I) BACKGROUND AND DEFINITIONS

• Motivational interviewing (MI) is important
  o Motivational interviewing is a theory-based communication skill set with an established evidence base for its potential to affect patient outcomes in comprehensive disease management, even during brief encounters.
  o Motivational interviewing is a patient-centered process used to gauge a patient's readiness to act on a target behavior and to apply specific skills and strategies that respect the patient's autonomy and facilitate confidence and decision-making.
• Transtheoretical model of behavior change

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precontemplation</td>
<td>No intention to change behavior, and may be unaware of the need to change</td>
</tr>
<tr>
<td>Contemplation</td>
<td>Aware of the problem and seriously considering change, but no commitment to take action</td>
</tr>
<tr>
<td>Preparation</td>
<td>Intends to take action within one month and makes small behavioral changes</td>
</tr>
<tr>
<td>Action</td>
<td>Patient has changed their behavior within the last six months</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Patient has changed their behavior more than 6 months ago</td>
</tr>
</tbody>
</table>

• Supporting Self efficacy (SE): defined as one's confidence to engage in a particular target behavior, higher self-efficacy predicts action for change on a target behavior.
• Overall goal: Move patient to a state of change or action by nonjudgmentally exploring ambivalence and resistance with the preaction patient

II) THE SPIRIT OF MI

• Spirit of MI: A way of being that is foundational to MIadherent intervention. The spirit of MI is collaborative, caring, nonjudgmental, and includes support of patient autonomy in treatment decision-making.
  o The most important thing to remember about MI is that the first priority is building and preserving the relationship, even if the patient leaves without a commitment for change.
  o Be direct and assertive
III) INTERNAL VERSUS EXTERNAL MOTIVATION

- Each patient contemplating change internally weighs the pros and cons of the decision
  - Decisional balance: pros must outweigh the cons for a patient to move forward with changing their behavior
    - In MI, the process helps the patient think of/voice their “pros” rather than the provider lecturing the patient on the pros.
    - We want to elicit the patient’s internal motivation
      - More likely to be sustained
      - Empowers the patient
    - In MI, internal motivation > external motivation
  - “External motivation” may do more harm than good

IV) MAINTAINING PATIENT AUTONOMY

- Skills that support patient/autonomy
  - Open-ended questions
    - Also illicit more information than close-ended questions
    - Instead of asking “Did you miss taking any of your doses?” – try asking “About how many doses did you miss last week?”
  - Agenda setting
    - Give the patient a choice about which topic to discuss first
      - Patients may have a topic they want to discuss and may become anxious about forgetting to ask their question or unable to focus
    - Helps to organize and structure the encounter
  - Asking permission before giving advice or information

V) 5 MAIN COMMUNICATION PRINCIPLES

- Express empathy
  - Helps the patient feel the provider is listening and trying to understand
  - Empathy is not sympathy (e.g., “I am sorry…”), instead, empathy focuses on the patient and the underlying effect: “It is unfair that your mother died of a heart attack at such a young age.”
  - Examples of proper phrases such as “you seem ____, you sound____”
- Develop discrepancy
  - Meant to be thought provoking
  - Can help a resistant patient begin to think about change
  - Some things that may help
    - Repeat pros/cons that the patient has already stated
    - Ask about behaviors that do not support the goals that the patient states
    - Ask thought provoking questions
      - What would have to happen to have to get you from a 5 to 6 on the readiness ruler?
  - Remember to always use compassion and nonjudgement tone!
- Support self-efficacy
  - Praise the behavior, not the person
    - “Mr. Y it's great that you have been taking your blood pressure medication regularly”
  - Can simply involve noticing, encouraging, and supporting patient attempts, or even thoughts, about change.
• Roll with resistance and avoiding argumentation
  o Treat resistance as information that can be explored
  o Patient may expect pharmacist to engage in an argument...then this does not happen, it leaves opportunity for thought-provoking behavior to occur

VI) CHANGE TALK

• Definition: a form of intention to change, or intention to think about changing
  o May include the patient expressing acceptance or movement regarding a target behavior
• Eliciting Change Talk
  o We can illicit change talk by asking the patient open-ended (thought-provoking) questions
    ▪ "What do you see as the benefit of taking your diabetic medication more regularly?"
    ▪ "If I were to ask you to write down your pros for monitoring your blood sugar more regularly, what would be your top two?"
  o Another strategy is to have the patient talk about previous successes
    ▪ "When you brought your A1C down previously, what were you doing that helped you achieve this success?"
  o Have patients talk about how they felt during previous successes
    ▪ "How did it make you feel when your A1C fell by half a point?"
  o Get the patient to visualize how their life may be different after the change
    ▪ "How would it feel to you if taking X medication regularly brought down your Y lab, reducing your risk of Z disease?"
• Readiness ruler: a tool used to measure a patient's readiness, importance, or confidence for engaging in a target behavior
  o Scale of 1 to 10: 1 being not at all ready/confident and 10 being completely ready/confident
  o When the patient responds, ask follow-up questions to elicit change talk
    ▪ "6 is great! Why a 6 and not a 7?"
    ▪ "What would have to happen for it to be a 7 or 8?"