

# Working mechanisms in motivational interviewing for medication adherence in clients with schizophrenia

A mixed methods study of client-therapist interaction in MI

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# CONFLICT OF INTEREST

The presenter and the co-authors of the papers declare that there is no conflict of interest

# BACKGROUND

- 75% of clients with schizophrenia discontinue their antipsychotic drug treatment within 18 months
- antipsychotic drug treatment reduces the risk of relapse and the risk of readmission
- but is associated with the risk of side effects like sedation and weight gain

# RELEVANCE

If we know how MI works, MI-counselors can improve their performance and optimize their MI-strategy with these clients

# MOTIVATIONAL INTERVIEWING

“Motivational interviewing is a **collaborative** conversation style for strengthening a **person’s own motivation** and commitment to change”

(Miller & Rollnick, 2013 p.29)

Change talk: client statements in favor of change

Sustain talk: client statements contra change

# PSYCHOLOGICAL INTERVENTIONS

(NOCK, 2007)

1. Clinician factors: what the clinician does in the treatment
2. Client factors: what the client does in the treatment
3. Mechanisms of change: processes resulting from the clinician and client factors, that explain how those factors lead to change

Active ingredients: the specific clinician and client factors and their interaction that cause the observed change

# RESEARCH QUESTION

1. Which clinician factors are used by MI-counselors?
2. Which client factors are activated by these clinician factors?
3. Are these clinician and client factors followed by (hypothetical) mechanisms of change?

**Hypothetical active ingredients: a) clinician factors**

eliciting change talk  
discussing ambivalence or barriers  
creating discrepancy/relating values  
building a trusting relationship/empathy  
influencing the patient's sense making

supporting self-efficacy/competency  
supporting autonomy  
creating a change plan (action; coping)  
supporting self-esteem

**Hypothetical active ingredients: b) client factors**

(proportion\*) change talk  
resolving ambivalence  
changing sense making  
experiencing autonomy  
experiencing discrepancy

experiencing safe environment/opening up  
in-depth self-exploration  
experiencing competency/self-efficacy  
readiness to change

**Hypothetical mechanisms of change**

arguing oneself into change  
increasing motivation to change  
increasing self-efficacy/confidence  
changing self-perception





## METHODS: POPULATION

- 14 clients with schizophrenia (age: 23-48)
- clients after a recent psychotic relapse following nonadherence to AP-treatment
- part of an MI-intervention group of an RCT on medication adherence
- 5 newly starting MI-counselors

# METHODS

- 14 cases, 66 audio recorded sessions
  - audio recordings of at least 3 MI-sessions
  - coded transcripts (SCOPE)
- Sequential analysis (GSEQ 5.1)
- Multiple case study analysis (Stake, 2006)

## METHODS: qualitative multiple case study

single case analysis	Using worksheets with themes/questions to focus
cross case analysis	
cross case synthesis	

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single case analysis	Using worksheets with themes/questions to focus
cross case analysis	Merging the findings from the separate cases to clusters
cross case synthesis	Listing tentative cross case assertions, reviewing the evidence for them

## EXAMPLES:

themes/questions, clusters, assertions

single case analysis	Which client factors are activated by which clinician factors?
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## EXAMPLES:

themes/questions, clusters, assertions

single case analysis	Which client factors are activated by which clinician factors?
cross case analysis	Building an MI-strategy
cross case synthesis	Client factors are a pool of factors, of which, if properly activated by clinician factors, different combinations can form active ingredients



# RESULTS: CLINICIAN FACTORS

- 8 out of 9 clinician factors were used
- most prevalent: ‘eliciting change talk’
- second: ‘supporting self-efficacy/competence’
- a trusting relationship was usually established at the start of MI, when the client was asked to review his/her illness history

## EXAMPLE: SUPPORTING SELF-EFFICACY

Counselor: “And you are good in that: fine-tuning your medication-dose, you are able to do that yourself.”

Client: “Yes, I guess 10 years of experience made me some kind of an expert by experience.”

(Case 5)

## EXAMPLE: SUPPORTING SELF-EFFICACY

Counselor: “So you do see which factors throw you off-balance, and which, in contrast, keep you stable: your medication use, on which you have a clear vision now, and alcohol-use which you want to, and can, control. And also, regularity in your life and daytime activities.”

Client: “Yes.”

(Case 14)

# RESULTS: CLIENT FACTORS

- 8 out of 9 client factors were activated
- most prevalent: '(proportion of) change talk'
- second: 'experiencing autonomy'
- client factors are often activated by the immediately preceding clinician factor

# RESULTS: MECHANISMS OF CHANGE

- we observed clues for 3 out of 4 mechanisms of change
- most prevalent: ‘arguing oneself into change’
- second: ‘increasing motivation (not) to change’
- Mechanisms of change are mostly the result of a MI-strategy over a longer part of the session, and preceded by a sequence of clinician and client factors

# EXAMPLE (SHORTENED): 'ARGUING ONESELF INTO CHANGE'

Cn: "The medication taking in itself..."

Cl: "Is no problem."

Cn: "You just think 'that's how it is...' or 'I need it...'"

Cl: "You just accept it. You know, sometimes, I tell others to stay on medication. As if I have to advise them... It's just... young people, they think 'I'm doing fine', what they don't know... Some have a chronic condition, others don't. With me, it's chronic. So I know the rest of my life I'll have to..."  
(...)

Cn: "Do you think you have an illness?"

Cl: "Yes, yes, now, when I use my medication, I'm not ill, obviously. But if I don't use them then I'm ill. I can see the difference, yes."

(Case 1)

## RESULTS: SUCCESSFUL MI-STRATEGY

- ‘Creating discrepancy’ was an important MI-strategy
- In remission state, medication use is not considered desirable
- Values/ life goals may provide powerful motives for the client to change his/her perspective
- Only a few counselors addressed this topic

# EXAMPLE (SHORTENED): 'CHANGING SENSE MAKING'

Cn: "So, in your opinion medication may be a decisive factor to remain stable."

Cl: "Yes, if it's not, that would be a problem, what else could I do then?"

Cn: "If things go wrong and you were off medication, things seem to get worse."

(...)

Cl: "Yes, it does. It may go well for three months, but it ends up going wrong. I should use medication wisely and not experiment with it.

Although I am a bit worried about the physical side effects for which I also need to see an internist. How many sorts of medication do I need to stay stable?"

Cn: "That's a concern for you..."

Cl: "It is."

Cn: "...and at the same time the medication protects you."

Cl: "It does. Apparently I do need medication after all... I think..."

(case 14)



# SUCCESS FACTORS

- a trusting relationship, enabling an open conversation on medication adherence
- relating the client's values to medication adherence
- the MI-counselor's ability to adapt his/her MI-strategy to the client process

# LESSONS LEARNED

- take time and ask the client to review his/her illness history
- recognize the client process, and develop MI-strategies targeting the mechanisms of change in MI, e.g.:
  - be alert on client values, and help the client to connect these values with medication adherence
- accept autonomous client decisions not to adhere, after exploring possible goals / values in relation to medication adherence

# THANK YOU!

Dobber J, Latour C, De Haan L, Scholte op Reimer W, Peters R, Barkhof E, Van Meijel B. Medication adherence in patients with schizophrenia: a qualitative study of the patient process in motivational interviewing. BMC Psychiatry 2018;18:135.

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