

MENTAL HEALTH NURSING • NCLEX 2026

Motivational Interviewing (MI)

A collaborative, patient-centered communication style that strengthens a person's **OWN motivation** and commitment to change — not advice-giving, not confrontation.

Therapeutic Communication

Substance Use

Medication Adherence

Chronic Illness

1

OVERVIEW

What is Motivational Interviewing?



MI is a **guiding, non-confrontational counseling technique** developed by Miller & Rollnick that helps patients resolve *ambivalence* about change.

🎯 The nurse does NOT push, argue, or lecture. Instead, the nurse **evokes** the patient's own reasons for change.

✅ Used for: addiction, smoking cessation, weight loss, diabetes management, med adherence, therapy engagement.

2

CORE FRAMEWORK (THE "PATHOPHYSIOLOGY" OF MI)

The Spirit & Skills of MI



The Spirit of MI → PACE

The *attitude* the nurse brings to every interaction.

P

PARTNERSHIP
Collaborate, don't direct

A

ACCEPTANCE
Honor autonomy

C

COMPASSION
Patient's welfare first

E

EVOCATION
Draw out their "why"



Core Skills → OARS

The techniques nurses use in the conversation.

O

OPEN Q's
"Tell me about..."

A

AFFIRM
"That took courage."

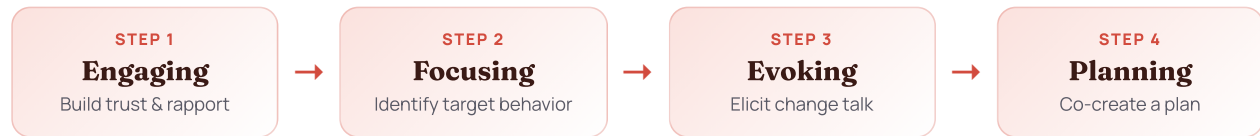
R

REFLECT
Mirror feelings/meaning

S

SUMMARIZE
Tie it all together

The 4 Processes of MI (flows in order)



SIGNS OF PATIENT READINESS

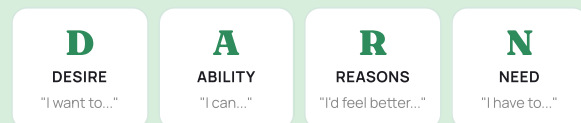
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Change Talk vs. Sustain Talk

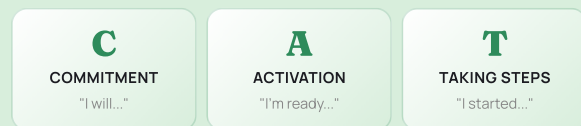
CHANGE TALK → "DARN-CAT"

GOOD SIGN — patient is moving toward change. **Encourage & reflect it!**

PREPARATORY CHANGE TALK



MOBILIZING CHANGE TALK (STRONGER!)



SUSTAIN TALK & DISCORD **RED FLAGS**

Patient resists change or relationship with nurse frays. **Do NOT argue** — roll with it.

- **Arguing / defensive** ("You don't get it")
- **Interrupting** the nurse
- **Denying** the problem exists
- **Ignoring** or changing the subject
- **Blaming** others for the behavior
- **Minimizing** ("It's not that bad")

KEY INSIGHT:

Resistance is a *signal*, not a failure. It means the nurse needs to shift approach — not push harder.

Stages of Change (Prochaska & DiClemente — match your intervention to the stage!)



PRIORITY NURSING INTERVENTIONS

4

What the Nurse Actually DOES

Core Actions (use action verbs!)

ASSESS readiness with scaling questions: "On a scale of 1-10, how important is this to you?"

ASK open-ended questions that cannot be answered with yes/no.

REFLECT back what you hear — emotions, meaning, ambivalence.

DEVELOP discrepancy between current behavior and their stated goals/values.

SUPPORT self-efficacy: "You've done hard things before."

AFFIRM patient strengths & efforts (NOT generic praise).

ROLL WITH resistance — never argue or confront. Shift the approach.

SUMMARIZE change talk back to the patient to amplify it.

RULE

Resist the righting reflex (don't "fix" them) • Understand the patient's motivation • Listen with empathy • Empower the patient to find their own solutions

5

PHARMACOLOGY

MI + Medications



MI itself is **not a drug** — it is a therapeutic communication style. However, MI is frequently combined with pharmacotherapy to improve **adherence & outcomes**:

🚭 **Smoking cessation**: varenicline, bupropion, nicotine replacement • 🍷 **Alcohol use disorder**: naltrexone, acamprosate, disulfiram • 📝 **Opioid use disorder**: methadone, buprenorphine, naltrexone • 😊 **Depression/anxiety**: SSRIs, SNRIs (used with therapy).

👉 *NCLEX tip: MI improves **medication adherence** — a common correct answer when the patient is ambivalent about taking a prescribed drug.*

6

NCLEX TEST TRAPS



What Students Confuse

❌ NOT MOTIVATIONAL INTERVIEWING

- ❌ "You need to quit drinking — it's killing you."
- ❌ Giving advice the patient didn't ask for
- ❌ Using closed / yes-no questions
- ❌ Arguing with or confronting the patient
- ❌ Shaming, lecturing, or scare tactics
- ❌ Assuming patient is ready for action stage

✅ TRUE MOTIVATIONAL INTERVIEWING

- ✅ "What would be different if you cut back?"
- ✅ "Help me understand your thoughts on this."
- ✅ Reflecting the patient's own words/feelings
- ✅ "It sounds like part of you wants to change."
- ✅ Asking permission before giving information
- ✅ Meeting the patient in their current stage

💡 **PRIORITY RULE:** On NCLEX, when the patient expresses ambivalence or resistance, the **BEST** answer is almost always the one that uses **reflection** or an **open-ended question** — NEVER the one that gives direct advice or warns of consequences.

7

PATIENT EDUCATION

What to Teach the Patient



You Are the Driver

Change happens at YOUR pace. No one can do this for you — and that's your power.



Ambivalence is Normal

Feeling torn between changing and staying the same is part of the process, not a weakness.



Small Steps Count

You don't need a perfect plan. One small action this week builds momentum.



Setbacks ≠ Failure

Relapse is a *stage* of change. Learn from it and re-enter the cycle.



Find Your "Why"

Focus on what matters to YOU — not what family, doctors, or friends want.



Ask for Support

Share your goal with one trusted person. Tell your nurse when something gets hard.

8

MEMORY BOOSTERS



Mnemonics That Stick

O • A • R • S

ROW YOUR BOAT TOWARD CHANGE 🚣

Open-ended questions · Affirmations · Reflective listening
· Summarizing

P • A • C • E

THE SPIRIT — PACE YOURSELF WITH THE PATIENT ⌚

Partnership · Acceptance · Compassion · Evocation

R • U • L • E

THE 4 GUIDING RULES OF MI 📏

Resist the righting reflex · Understand motivation · Listen ·
Empower

DARN-CAT

LANGUAGE OF CHANGE TALK 🗣️

Desire · Ability · Reasons · Need → Commitment ·
Activation · Taking steps

★ The Golden Rule

IF IN DOUBT ON NCLEX...

REFLECT, don't direct. The correct MI answer uses the patient's own words, asks open-ended questions, and honors their autonomy — never one that warns, argues, or advises.