2 Motivational Interviewing Best Practice Briefs

Examples of evidence-based case studies illustrating how implementing a motivational interviewing program may impact adherence

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Best practice brief #1

Study demonstrated that a nurse-led motivational interviewing (MI) intervention improved medication adherence in adults with bipolar disorder[1]

Kristin McKenzie and Yu-Ping Chang

Nonadherence, almost

50%

Patients missed

≥20%

of doses during the previous month

Background

Up to **~50%** of patients with bipolar disorder may be nonadherent to their medication regimen[1-3]

Study design

Pilot study using pretests and post-tests to examine the effectiveness of a motivational interviewing (MI) intervention on medication adherence.[1]

Patient population / site of care

Fourteen adult patients with bipolar disorder who were seen in a private outpatient psychiatric office in New York state completed the study. They were taking more than 1 psychiatric medication and missed **≥20%** of their doses during the previous month.[1]

45–60 minutes

Motivational Interviewing Intervention

Three-week intervention led by nurse practitioners trained in MI techniques, including one face-to-face session lasting **45–60 minutes** and two follow-up phone calls lasting an average of 20 minutes.[1]

Study endpoints

Self-reported medication adherence, self-efficacy (the ability to care for one self), and motivation to change.[1]

Results

Four to six weeks after the initial intervention, the total rate of medication adherence increased from **67.8%** to **94.3%** mean medication adherence. Patients also demonstrated improved self-efficacy and motivation to change.[1]

94.3%

Adherence after 4–6 weeks

Medication adherence (mean)	67.8%
Medication adherence 4–6 weeks after initial intervention (mean)	94.3%

Best practice brief #1 (cont'd)

Key takeaways

- Consider spending time with patients to compare how their medications were prescribed with how they were actually used, and praise patients for using "**change talk**"[1,4]
- To enhance skill building, consider providing **scripts** or sharing communication tips that foster use of MI principles: **expressing empathy, developing discrepancy, rolling with resistance,** and **supporting self-efficacy**[1,4]
- Providing patients with a **daily journal** to record concerns about medications, side effects, mood swings, and missed doses can be a useful strategy[1]
- Encouraging patients to **discuss** past negative experiences with medications and side effects can help them gain insight into their own ambivalence toward medications[1]
- Understand that MI will likely take **less time when nurses are familiar** with their patients[1]
- When implementing MI, it may be helpful to remember that every patient is **unique** and may be resistant to change in their own way[1]

Limitations

The study's sample was small and homogenous, so the results cannot be generalized to a larger population. This pilot study also did not include a control group and did not collect information on patients' length of diagnosis and treatment for bipolar disorder. Data was self-reported, and findings were limited by lack of follow-up.[1]

> **"One solution to addressing the lack of adherence to prescription medication is for nurse practitioners to utilize theories of change and provide therapeutic interventions such as motivational interviewing (MI) during medication management sessions.[1]"**
>
> —McKenzie and Chang

Best practice brief #2

Study demonstrated that a care management program with motivational interviewing improved atypical antipsychotic use in bipolar disorder patients[5]

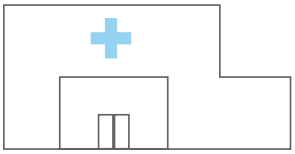
Gregory E. Simon, Evette J. Ludman, Jürgen Unützer, Mark S. Bauer, Belinda Operskalski, and Carolyn Rutter

Background

In everyday practice, care for patients with bipolar disorder is often suboptimal, despite the availability of effective treatments.

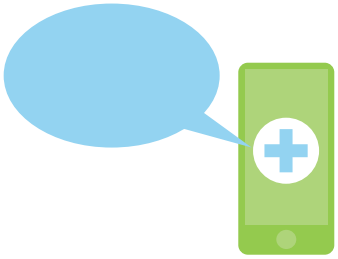
Study design

Randomized trial on the effectiveness of a nurse-led, systematic care management program, compared with usual care.



Patient population / site of care

441 adult patients with bipolar disorder seen at a managed care organization's behavioral health clinics in Washington state.



Motivational Interviewing Intervention

Nurse care managers were trained in MI so they could work collaboratively with patients to address barriers to behavior change. They provided a program for patients that included a structured assessment, monthly telephone monitoring of symptoms and medication use, and group education (first weekly and then twice a month).

Study endpoints

Severity of depression and mania symptoms as measured by the Psychiatric Status Rating (PSR) scale as well as medication utilization and mental health visits measured by pharmacy data and interview.

Results

During the 12-month follow-up period, **intervention patients were significantly more likely to use one or more atypical antipsychotics for at least 90 days**.

90 days

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

Best practice brief #2 (cont'd)

Key takeaways

- MI can complement a multicomponent, population-based care management program
- For populations at high risk for hospitalization, interventions that include MI may be a **cost-beneficial** option
- **Incorporating cognitive and behavioral interventions** into a care management program can help promote earlier recognition of mood episodes, improve medication adherence, reduce exposure to triggers, and develop effective self-management skills
- Consider helping patients **create personalized, self-management plans** that include their particular triggers, warning signs, and coping strategies.
- Develop a collaborative treatment plan, including coping strategies, and ask each patient to **identify a care partner** (such as a family member or significant other) to assist with adherence
- After each phone contact, **share feedback** on side effects, mood symptoms, and potential medication adjustments with all members of the care team

Limitations

The intervention would need to be adapted for use in private practice or public mental health clinics. It is not clear if the added attention of the research program affected patient or provider behavior. In addition, more frequent mood assessments or requiring patients to keep mood diaries might have improved accuracy of data. Because the intervention included multiple elements, it is unclear which ones accounted for the effects. It is also possible that "spillover" that caused clinicians to treat usual care patients the same as intervention patients might have affected outcomes. The program might be difficult to implement in solo or small-group practices, and some elements would not be reimbursable.

"Improving long-term outcomes of bipolar disorder is not a simple task…. Bipolar disorder is a complex…condition requiring individualized treatment adjusted over time. We regard our findings as important and encouraging news regarding the benefits of organized care programs for people with severe mood disorders."

—Simon et al

Best practice brief #3

Study demonstrated that a skills training program with MI improved medication adherence and management ability, depressive symptoms, and aspects of quality of life in older bipolar disorder patients[6]

Colin A. Depp, Barry D. Lebowitz, Thomas L. Patterson, Jonathan P. Lacro, and Dilip V. Jeste

Background

Patients with bipolar disorder who are nonadherent have a higher risk for poor outcomes.[6-9] Nonadherence is strongly associated with higher health care costs.[8] Despite the viewpoint that bipolar disorder wanes over the lifespan, most patients with early-onset bipolar disorder continue to suffer from the disease as they get older.[6,10]

Study design

Pilot study to test the effectiveness of a Medication Adherence Skills Training (MAST-BD) intervention that includes motivational interviewing techniques in older adults with bipolar disorder.[6]

>50 years old

Patient population / site of care

16 adult patients older than 50 (mean age = 60) with bipolar disorder residing in a community-based setting who completed the study.[6]

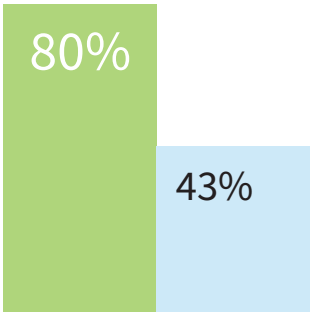
12-week
group intervention

Intervention

Twelve-week group intervention—broken into four 3-week segments—with motivational interviewing designed to improve patients' educational, motivational, and medication management skills to improve adherence and help them manage symptoms.[6]

Study endpoints

Self-reported medication adherence, performance-based medication management ability (using an assessment that requires patients to follow a hypothetical day's medication regimen with mock pill bottles), as well as attitudes toward medication, depressive and manic symptoms, and health-related quality of life assessed with various inventories and scales.[6]

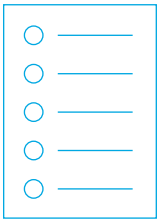


Depressive symptoms based on a self-reported scale

Results

The percentage of patients reporting problems taking medications dropped by 31%. **Nonadherence to bipolar disorder medications specifically decreased by 15%.** At baseline, 80% of patients completing the study had significant depressive symptoms on a self-reported depression scale, compared with 43% of patients following the intervention.[6]

Best practice brief #3 (cont'd)



Key takeaways

- Consider ways to help patients understand the **personal benefits and drawbacks** of psychotropic medications and offer **coping strategies** to help them monitor and manage side effects. One option is to provide patients with a **side effect tracking form**, along with a **personalized plan** to help them manage side effects. For example, setting goals and identifying behavioral strategies may help patients address side effects like weight gain or fatigue[4,6]
- If unstable routines are contributing to nonadherence, one strategy is to **help patients set goals** to take medication as directed (such as taking medication at the same time as routine daily events to avoid missing doses)[6]
- Think about how you can help patients improve their communication with the health care team. A possible solution is to **"role play" with patients** and help them discuss their treatment preferences and side effects with their health care provider[6]
- To improve adherence, try **framing medication adherence as a health behavior** that patients can control, similar to their exercise and sleep habits[6]
- Consider providing patients with **written information** explaining the purpose and dosages of their medications, as well as factors that can reduce the effectiveness of these drugs[6]

Limitations

The study included several limitations, including a small sample size, lack of a control condition, and lack of follow-up data. More work is needed to determine if the intervention is feasible, acceptable, and effective in more acutely ill patients as well as among a more diverse population. In addition, patients' self-reported data could have been inaccurate, as patients tend to over-report adherence.[6]

> **"The conceptual model for this intervention addresses medication knowledge, attitudes, and medication management skills, by sequentially involving patients in education, motivational, and medication management skills training to prevent and/or reduce intentional and unintentional nonadherence.[6]"**
>
> —Depp et al

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