🧠 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	A	C	E
PARTNERSHIP Collaborate, don't direct	**ACCEPTANCE** Honor autonomy	**COMPASSION** Patient's welfare first	**EVOCATION** Draw out their "why"

🚤 Core Skills → OARS

The techniques nurses use in the conversation.

O	A	R	S
OPEN Q's "Tell me about..."	**AFFIRM** "That took courage."	**REFLECT** Mirror feelings/meaning	**SUMMARIZE** Tie it all together

The 4 Processes of MI (flows in order)

STEP 1	→	STEP 2	→	STEP 3	→	STEP 4
Engaging		**Focusing**		**Evoking**		**Planning**
Build trust & rapport		Identify target behavior		Elicit change talk		Co-create a plan

3 SIGNS OF PATIENT READINESS
Change Talk vs. Sustain Talk

✅ CHANGE TALK → "DARN-CAT"

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

PREPARATORY CHANGE TALK

D	A	R	N
DESIRE	ABILITY	REASONS	NEED
"I want to..."	"I can..."	"I'd feel better..."	"I have to..."

MOBILIZING CHANGE TALK (STRONGER!) 🚀

C	A	T
COMMITMENT	ACTIVATION	TAKING STEPS
"I will..."	"I'm ready..."	"I started..."

🚩 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!)

1	2	3	4	5	6
Pre-contemplation	**Contemplation**	**Preparation**	**Action**	**Maintenance**	**Relapse**
"I don't have a problem."	Ambivalent; weighing pros/cons	Making small plans to change	Actively changing behavior	Sustaining change 6+ months	Normal — not failure!

4 PRIORITY NURSING INTERVENTIONS
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.

AFFIRM patient strengths & efforts (NOT generic praise).

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

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

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

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 · **A**ffirmations · **R**eflective listening · **S**ummarizing

P • A • C • E

THE SPIRIT — PACE YOURSELF WITH THE PATIENT ⏱

Partnership · **A**cceptance · **C**ompassion · **E**vocation

R • U • L • E

THE 4 GUIDING RULES OF MI 🔪

Resist the righting reflex · **U**nderstand motivation · **L**isten · **E**mpower

DARN-CAT

LANGUAGE OF CHANGE TALK 🗣

Desire · **A**bility · **R**easons · **N**eed → **C**ommitment · **A**ctivation · **T**aking 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.