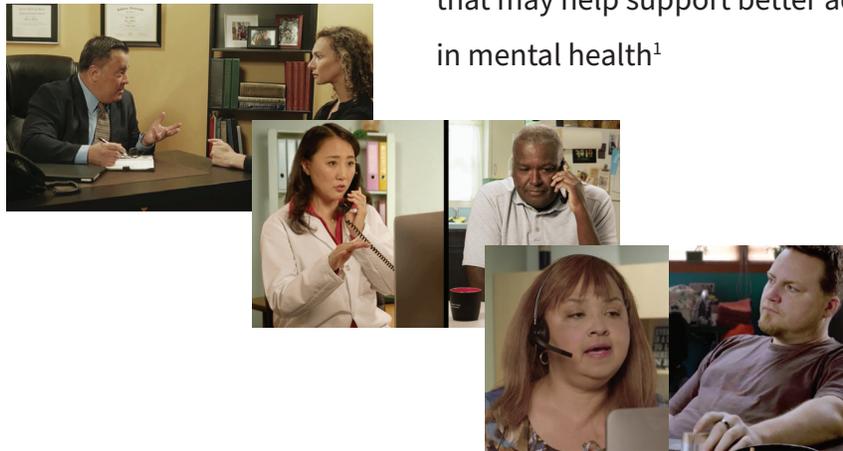


SUNOVION360

Motivational Interviewing Toolkit Overview

Motivational Interviewing:

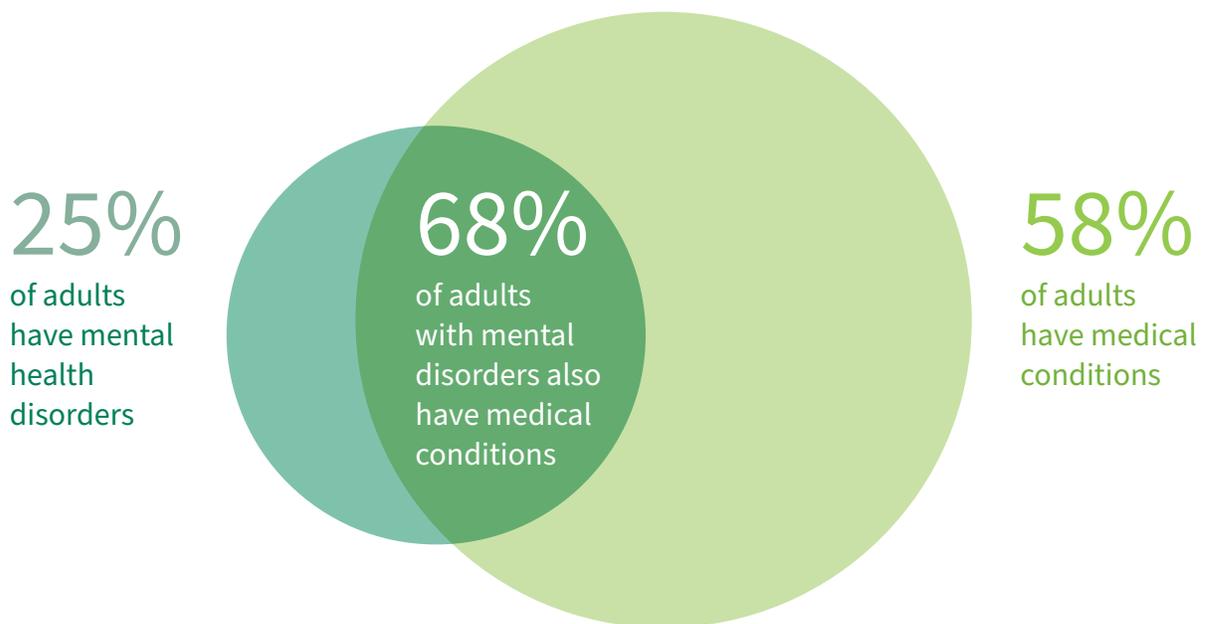
A guiding communication style
that may help support better adherence
in mental health¹



Engaging Patients to Optimize Health

Most medical conditions require a variety of self-management behaviors to optimize treatment.² Yet for patients with mental illness, **self-care**, including **medication adherence**, can be a challenge.²⁻⁵

Patients with **mental health disorders**, such as bipolar depression and schizophrenia, typically have other **chronic medical disorders** as well.^{6,7}



Source: Adapted from the National Comorbidity Survey Replication, 2001–2003

When these patients are nonadherent, their physical health may also be affected.² For example, a meta analysis found that poor self-care and nonadherence associated with depression was linked to worse diabetes outcomes.⁵

Treatment goals that require behavior change are achieved with the engagement and cooperation of patients. **Motivational interviewing (MI)** is a way to have conversations that may help guide patients toward change, based on their values and interests.¹

MI also may support patients' ability to persist through the challenges that can interfere with medication adherence, which is critical to **improve chronic disease outcomes**.^{1,8}

What Is Motivational Interviewing (MI)?

Motivational Interviewing is a guiding communication style that may strengthen a patient's own motivation and commitment to health behavior change.¹

Motivational Interviewing may help patients⁹⁻¹¹:

- Develop strategies for improved **medication adherence**⁹
- Set goals for better **self-care** (eg, exercising, monitoring glucose)⁹
- Participate in **decision-making** about their care¹⁰



Even brief patient encounters of only **15 minutes** using MI can be effective.¹²

Introducing the SUNOVION360 Motivational Interviewing (MI) Toolkit

The MI Toolkit offers a comprehensive approach to build skills in motivational interviewing.

The toolkit reviews key MI concepts and provides short videos that show MI in action, with a focus on how it can help promote patient engagement and overcome barriers to adherence.

The toolkit and accompanying videos are designed to be used by a leader, administrator, or individual in several ways:



Teach a group workshop
(such as for healthcare providers,
pharmacists, or case managers)



During self-guided study



To enhance an existing training curriculum
for clinical teams or as an added resource
to a health system's professional
development offerings

Inside the Motivational Interviewing Toolkit

Skill-Building Materials

The MI Toolkit includes resources that provide an overview of MI skills and principles.

An Overview: The Spirit and Skills of Motivational Interviewing, Damara Gutnick, MD

In this video, Dr Gutnick discusses the core principles and skills of MI, and gives tips on how to integrate MI into your practice.



Motivational Interviewing Skills Primer and Companion Guide

This guide describes the core principles and skills of MI and complements the Overview video.



Clinical Scenario Videos

These videos illustrate MI in practice.



A **provider** demonstrates MI skills in a talk with a patient who has bipolar disorder.

A **clinical pharmacist** integrates the principles of MI into a conversation with a patient who has multiple comorbidities

A **care manager** has a discussion with a patient with schizophrenia and puts MI skills into practice.

Workshop Guides for Leaders and Participants

These correspond to each clinical scenario video and are designed to be used together to build skills.

Leader Guides explain how to use the videos to help participants identify and discuss the MI principles or skills demonstrated.

Participant Knowledge Checks allow participants to record the MI principles or skills being demonstrated while viewing the videos.



Implementation Resources

Implementation Resources

The toolkit includes several resources to enhance the success of your workshop.

Motivational Interviewing Best Practice Briefs

This resource describes 3 evidence-based case studies that illustrate how implementing a motivational interviewing program may offer an opportunity to improve adherence.



Strategic Implementation Guide

This guide offers suggestions for how you can implement this MI training in your organization.



Motivational Interviewing Workshop: Certificate of Completion

These certificates provide an opportunity for participant recognition. (This program does not provide CME credits.)



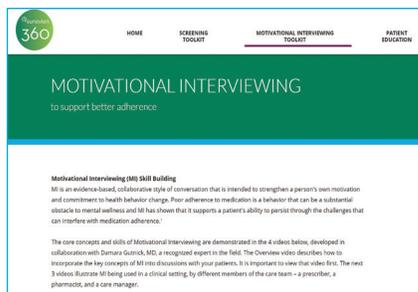
All of the toolkit components listed here are flexibly designed to build MI skills that can support better adherence.¹

To find them, visit SunovionHealthInsights.com and click on the **SUNOVION360** tab or simply scan the QR code to the left.



SUNOVION360

Supports your efforts to integrate behavioral and physical health for better population health management



The MI Toolkit and other resources are available at [SunovionHealthInsights.com](https://www.sunovionhealthinsights.com) under the **SUNOVION360** tab, including:

Screening Toolkit resources can help providers identify depressive symptoms and difficult-to-diagnose conditions, such as bipolar disorder.

Patient Education Resources can help patients learn about bipolar depression and track their mood. These resources are provided without company branding elements and allow you to import your own logo.

References

1. Miller WR, Rollnick S. *Motivational Interviewing: Helping People Change*. 3rd ed. New York, NY: Guilford Press, 2013.
2. Katon WJ. Clinical and health services relationships between major depression, depressive symptoms, and general medical illness. *Biol Psychiatry*. 2003;54(3):216–226.
3. Druss BG, Reisinger Walker E. Mental disorders and medical comorbidity. Robert Wood Johnson Foundation, Research Synthesis Report No. 21, February 2011.
4. Charles EF, Lambert CG, Kerner B. Bipolar disorder and diabetes mellitus: Evidence for disease-modifying effects and treatment implications. *Int J Bipolar Disord*. 2016;4(1):13.
5. Gonzalez JS, Peyrot M, McCarl LA, Collins EM, Serpa L, Mimiaga MJ, Safren SA. Depression and diabetes treatment nonadherence: a meta-analysis. *Diabetes Care*. 2008;31(12):2398–2403.
6. Carney CP, Jones L, Woolson RF. Medical comorbidity in women and men with schizophrenia. A population-based controlled study. *J Gen Intern Med* 2006; 21:1133–1137.
7. McIntyre RS, Konarski JZ, Soczynska JK, et al. Medical comorbidity in bipolar disorder: implications for functional outcomes and health service utilization. *Psychiatr Serv*. 2006;57(8):1140–1144.
8. Zomahoun HTV, Guénette L, Grégoire JP, Lauzier S, Lawani AM, Ferdynus C, Huiart L, Moisan J. Effectiveness of motivational interviewing interventions on medication adherence in adults with chronic diseases: a systematic review and meta-analysis. *Int J Epidemiol* 2017;46(2):589–602.
9. Katon WJ, Lin EHB, Von Korff M, et al. Collaborative care for patients with depression and chronic illnesses. *N Engl J Med*. 2010; 363(27):2611–2620.
10. Woltmann E, Grogan-Kaylor A, Perron B, Georges H, Kilbourne AM, Bauer MS. Comparative effectiveness of collaborative chronic care models for mental health conditions across primary, specialty, and behavioral health care settings: systematic review and meta-analysis. *Am J Psychiatry*. 2012;169(8):790–804.
11. American Psychiatric Association and the Academy of Psychosomatic Medicine. Dissemination of integrated care within adult primary care settings. The collaborative care model. 2016. <https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/learn>. Accessed August 3, 2021.
12. Rubak S, Sandbaek A, Lauritzen T, Christensen B. Motivational interviewing: a systematic review and meta-analysis. *Br J Gen Pract*. 2005;55(513):305–312.

