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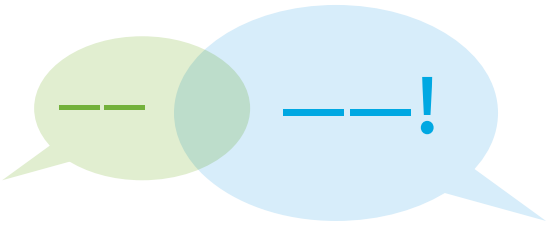
R

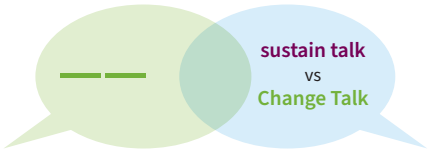
Reflection: This skill involves reflective listening and can help strengthen change talk. It also helps to make sure you fully understand what has been said.[1]

Some examples of different types of reflections:

Continue the paragraph: This type of reflective listening occurs when the provider suggests what the patient might say next by filling in the next sentence in the patient's paragraph.[1]



Amplified reflection: This is a type of reflection in which the provider reflects back on the patient's content in an exaggerated way. For example, a patient says, **"I don't care much about things,"** and the provider responds, **"You have no hope and there is nothing for you to look forward to."** This example of an amplified negative reflection is one way to respond to a patient's sustain talk.[1]



A variation on this is a **double-sided reflection**. In this technique, the provider offers a reflection that includes both patient **sustain talk** and **Change Talk**, usually connected with "and."

Actor portrayal

For example:

"**You are not sure that skipping doses caused your symptoms to get worse…**and yet **you recognize that your family is concerned that when you skip doses, you seem to feel worse.**"[1]

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S

Summary: A summary is a reflection that pulls together several concepts that a patient has expressed. When patients hear you reflect on all that they have said, it encourages them to keep talking.[1]

Bouquet of Change Talk: This type of summary gathers a patient's reasons for change and offers them back to the patient with a request for action.[1]

Actor portrayal

Here is an example from the pharmacist video:

"So, it sounds like there are many important reasons for you to get your BP under control again. You know that you are at high risk for another stroke and you don't want to be a burden on your family, and you want to be able to enjoy your daughter's graduation celebration…. So, what do you think you will do now?"

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What are some additional MI skills that can support change?

Consider some of these techniques as you gain more confidence in your ability to integrate MI into your patient interactions.

Ask-Tell-Ask (also known as Elicit-Provide-Elicit): This is a technique for exchanging information with a patient.[1] In this technique, you ask for permission before sharing information or advice. This helps increase an individual's willingness to listen. You can also ask what they know about a topic, such as the risks of skipping doses of their medication.[1]

Actor portrayal

Here is another example from the Prescriber Clinical Video Scenario.

"Can you tell me a bit more about why skipping doses is risky?"

Actor portrayal

Next, you tell or provide targeted information in a nonjudgmental way to fill specific knowledge gaps.[1]

"Well, unfortunately you are right, most people with bipolar depression will have relapses during their lifetime and often their first relapse happens within the first couple of years after diagnosis. Being adherent to your medications, minimizing stress, and getting good sleep reduce your chances of relapsing."

Actor portrayal

Then, you ask what the person thinks about the information shared or check for understanding. Simply saying, "Does that make sense to you?" is one way to do this.[1]

"What do you think about that?"

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Brief Action Planning

Brief action planning (BAP) is a highly structured, self-management support technique that integrates MI principles.[9] The goal of BAP is to help patients create an action plan so they can confidently manage their own disease or take charge of disease prevention.[9]

BAP includes several techniques:

TIP: all of the techniques below are demonstrated in the clinical pharmacist scenario video

- **Asking Permission to Share:** A simple way to begin exchanging information with a patient is by asking them for permission to share ideas.[1,9]
- **Behavioral Menu:** When a patient is unable to come up with an action they can take, you can offer two or three suggestions as part of a behavioral menu. These suggestions could be examples of steps that other patients have taken to be successful at a particular goal.[9]
- **SMART Planning:** When a patient has chosen an area of focus, you can help them develop an action plan to achieve their goal. This goal should be SMART (Specific, Measurable, Achievable, Relevant, and Timed).[9]
- **Gain a Commitment Statement:** When the action plan has been set, you can ask the patient to repeat back the specifics of the plan.[9]
- **Confidence Scaling:** Ask the patient to assess how confident they are in carrying out their action plan on a scale from 0–10.[9]
- **Problem Solving for Low Confidence:** If a patient replies that their confidence is relatively low (0–6), help them problem-solve. If they do not have any ideas, consider offering a **behavioral menu** with a few suggestions.[9]
- **Arrange for Accountability:** When a patient is confident that they can carry out their action plan, ask if they would like to set up a time to check in on their plan.[9]
- **Arrange a Follow-Up to Check In on the Plan:** During this follow-up, you can help patients think through what worked for them and what did not, and provide support regardless of the outcome.

Actor portrayal

Here is an example from the Pharmacist Clinical Scenario where the pharmarcist asks permission to share and offers a **Behavioral Menu**:

"Would you like me to share some ideas that have worked for other patients to keep their medication organized?"

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Getting Started With Motivational Interviewing

Motivational Interviewing has the power to truly change the patient-provider dynamic. At first, it might feel difficult just to understand all the different skills and techniques. When you start putting them in practice, it can sometimes seem overwhelming. It doesn't have to be. Keep it simple and build your skills over time.

Here are some quick tips to help you get started:

Determine which kinds of patients you think might most benefit from this approach. Then, **commit to trying one or two MI techniques** with a small number of these patient types.

Start with an easy MI skill, such as **Ask-Tell-Ask**. During a patient encounter, you may feel ready to give information or advice. Before you share this information, simply ask if it's OK to do so. Then, provide the information, and simply ask how the person feels about what you shared.

Listen for Change Talk. Understanding a patient's readiness to change allows you to meet patients where they are and work together to create plans that they will adhere to.

Not every patient is ready to change. Don't argue, just **roll with the resistance**.

Keep in mind that MI offers a menu of skills/techniques, many of which can be incorporated into your practice even during brief patient interactions.[10] And by applying these skills, you may be able to improve your efficiency, support patients' medication adherence and have a positive impact on your patient's mental health.[5–8,10]

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