
Motivational Interviewing on the Inpatient Psych Unit

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Introduction: Motivational interviewing (MI) is a counseling approach designed to fortify patients' motivation to change, especially relevant in a psychiatric hospital setting where patients are often ambivalent about treatment. Initially rooted in substance abuse treatments, MI has evolved to address issues faced in psychiatric units such as medication nonadherence, social withdrawal, and self-injurious behaviors.

The Foundations of MI:

1. **Express Empathy:** Understand and validate patients' feelings and thoughts.
2. **Develop Discrepancy:** Highlight the difference between a patient's actions and their aspirations. Example: Pointing out a patient's desire for a more fulfilling life vs their self-injurious behaviors.
3. **Roll with Resistance:** Instead of countering resistance directly, try to understand the underlying fears or concerns. Example: When a patient resists group therapy citing it as unhelpful, instead of insisting on attendance, ask, "What are your main concerns about group therapy?"
4. **Support Self-efficacy:** Encourage the patient's confidence in their potential to change.

Core Techniques of MI: OARS

- **Open-ended Questions:** Push patients to delve deeper into their feelings and thoughts. Example: "Can you help me understand what you felt during that episode?"
- **Affirmations:** Use positive feedback. Example: "It's commendable how you managed your anxiety during our last session."
- **Reflective Listening:** Mirror back what patients say to help them feel understood.
- **Summaries:** Recount the main points, ensuring the patient and you are on the same page. Example: "From our talk, it seems you're most concerned about..."

Processes - These are the steps in which you'll apply the OARS techniques:

1. **Engaging:** Work to build trust, especially with psychiatric patients who may have past traumatic experiences. Set the agenda collaboratively and maintain a neutral, nonjudgmental tone.
2. **Focusing:** Narrow down the therapeutic goals so patients won't feel overwhelmed.
3. **Evoking:** Elicit "change talk." For instance, if a patient says, "I wish I could manage my anxiety better," you might ask, "Why is managing your anxiety important to you? How do you envision doing that?" Change talk includes reasons to change and steps that can be taken.
4. **Planning:** Strategize around the challenges psychiatric patients might face, like managing triggers or obstacles.

Administration:

- Typically, sessions can vary based on the patient's immediate needs, with durations ranging from 15 to 45 minutes.
- Consistency and increased sessions tend to yield better results in the psychiatric context, ensuring patients feel supported throughout their hospital stay.