Motivational Interview for Medication Noncompliance

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Motivational interviewing (MI) is defined by Miller and Rollnick (2012), as “a collaborative conversation style for strengthening a person’s own motivation and commitment to change.” MI is a style of guiding and incorporates directing and following styles. This process utilizes four components: engaging, focusing, evoking, and planning. There have been several studies conducted to evaluate the effectiveness of MI. Numerous studies have shown that MI can positively influence healthy behaviors. One study evaluated the impact of MI and the MI delivery format in relation to medication adherence (Palacio et al., 2016). The results showed MI improves self-reported and objective measures of adherence to chronic medications after different lengths of exposure (Palacio et al., 2016). Another study showed that patient motivation is critical and shows us the patient’s internal driving force (Papus et al., 2022). MI was then described as using the four components to ask open-ended questions, provide reflective listening, summarizing the information shared, and partnership with the patient.

**Examples of Motivational Interviewing (summarized from video)**

Interviewer: Cassidy

Interviewee: Faith

Cassidy: Faith, I am glad you came in today so we could talk about how you’ve been doing over the past few months. I see that you have not been filling your prescriptions regularly. What has been going on? **(open-ended question with evidence of previous behavior)**

Faith: I just keep forgetting about them. They aren’t my priority. **(Denial – not ready)**

Cassidy: Why do you feel they aren’t your top priority? **(Open-ended question, evoking feelings)**

Faith: I mean I am 62, I don’t want to be that old person with a ton of meds.

Cassidy: I see that you are upset about having to take medications. What kind of life do you want to be living? **(Reflection, ask new open-ended question to evoke feelings)**

Faith: I mean, I’m retired, I just want to be able to do whatever I want and take advantage of my time by spending with my family and doing things that I like.

Cassidy: I am understanding that you are frustrated about having to take the medications. I know that it feels like you are tied down to taking them at a certain time every day and you can’t just live your life but the reason we have you on these medications is because you have had a heart attack in the past and both of them are for that. And right now, I see here that you are forgetting and frequently not taking them. Would it be helpful to set a reminder? **(Reflection, evocation of change talk)**

Cassidy: They’re really helpful, you can just put each pill in for each day of the week that way you don’t really have to remember if you took them that day. So, we want you to take these meds and you understand the “why” behind taking them. We want to prevent another heart attack in the future. In order for you to continue living the life you want to live; we need to keep you healthy and make sure that you are taking your medications in order to stay healthy. On a scale of 0-10 how would you feel about getting one of those weekly pill trackers? **(willingness/confidence scale)**

Faith: um, maybe about a 5 or 6.

Cassidy: Okay, I would say that’s pretty good. Do you think that it would be beneficial for you? **(Close-ended, but assessing willingness to change)**

Faith: I think it would be helpful, I mean I would have to spend a day putting it together every week I guess too.

Cassidy: That is totally fine, I would appreciate it if you gave it a fair shot and don’t knock it until you try it. I like the way this conversation has gone, and I appreciate your willingness to try something new in order to get you to take these medications. How about I give you a call in a couple weeks and see how it’s going? **(Summarization, mobilizing change, and implementing plan)**

Faith: Sure, sounds good.

**Medication Noncompliance**

 Medication adherence is associated with worsening of disease, increased comorbid disease, death, and increased health care costs (Papus et al., 2022). Non-adherence to medications can exist during late or incomplete initiation, suboptimal implementation of the dosing regimen, or early discontinuation. In this scenario, the patient was found to be forgetting and not taking their medications. This would indicate the patient is in the suboptimal implementation of the dosing regimen. It has been found that patient motivation is a top priority when discovering the determinant factor for medication adherence (Papus et al., 2022).

 I found it difficult initially to facilitate the conversation in a way that would promote the next level of change. I was expecting the flow of conversation to go smoother on my end and for the MI techniques to fit into the conversation easily. I know that with practice this should get better.

Faith was a 62-year-old individual with hypertension and a previous MI who frequently forgets to take her medications. I initially started the interview by asking an open-ended question with evidence of previous behavior. The response from Faith indicated denial and she was in the precontemplation stage of the transtheoretical model of change. She did not see a problem with not taking her medications and she just wanted to live her life. I then focused on making sure she understood why she was supposed to take the pills. I also wanted to see what barriers were possibly hindering her compliance. After I assessed Faith’s knowledge and understanding of the medications, it was then time for me to see if she was transitioning to the next stage in the transtheoretical model. Once Faith realized the medications were going to help her live the life she wants to live, she was more open to wanting to change which puts her at the contemplation stage in the transtheoretical model. I do not believe we progressed to the preparation stage after watching the video back. However, she did say she would be willing to try the pill tracker along with setting reminders on her phone. My hope would be to reassess at the next appointment to determine what barriers remain and hopefully fully progress into that preparation stage or the action stage. I realize that I need more practice in order to fully utilize MI, but I am proud of the progress I made in the short 5-minute interview with Faith. Some changes I would make in the future include providing more open-ended questions and pausing more for thoughtful reflection. Before this interview, I would normally have described myself as a great listener, however, I now realize this is an area that I could improve on.

References

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