

**Motivational Pharmacotherapy for Depressed Latinos**  
**(MPT-DL)**

**Intervention Manual**

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## **Philosophy and Intent of Sessions**

This program will present an intervention for patients who have agreed to begin taking medication for depression/*nervios*, but may still be ambivalent or uncertain about starting to take it, for a variety of reasons. Usually in such situations, psychiatrists will educate patients, offer advice and encouragement based on their experience, as well as attempt to lend optimism about the potential benefit of the treatment. This intervention is designed to encourage clients to begin and continue taking medications in a very different way. Although the elements of advice, encouragement and expertise are still found in this manual, they take second place to the psychiatrist's primary tasks of 1) helping the client to verbalize their own reasons for wanting to take medication and 2) responding with empathy and egalitarianism when the client resists or is uncertain about taking medication. The theoretical framework for this intervention is based on motivational interviewing (MI) and from this perspective the most important barrier to change is not the patient's ignorance or illness, but ambivalence toward change. The idea is that if the patient can overcome ambivalence toward taking medication, which is seen as a normal part of making this decision, then actually beginning and continuing on the medication will be fairly straightforward.

The key to making this intervention work is that the psychiatrist begins by using specific therapeutic tasks to help clients come to their own conclusions about the need to take medication. This means that the psychiatrist spends the time and effort necessary to draw these reasons from the client, rather than supplying them. The main elements of this part of the intervention involve soliciting and reflection of the client's concerns and selective reinforcement of the client's language in favor of initiating a medication regimen. If the client comes down mostly on the side of change (beginning the medication regimen) the psychiatrist then begins to use the elements of expertise, education and encouragement to finish the session. However if the client resists change or seems to be more against than for it, the psychiatrist avoids attempting to persuade the client and remains in a more exploratory and empathic stance until the session ends. The client's own behavior is the psychiatrist's clue about proceeding: as long as the client is not overtly resisting, the psychiatrist can move forward to more directive elements of the intervention. If resistance is noted, the psychiatrist will slow down and move back to the less directive elements of the intervention. At all costs, the psychiatrist avoids persuading the client who is actively resisting medication.

In general, the psychiatrist proceeds with the mindset that taking the medication is probably a good idea for the client but that it is not the intent of the psychiatrist to "push" the medication or persuade the patient at all costs. The psychiatrist seeks a middle-of-the-road position, one where he or she would like the patient to start the treatment but will respect a decision against it. Because of the pro-medication bias of this intervention, the psychiatrist will be willing to make an extra effort to engage the patient in the process of deciding, trusting that the client's current unhappiness provides a powerful influence toward change. In this extra effort toward deciding, the psychiatrist will attempt to have clients join him/her in being curious about why they would want to take medications, would not want to take them and what are the core life values that would influence this important decision one way or another. Ideally, the psychiatrist and patient are puzzling through together, with the psychiatrist offering a few subtle questions to help patients think deeply about the impact of their depression and the need for change. In general, the psychiatrist is optimistic about the ability of the patient to choose wisely

(even if the decision is to avoid medications) and the prospect of change in the future as a result of this intervention, even if it does not occur during the session.

Ideally, patients will leave the intervention session with the experience of having been understood and accepted in a different way than that which occurs in their everyday lives. They will have a sense that the decision they are making is important and worth taking time to think through seriously. They will have a sense that their choice in the matter is critical and that their personal commitment is the key to the success of the treatment. At some point, the patient will be thinking hard about the pros and cons of taking medication and will be thinking to themselves (or saying to someone else) “I never thought of it that way before”. Most importantly, patients should have a sense that their own values are providing the momentum for this decision. The psychiatrist is seen as someone who has helped them tap into this important momentum, but is not the source of it.

### **How to Know the Intervention is Working**

The ultimate test of the effectiveness of this intervention has to do with whether or not patients begin and continue with medications for the treatment of their depression. But, paradoxically, thinking of this outcome measure will probably hinder the psychiatrist in delivering this treatment most effectively. Instead, the psychiatrist is encouraged to use an in-session measure of the success of the intervention: the client’s own speech. Research has shown that what a client says in session about their intent or optimism to change (called change talk or commitment language) is an indicator of outcome. Therefore, the psychiatrist is encouraged to influence clients to verbalize their own reasons and intent to take medications. This is the secret of using motivational interviewing like an expert: do what it takes to pull this kind of speech out of the client. The psychiatrist who is using this method especially well is the one who understands that getting the client to “say it” is the payoff and creatively thinks ahead in the conversation about how to make it happen.

### **Potential Traps In Using this Intervention**

#### *1) Confronting patient’s expectations directly with evidence-based information*

This intervention involves querying clients for specific beliefs and expectations that may interfere with using psychiatric medications. Once disclosed by the client, the psychiatrist may be tempted to provide information or directly dissuade the client from these ideas. Instead, this intervention stresses a gentle questioning, reflection of the client’s ideas and expectations to insure accuracy and then asking permission to provide another point of view in the form of evidence-based information. Inherent in asking permission is the agreement that if the client does not wish to hear the psychiatrist’s opinion, it will be withheld.

#### *2) Emphasis on Information-Gathering to answer questions about the causes of behavior*

Often psychiatrists will wonder why patients think or feel the way they do, and will devote considerable time to find this out in order to facilitate insight or a change in their expectations of treatment. In this intervention, psychiatrists are encouraged to disregard the “why” of patient beliefs and focus instead on how these ideas are helping or hindering what the person’s own goals and values might be in the “here and now”. This present-time, utilitarian focus is essential,

because the intervention is based on the idea that a person can become motivated to change behavior in the current moment, regardless of what has caused it to be so.

### *3) Desire for Patients to Overtly Acknowledge a Need to Change*

Although patients with depression/*nervios* often have difficulty verbalizing a need or desire for change, the psychiatrist can trust that the patient's life circumstances are providing sufficient pressure for change to occur. The psychiatrist may need to overlook patient statements about the lack of a problem or need to change and concentrate instead on the specific elements (pros and cons; values card sort) that will bring such motivations forward into speech. It may also be the case that the patient sincerely does not wish to change. That viewpoint and conclusion is always available to the psychiatrist after a period of such exploration. In general, the psychiatrist proceeds with the viewpoint that acknowledgement of a problem is not necessary in order to discuss why a patient might need to change. Paradoxically, clients can often discuss why it might be necessary to take medication even though they are certain they are not depressed, as so many others have told them.

### *4) Using Medical Expertise to Generate Motivation*

Medical expertise is a part of this intervention, but it must be used carefully. In general, the expert role is least useful when ambivalence is strong, and it may even provoke resistance and apathy from the patient. It becomes more useful as ambivalence diminishes and the patient moves toward change, when confidence is needed. Therefore, the timing of medical expertise is crucial. Expert practitioners will avoid using medical expertise to generate motivation, but will use it cautiously to inspire confidence.

### *5) Lack of a pro-medication bias*

This may seem odd considering the previous discussions about the need to avoid pushing the resistant patient. Also, some psychiatrists feel ethically concerned about having pro-medication bias, and believe they should only discuss options with the patient and not attempt to persuade them in any way. Nevertheless, for this intervention such a bias is desirable. Here is why: the psychiatrist will have an active part in eliciting and reinforcing some client statements and not others—specifically, those statements in favor of beginning medication. Using motivational interviewing explicitly involves influencing clients to speak in favor of making a change (in this case, beginning a medication regimen). Therefore, in using this particular intervention, the psychiatrist adopts a pro-medication bias, rather than relying on the neutral stance that may be more appropriate in other circumstances. Remember, clients have already agreed to begin taking medication prior to beginning this intervention, and they will still be encouraged to make their own decision in any case.

## **Use of this manual**

This manual should be used as a guide to delivering this intervention. As such, each section of a session explains the goal(s) of the exercise, the approach to be used to attain the goal(s), and an

example of phrasing to be used. In general, it is more important to capture the “feel” of MI instead of using the exact phrases provided as examples throughout the manual. However, **bolded** examples of statements for patients should be stated exactly as written, as they are phrased in a particular manner to elicit specific types of responses from patients.

MI approaches build a momentum towards change in patients that becomes evident in each of the sessions. The clinician needs to be alert to this momentum in order to build upon it. The individual sections of each session are aimed at building momentum. However, at times, the clinician may find it helpful to alter exercises (or the sequence of exercises) in order to keep the momentum. These changes might include shortening or lengthening the amount of time spent in a particular section, or even completely skipping a section of the session. This intervention allows for such changes as long as the adaptations remain consistent with MI principles and techniques. As such, the time limits present for each section should act as a guide, but do not need to be adhered to strictly, since it is the patient’s momentum and attainment of that specific goal that would guide the length of a section.

## **OPT-OUTS**

Periodically, while using this intervention, the clinician may be faced with situations where he or she may need to move away from the manual, or indeed from a motivational interviewing stance, to respond more effectively to what the patient presents. We refer to these instances as *opt-outs*. *Opt-outs* should be viewed as temporary deviations from the standardized treatment manual to respond effectively to particular patient problems. The expectation is that the clinician will return to the use of the manual as soon as the situation permits. It is not necessary for clinicians to inform patients that they are using a separate procedure. *Opt-outs* are designed to be consistent with the overall clinical style and content of the protocol. An example of how clinicians might transition to an opt-out procedure is:

*You know, we have a few things that we need to discuss today but I am concerned about the things you are telling me. Why don't we discuss these thoughts that you have been having first, then we will return to our tasks for today? How does that sound?*

Following are that will result in the clinician employing an *opt-out*.

- A. Suicidality
- B. Increase in depression after onset of treatment
- C. Significant side effects
- D. Decision to switch treatment modalities

### ***Suicidality***

The case of suicidality presents a situation where the egalitarian and reflective aspects of motivational interviewing become secondary to assessing and assuring the safety of the patient.

In this situation, the clinician should respond to the suicidal patient (or the patient expressing suicidal ideation) according to standard clinical practice and with the patient's safety as the primary goal. It may be useful for the clinician to review institutional policy for responding to suicidal patients and include these procedures in an adaptation of this manual. For patients expressing suicidal ideation, a return to the manual and an MI stance can occur after a thorough exploration of the ideation reveals no plan or intent and the clinician does not consider the patient to be a danger to him or herself. A continuing assessment of the patient's suicidal risk is warranted and should be revisited without concern about deviation from the treatment manual.

### ***Increase in depression after taking medications***

Whether it is due to optimistic expectations, very recent stressors, or a greater awareness of their depression, during early phases of treatment, patients can experience their depression as worsening. This in turn, can affect motivation to continue with the treatment. After all, patients are not expecting the treatment to make them feel worse!

With some patients who were already moderately or severely depressed, a slight worsening can interfere with their ability to engage in the tasks and exercises included in the manual. In situations like this, the manual may have to be set aside to provide the patient with reassurance

and optimism regarding the treatment. While overt “lending” of optimism is not a common MI method (e.g., “it’ll be ok—you’ll see”), encouraging, normalizing, affirming, and pointing out success are all very consistent with motivational interviewing and may be used in this circumstance. The principle to attend to here is that clients with reduced energy and optimism because of worsening depression may require a more active and overtly encouraging therapist than would otherwise be the case when practicing motivational interviewing. The following statements may be beneficial in this instance:

*“I know this is very difficult for you, but I’m not concerned about this because I know we can work to help you feel better.”* (encouraging)

*“What you are describing does not surprise me. Many of my patients tell me that they feel disappointed when the treatment does not seem to work right away.”* (normalizing)

*“It’s especially hard to feel worse when you were hoping to feel at least a little better by now.”* (empathizing)

*“Sometimes it’s hard to see the progress you’ve made when you are right in the middle of it. But I notice you haven’t missed a single treatment session yet. You are really giving this your best shot.”* (affirming)

### ***Significant Side Effects***

For patients reporting significant side effects from the medication, a deviation from the manual can occur in order to negotiate treatment options with the patient, such as discontinuing the medication or sampling another. While this may be a change from the specific treatment tasks in the manual, the overall MI style of egalitarianism, support of autonomy, and collaboration should be continued. Exercises previously used during the intervention may be used again, if appropriate. An MI-consistent style would encourage a focus on offering options to the patient, exploring the patient’s reactions to those options, and helping the patient reach a conclusion (or not), which would be respected by the clinician. Depending on the severity of the side effects multiple options are available:

1. Attempting to increase the patient’s perception of the importance of the medication, using readiness rulers to elicit client reasons for tolerating mild side effects, as is done on page 54 of the manual for patients who remain ambivalent about starting medication
2. Continuing a decisional balance exercise with discontinuing medication as the target behavior.
3. If the significant side effects are reported during the second session, an exploration of the side effects and a problem-solving discussion, as presented in Session 3 of the manual could be used.
4. Exploring options for changing medications, as is presented in Session 4 of the manual.

### ***Decision to discontinue medication but remain in treatment***

Patients may decide that medications are not the appropriate form of intervention for their depression and may request that treatment consist only of ongoing psychiatric assessment as well

as exploration of alternative treatments, such as psychotherapy. Once the clinician has explored the patient's concerns using an MI style and used the opportunity to provide any information that might prevent a discontinuation of medication, the patient's desire to remain in the treatment without taking medication will be honored. Thus, the patient may complete the sessions specified in the standardized therapy manual. For example:

*A patient who presented at the clinic with depression agreed to a treatment with antidepressants, although during the initial weeks, he expressed significant ambivalence towards the treatment, stating that he didn't think the antidepressant treatment was "for him." While he was adherent to the treatment he did not feel his depression was diminishing. After six weeks of treatment, he reported a traumatic experience from his past that had precipitated his depression and was continuing to trouble him. After a session focusing on this experience, the patient discussed his belief that his depression would diminish as he came to terms with that experience, not through antidepressant medication. At this point, the clinician and the patient agreed to taper off the medication and for the patient to be referred to a clinic where he could receive psychotherapy to help him cope with his experience.*

In this instance, the clinician's willingness to respect the patient's decision to switch treatment modalities facilitated a smooth transfer into a different modality without creating a conflict that might have led to treatment discontinuation.

A patient may remain in treatment at the Hispanic Treatment Program even if s/he does not start or stops the antidepressant. In those cases, visits are used to explore with the patient their current symptoms, to consider alternative possibilities for depression treatment, and to identify and follow-up on possible referrals.

During these ongoing evaluations, the possibility of patient's renewed interest in antidepressant treatment is explored. Patients expressing ambivalence about medications at any point over the course of these sessions may be engaged as described in the Alternative session on p.53 as well as with any other technique described in this manual. For example, the Value card-sort may be used to create discrepancy between the current clinical state and the possibility of therapeutic improvement.



## SESSION 1 (Week 0): Building Importance to Change

Session 1 sets the tone for the overall intervention and will probably have two parts or segments. The most important goals of the session are to 1) establish rapport, 2) explore motivations and concerns patient has about treatment, and 3) to help the patient recognize importance of changing current behavior and to elicit from them the reasons to change. It may also be possible to obtain a verbal commitment to change, exemplified through willingness to start medication.

The first portion of the session (Preparing) is focused on building motivation to change through reflective listening, eliciting of self-motivational statements, and creating greater distance between the patient's current state and their desired state. By the end of the session, the psychiatrist may be able to elicit a commitment to change from the patient (Deciding), which will be exemplified by a statement reflecting a need to begin medication.

Some signs that patient is ready to move from preparing to deciding are:

- ◆ the patient stops resisting and raising objections
- ◆ the patient appears more settled, resolved, unburdened, or peaceful
- ◆ the patient makes statements indicating a decision or openness to change.
- ◆ the patient begins imagining how life might be after a change
- ◆ the patient begins to “negotiate” with the psychiatrist about taking the medication

1. Welcoming remarks, structuring statement, and opening question	(~5 minutes)
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**Goal:** To establish rapport with patient, set structure for the session, and begin exploration of concerns.

**Approach:** The opening statement should include an introduction of the psychiatrist, welcome of the patient, a brief description of what will take place during the session, how long the session will last, and conclude with an open question to begin exploration of concerns that brought patient to treatment.

**Example:** *Hello, I am Dr. \_\_\_\_\_ and I am the psychiatrist who will be working with you to improve your depression/nervios. Thank you for taking the time to come in today. We have about 45 minutes together today. I already have some information about you from the interviews that you have had with other staff at the clinic. But, contrary to some of the other appointments you have already had here, during this session I will be doing less talking and more listening so that I can get a better understanding of how you see things and of your concerns. You are here to discuss taking an antidepressant to help you with your depression and, if you choose, you can take the medication home with you today. We will also have time to discuss information about the medications and address any concerns that you may have about them. Okay?*

**Ejemplo:** *Hola, soy el Dr. \_\_\_\_\_ y soy el psiquiatra que va a estar trabajando con usted para atender su problema de nervios y ayudarlo con su depresión. Gracias por venir hoy a su cita. La sesión de hoy durará como 45 minutos. Yo ya tengo un poco de información sobre usted, basada en las otras entrevistas que ha tenido con el personal de la clínica. La cita de hoy va a ser distinta a otras que ha tenido aquí en la clínica. Durante esta sesión yo voy a estar hablando menos y escuchando más para poder entender mejor como usted ve las cosas y cuáles son sus preocupaciones. Usted está aquí para hablar sobre tomar medicinas para su depresión y si usted así lo decide, podrá llevarse la medicina hoy para su casa y comenzar el tratamiento. Además, tendremos tiempo para hablar sobre la medicina y cualquier preocupación que tenga sobre tomar medicamentos. ¿Qué le parece?*

If the treating psychiatrist did not conduct the initial evaluation, the following paragraph would be appropriate in order to elicit some basic information as to presenting problem. If the treating psychiatrist conducted the evaluation, this step will probably be unnecessary and the session should begin with an exploration of what the person has heard about medication treatment for depression, as described below.

***“To begin, could you tell me briefly about what has brought you here to the clinic? I know that you have been asked this question a number of times but since we will be working together it will be useful for me to hear a brief description of your circumstances directly from you.”***

***“Para empezar, ¿podría decirme brevemente qué es lo que lo(a) ha traído aquí a la clínica? Sé que le han hecho esta pregunta varias veces, pero ya que vamos a estar trabajando juntos, me ayudaría oír directamente de parte suya una descripción breve de sus circunstancias”.***

If an understanding of the cultural context in which the patient views the depression/nervios is not known, inquire with the following questions:

- *What do you call your problem? What name does it have?*
- *What do you think has caused your problem?*
- *What are the chief problems your illness has caused for you?*
- *What do you fear most about your illness?*

Conclude with a reflective statement and link to the patient’s desire to do something about his/her problem, then continue with:

***“You are here today to discuss taking medication for your depression/nervios. What concerns do you have about taking them?”***

For patients who hesitate to report concerns about treatment, various other questions can be used to elicit any concerns they have which they feel uncomfortable expressing. For example...

***“What have you heard about medications for depression or nervios?”***

***“Usted esta aquí hoy para hablar sobre tomar medicinas para su depresión/nervios. “¿Qué le preocupa acerca de tomar estos medicamentos?”***

OR

***¿Qué ha oído usted o qué sabe sobre las medicinas para la depresión/nervios?***

2. Generate a discussion list of concerns to be addressed	(~5 minutes)
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**Goal:** Identify areas of concern that may interfere with the patient’s willingness and motivation for entering psychiatric treatment and taking psychiatric medication.

**Approach:** Quickly create a list of the concerns the patient has about taking medication or entering psychiatric treatment. In addition to the concerns the patient brings up, cue as needed for typical concerns expressed in the “Nervios Treatment Scale”, such as:

- “People will think I am crazy”
- “Medications for nervios are only for people who are very ill”
- “I don’t want to depend on the medications to function”
- “The medications for nervios are addictive”
- “Medicine will make me sleepy (or have other side effects) and interfere with my ability to get things done”
- “The dose will be too strong for me”
- “While the medicine will help me in some ways, it will harm me in others”

Listen empathically and reflectively (mostly simple reflections at this point) but do not confront or contradict the concerns, even if they indicate ideas contradicted by facts you have at hand. Keep this portion brief, since an offer to address these concerns will be made later in the session.

**Example:** *“You mentioned that you had some concerns about the treatment and the medications. Lets take a few minutes so that I can hear what those are. I am going to write them down so that I don’t forget and we will discuss them later in the session.”*

*“Aside from the concerns you have stated, I often hear concerns that one may become dependent on the medication to function, or that if someone is taking medication, others will perceive them as emotionally weak, or even crazy. Are these concerns that you are having?”*

*“So you are concerned that people will think you are crazy.” “You are worried that you not be able to function without the medication.”*

**Ejemplo:** *“Usted mencionó que tenia algunas preocupaciones sobre el tratamiento y la medicina. Vamos a tomar unos minutos para oír cuales son. Voy a escribir lo que me diga para no olvidarlo, y hablaremos sobre sus preocupaciones más tarde en la sesión.”*

*Aparte de las preocupaciones que mencionó, muchas veces oigo que las personas se preocupan de que uno puede llegar a depender de la medicina para poder funcionar, o que si uno está tomando medicina otros van a pensar que uno es débil emocionalmente, o aún que las medicinas son solo para los locos. ¿Le preocupan estas cosas?*

*“Usted se preocupa que otros van a pensar que usted está loco(a).” “Usted se preocupa que no va a poder funcionar sin las medicinas.”*

After the list of concerns is established, inform the patient that you will discuss those concerns later in the session.

**Example:** *Okay, so we have a list of concerns or questions that you have about the medication, which is great. Later in the session we are going to be speaking more about the medication, so I am going to set these aside so we can discuss them then. I think it is really important to talk about these so we will make sure and get to it. How does that sound?*

**Ejemplo:** *Bien, hemos podido hacer una lista de preocupaciones o preguntas que tiene sobre la medicina, que está muy bien. Un poco más adelante en la sesión seguiremos conversando sobre la medicina, así que voy a dejar la lista a un lado por el momento para volver sobre ella entonces. Es muy importante que conversemos sobre estas preocupaciones y preguntas, así que nos aseguraremos de hacerlo.. ¿Qué le parece?*

3. Values card sort	PART 1: Important Values & Goals	(~10 minutes)
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**Goal:** Part 1 of this exercise is focused on understanding the role of the values identified by the patient on their life. The goal is to help create a contrast for the patient between how they would like to be living and how they are living, in terms of goals and values. In this exercise, the clinician works to create an ideal sense of the patient’s life, which in PART 2 will be contrasted with their current experience as a depressed person

**Approach:** Hand patient the “values cards,” saying “Here are some cards with different values written on them. When I say values, I am speaking of ideas that are very important to us in our lives. Please, look through the cards and select the three values that are the most important to you.” Set the selected cards in front of the patient. Explore the importance of these values in the patient’s life, reflecting throughout.

Next, ask *“How have your values been affected by your depression/nerves?”*

*“Su depresión/ sus nervios, ¿cómo ha afectado a estos valores?”*

**Possible prompts when patient refuses values card sort:**

“You are the kind of person who can see the value in all of these things, so it might be hard for you to pick out just a few. Just do your best to pick out the most important ones; the number isn’t important.” OR

“It will help to focus our conversation on just a few. Could you choose the ones that are most interesting to you, for whatever reason?” OR

“The exact number isn’t really important. What I really want to know is what matters the most to you. Perhaps you could put them in order; with the most important ones for you right on the top.” OR

“Could you pick just one for us to talk about first? We can get to some of the others in a minute. I’m curious which one you would pick to talk about first.”

**Example:** “So, one of the important aspects of this session is to get to know you a bit better. So, here are a number of cards with different values and goals written on them. These are ideas or ways of being that are very important to you in your life. I would like you to look through these cards and choose the three that you consider the most important to you. There is a blank card in there in which you can select a value or goal that is very important to you which is not written on any of the other cards. Once you select a card, place it here (in front of patient). (Pause to allow the patient to complete). Tell me about these values in your life, lets start with this one here.

**Ejemplo:** Un aspecto importante de esta sesión es conocerlo(a) mejor. Aquí hay varias tarjetitas con diferentes metas y valores escritos en ellas. Estas son ideas o formas de ser que son muy importantes para usted en su vida. Me gustaría que repase las tarjetitas y escoja tres de ellas que considere los más importantes para usted. Hay una tarjetita en blanco por si acaso un valor o meta que es muy importante para usted no está escrito en ninguna de las otras tarjetitas. Cuando escoja una tarjetita, por favor póngala aquí. Ahora, por favor, hábleme de estos valores en su vida. Vamos a empezar con éste de aquí.

4. Values card sort	PART 2: Impact of Depression on Values	(~5 minutes)
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**Goal:** The goal of this part of the exercise is to assist patient in recognizing how deeply the depression/nervios has affected his/her ability to abide by and comply with his/her deepest values, working toward a point that the patient feels they must do something about the depression/nervios.

**Example:** We have been speaking about how important each of these values is to you. How have these values been affected by your depression/nervios?

**Ejemplo:** Hemos estado hablando de lo importante que son estos valores en su vida. ¿Cómo ha afectado su depresión / o problema de nervios a estos valores?

NOTE: the role of each value in the patient’s life is looked at individually, while the impact of the depression/nervios on the values is looked at as a group.

When the patient has finished discussing the impact of the depression/nervios on his or her values, continue with summary...

**Example:** “It is clear that these values are very important to you, your faith, your sense of family, and most of all, taking care of your children. It is also clear that your ability to abide by these values, which you hold so dearly, has been significantly affected by your depression/nervios. So we see that you have not been attending church as often, have broken off contact with some of your family, and most painful to you, you have noted that you are not on top of your children’s needs as much as you used to be. The depression/nervios has really been taking a toll on your ability to live according to your values.”

**Ejemplo:** *Queda claro que estos valores son muy importante para usted, su fe, su sentido de familia, y más que todo, el cuidar a sus hijos. También, está claro que su capacidad de mantener estos valores tan importantes para usted se ha afectado por su depresión/nervios. Por ejemplo, vemos que ya no va a la iglesia tanto como antes, ya no habla tanto con su familia, y lo más doloroso para usted, nota que no está al tanto de las necesidades de sus hijos de la manera en que usted quisiera. La depresión/nervios ha afectado mucho su capacidad de vivir su vida según sus valores.*

Conclude Values Card Sort with a key question, selected depending on the patient’s current status in terms of motivation for treatment, change talk, and readiness for action. For more ambivalent patients, the question is broader, less pointed, while for patient expressing greater motivation to start treatment, the question can be more direct. The following examples begin from broader, less pointed questions to the more direct.

Examples:

**“So what do you make of this?”**

**“¿Qué piensa de esto?”**

**“So what does this tell you about your depresión/nervios?”**

**“¿Qué le dice esto sobre su depresión/nervios?”**

**“So what do you think you should do about your depresión/nervios?”**

**“¿Qué piensa que debe hacer sobre su depresión/nervios?”**

5. Discuss concerns raised previously
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(~5 minutes)
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**Goal:** Raise concerns that were initially identified by patient as obstacles to treatment and medications in order to clarify any discrepancy between the patient’s and the physician’s expectations of treatment.

**Approach:** Repeat each concern the patient had identified, starting with the most urgent or important one first. Ask permission to offer information from evidence-based biomedicine, then ask the patient for any thoughts on the information you have provided. Information provided should be as objective as possible, not pushing patients into accepting information in order to avoid increasing their resistance. (**Elicit** Concern; **Provide** Information, **Elicit** Response)

**Example:** *This is typically where we talk about medication and I know you have some concerns about that. I remember you telling me that... this is what we know about it... that's my guess about what will also happen with you, what do you think about that?*

**Ejemplo:** *Ahora es cuando típicamente hablamos de la medicina y sé que usted tiene algunas preocupaciones sobre esto. Recuerdo que usted me dijo que...esto es lo que sabemos sobre eso...y eso es lo que imagino que también sucedería con usted. ¿Qué piensa acerca de esto?*

6. Introduce medications	(~5 minutes)
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**Goal:** Provide patient with necessary information about the medication they will be taking.

**Approach:** This section continues to use ELICIT-PROVIDE-ELICIT to provide information to the patient about the medication. The approach is that the psychiatrist provides some information and then stops to elicit a response from the patient, then asks if (s)he would like more information and, if the patient responds YES, then provides a bit more information, and repeats this process. Information should be offered about:

- **Dosage and timing:**-general information
  - start at low dosage then increase to help body get used to it
  - timing of dosage can vary during the day
- **Adverse Effects:** -most common adverse effects such as GI problems, sedation or activation, headaches, sexual issues
  - transient nature of adverse effects
- **Contraindications:**-interaction with alcohol and drugs
  - interaction other medications
- **Treatment process:** -slow reaction in beginning
  - can take months to feel better
  - often best to take medication for at least 6 months after feeling better
  - patient will be treated for 3 months in the study and offered three more months of outpatient treatment afterwards
- **Non-addictive** medication, however, medication should not be stopped suddenly. If it must be stopped you would work together to taper patient off medication

**Example:** *Well, since you have decided to go ahead and start taking the medication, there is some information about how to take it, when to take it, etc that you might want to know. Can I share it with you?*

*I am thinking on starting you on a medication called (e.g., sertraline), which is an antidepressant that tends to help a lot with the symptoms you mentioned to me earlier. This is a pill that you would take once per day at the beginning and we could see how things progress, if that one pill is working well enough or if we want to increase it. That is something that we would decide together. We can also speak a bit about when might be the best time of day for you to take it. One more thing that I would like to tell you about this treatment is that it tends to take a while before you feel the effects of the medicine. It's not like an aspirin that you take it when you have a headache and then headache goes away. This treatment requires that enough medicine enter your system for a period of time, so you will take this for a few weeks before you will actually feel any change, and to build up the medication in your system, its important to take it daily. So, I have given you a bunch of information. What do you think? Any questions?*

*If you would like, I can also give you some more information, such as how it can interact with other medications, about side effects you might have and how we deal with them, about drinking alcohol while you are on this medication, or even about how the medication works in your system. Would you like information about those topics?*

*Okay, so you have had enough information for one day. That's okay. I just want to remind you that you may ask me questions about the medicine at any point and I will be happy to provide you with the information. Also, I want to give you this little brochure. It provides some of the basic information about the medication and if at some point you want to read it, you have the information available to you. How's that?*

**Ejemplo:** *Bueno, ya que ha decidido empezar la medicina, hay un poco de información sobre cuándo y cómo tomarla que sería bueno que supiera. ¿Puedo compartirla con usted?*

*La medicina que pienso darle es (e.g., sertralina), es un antidepresivo que ayuda bastante con los síntomas que me mencionó antes. Es una pastilla que debe tomar una vez al día al principio, y vamos viendo como progresa, si una pastilla es suficiente o si debemos aumentarla. Esto es una decisión que tomaríamos juntos. También podemos hablar un poco sobre la hora del día en la que tomaría la pastilla. Otra cosa que me gustaría decirle sobre el tratamiento es que tarda un poco en hacer efecto. No es como la aspirina, que si uno siente dolor de cabeza se la toma, y se siente mejor enseguida. Esta medicina tiene que acumularse en su sistema durante un periodo de tiempo, así que tardará algunas semanas para sentir algún cambio, y para que se acumule en su sistema, es importante que la tome todos los días. Le he dado un montón de información. ¿Qué piensa? ¿Tiene alguna pregunta?*

*Si desea, también le puedo dar más información, sobre cómo la medicina interactúa con otras medicinas que esté tomando, los efectos secundarios que le pueda causar y como aliviarlos, sobre el uso del alcohol cuando esté tomando la medicina, ó como la medicina funciona en su sistema. ¿Le gustaría recibir información sobre estos temas?*

*Bien, siente que le he dado suficiente información por hoy. Está bien. Solo quiero recordarle que puede hacerme cualquier pregunta sobre la medicina en cualquier momento durante su tratamiento, y estaré muy dispuesto a contestársela. También quiero darle este folleto que*



provee alguna de la información básica sobre el medicamento, así que si en cualquier momento quiere leerlo, tendrá la información disponible. ¿Qué le parece?

## 7. Closure

(~5 minutes)

**Goal:** Conclude session for patient. Depending on outcome of session (patient's willingness to begin treatment) offer prophylaxis statement or set expectation that by end of next session a decision about the treatment needs to be reached.

**Example: (for patient beginning treatment)** *Ok, so these are the medications that you will be taking in the manner that we discussed. Now, some people go home all excited about the medication and ready to begin and somewhere along the line they have second thoughts and stop taking it. Sometimes this is because they have side effects they were not expecting, sometimes its because they suddenly go away and forget to take the medication with them or don't have enough to last them for the entire time they are away. Other people don't see any immediate effects so they stop taking it. If any of these situations happen to you, I would like you to call me so we can try and find some way to resolve any problem that comes up. Even if you decide not to take the medication, I would like you to come back and see me for our next appointment. Okay?*

**Example: (for patient who is not starting treatment)** *It sounds like you are not ready to start taking medications this week. I am going to give you an appointment for next week so that we can continue to talk about your concerns and help you reach a decision about entering treatment. Keep in mind that if you decide not to enter treatment here we can refer you to other facilities that may be offering other types of treatment. Okay?,*

**Ejemplo: (para pacientes empezando el tratamiento):** *Bueno, aquí están las medicinas que estará tomando tal como hablamos. Ahora, hay muchas personas que se van a la casa entusiasmadas con la medicina y listas para empezar, y en algún punto se arrepienten y dejan de tomarla. A veces esto ocurre porque tienen efectos secundarios que no esperaban, otras veces porque tienen que viajar de repente y se les olvida llevar las medicinas o no tienen suficientes medicinas para cubrir el tiempo que están fuera. Otras personas no sienten ningún cambio inmediatamente y dejan de tomarlas. Si a usted se le presentaran algunas de estas situaciones quiero que me llame para poder resolver cualquier problema que surja. Aunque decida no tomar las medicinas me gustaría que viniera a su próxima cita. ¿Está bien?*

**Ejemplo (para pacientes que no van a empezar el tratamiento):** *Parece que usted no está listo(a) para empezar a tomar la medicina esta semana. Le voy a dar una cita para la semana que viene para poder seguir hablando de sus preocupaciones y ayudarlo(a) a llegar a una decisión sobre el tratamiento. Recuerde que si decide no empezar el tratamiento aquí, podemos referirlo a otras clínicas donde estén ofreciendo otros tipos de tratamiento. ¿Esta bien??*

7. Set appointment time for next week.

**Example:** *Next week we will meet to discuss how the treatment has been going and explore any concerns that have arisen about the treatment. For the next visit, please bring your medicine bottle with you so that we can give you a new supply of medication. Here is some information about how to contact me, or in case of emergency, how to contact the psychiatrist on call. I am usually here.....if you need to contact me during the week, feel free to do so.*

**Ejemplo:** *La semana que viene nos reuniremos para ver como le va con el tratamiento y para hablar de cualquier preocupación que haya surgido sobre el tratamiento. En la próxima visita, por favor, traiga el frasco de medicina para poderle dar más medicina. Aquí le doy información sobre como ponerse en contacto conmigo o, en caso de emergencia, como ponerse en contacto con el psiquiatra que esté de guardia. Yo estoy aquí los .... Si necesita ponerse en contacto conmigo durante la semana, por favor llámeme.*

## **SESSION 2 (Week 1): Building Confidence to Adhere to Treatment**

**(SEE APPENDIX 4 FOR DESCRIPTION OF 2<sup>ND</sup> SESSION FOR PATIENTS WHO DID NOT ACCEPT MEDICATION OR WHO ACCEPTED MEDICATION AND DID NOT TAKE IT)**

For patients who **HAVE DECIDED TO BEGIN MEDICATION**, this session is focused on strengthening commitment to change and maintaining adherence to the treatment. Having established the importance to change in the last session, the work now focuses on increasing the patient's confidence that he/she will be able to change his/her behavior.

1. Welcome patient, review last session, and set structure for session	(~3 minutes)
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**Goal:** Reaffirm patient's decision to change, establish continuity between the sessions, and relationship to treatment for depression/nervios. Include a prediction of disappointment given the amount of time that it might take the medication to work. Use reflective listening to respond to any concerns expressed.

***Example:** Hello and welcome back. I am glad you came back so that we can continue to speak about your treatment. . Looking back on last week, we discussed how you were feeling, your concerns and, in particular, some concerns that you had about starting treatment. I remember you expressed concerns that the medication would...(state some of the specific concerns expressed by patient). By the end of the session, however, you felt that you really needed to do something to change your current situation and decided to accept the medication we offered you in order to start treatment.*

*Today, I would like to hear from you how the treatment has gone during the past week. We can also talk about ways to deal with any obstacles that kept you from taking the medication during the week, okay? One of the things that I often hear about from patients is that they are disappointed that the medication did not work as quickly as they expected. Is that something that you experienced?*

*...yes, so you started thinking that since they hadn't worked yet, they wouldn't work at all.*

*...yes, so you were somewhat disillusioned that you didn't notice any immediate effects.*

***Ejemplo:** Hola y bienvenido(a) de nuevo. Me alegro que haya venido para poder seguir hablando sobre su tratamiento. La semana pasada hablamos de cómo usted se estaba sintiendo, sobre sus preocupaciones, y en particular, sobre sus preocupaciones al empezar el tratamiento. Recuerdo que usted mencionó que le preocupaba que la medicina...(mencione preocupaciones específicas que el paciente expresó). Pero, al terminar la sesión, usted sentía que tenía que hacer algo para cambiar su situación y decidió aceptar la medicina que le ofrecimos y empezar su tratamiento.*

*Hoy, quisiera saber cómo le ha ido con el tratamiento durante esta última semana. También podemos hablar de cómo sobrellevar obstáculos que impidieron que usted tomara la medicina durante la semana. ¿Está bien? Una de las cosas que oigo muy a menudo de mis pacientes es que están un poco desilusionados porque la medicina no trabajó tan rápidamente como ellos esperaban. ¿Fue eso algo que usted sintió?*

*“...Si, pensó que si ya no habían empezado a funcionar, que ya no funcionarían.*

*“...Si, entonces estaba un poco desilusionado(a) porque no notó ningún efecto inmediatamente.*

2. Inquire about how patient has been doing the past week	(~3 minutes)
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**Goal:** Re-establish rapport and assess how patient has been doing during the past week, any new stressors, changes in condition, etc.

**Approach:** Ask an open-ended question inquiring as to patient has been feeling.

**Example:** *So how have things gone this week? How have you been feeling?*

**Ejemplo:** *¿Cómo le fue la semana? ¿Cómo se ha estado sintiendo?*

3. Query about medication adherence and response	(~2 minutes)
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**Goal:** Explore patient’s adherence and response to the medication, gaining an overall impression of his or her experience with it.

**Approach:** Ask a general question to begin discussion of how treatment has been going for the patient. Using the medication adherence report, review adherence with the patient, remaining supportive and MI-consistent if adherence has not been perfect.

**Example:** *So how has the treatment been going?*

Continue with...

*Let’s see, you were able to take 80% of your medications, that’s great. I also see it’s not always easy to take your pills.*

**Ejemplo:** *Bueno, ¿cómo le ha ido con el tratamiento?*

Continúe con...

*Pudo tomarse 80% de sus pastillas, que bien. También veo que no siempre le es fácil tomarse sus pastillas.*

**Other possible questions for patient:**

*How has the treatment gone this week?*

*¿Cómo le ha ido con el tratamiento esta semana?*

*How have you been tolerating the medicine?*

*¿Cómo le caen las pastillas?*

4. Elicit and address any new concerns about medication
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(~5 minutes)
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**Goal:** Identify concerns that the patient may be having about the medication that might be interfering with adherence. **Focus must be kept on new concerns about the medication, not on whether or not to take the medication.** The concerns identified should be addressed at this point.

**Example:** *You were hoping to feel better after taking your medication a few times. What other concerns did you have regarding the medication?*

**Ejemplo:** *Usted esperaba sentirse mejor después de haber tomado la medicina varias veces. ¿Qué otras cosas le preocupan sobre las pastillas?*

5. Elicit Confidence Talk
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(~15 minutes)
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**Goal:** Elicit confidence talk to increase motivation to continue treatment and patient's self-efficacy in adhering to treatment. Facilitate the patient recognizing their ability to persevere and attain their goals. Link previous attainment of goals to likelihood that they will be able to attain the goal of undergoing treatment and emerge from their depression.

**Approach:** Confidence talk will be elicited through the use of a *Confidence Ruler* and a story of an unexpected accomplishment. MI approach is maintained during the discussion elicited through these questions/exercises. MI approach needs to be maintained even when patient is motivated and committed to the change. End with a summary of patient's strengths and determination, linking it to good prognosis in maintaining adherence to treatment.

In moving into confidence talk, be alert to signs of increased resistance, signaling that the shift into this talk may be too sudden for the patient. If so, slowing down, re-eliciting change talk, and if necessary, employing the approaches to resistance discussed previously may be beneficial in pacing more effectively with the patient and proceeding into confidence talk.

## **Eliciting Confidence Talk:**

### **1) Confidence Ruler:**

“As you begin your treatment, how confident are you that you could take this medication daily? On a scale from 0 to 10, where 0 is not at all confident and 10 is extremely confident, where would you say you are on that scale?”

*Ahora que empieza su tratamiento, ¿cuán confiado(a) se siente usted de que va a poder tomar la medicina diariamente? En una escala del 0 al 10, donde 0 es que no confía que lo va a poder hacer y 10 es que confía totalmente que lo va a poder hacer, ¿en dónde estaría usted en esa escala?*

Follow with...

**“What makes you choose a \_\_\_\_ and not a 0? What could move you from a \_\_\_\_ to (a higher number)?”**

**“¿Qué le hace escoger un \_\_\_\_ y no un 0? ¿Qué lo(a) ayudaría a cambiar de un \_\_\_\_ a (un número más alto)?”**

### **REMEMBER NOT TO ASK THE QUESTION IN REVERSE...**

“Why are you at \_\_\_\_ and not at 10?” since this interferes with confidence talk.

*Summarize discussion for patient and link to next task: I am glad to hear that you feel confident that you will be able to take the medication every day during the next three months. I also hear, however, that there is a part of you that feel not completely confident that you will be able to achieve this. We find that oftentimes, when people are depressed they don't appreciate the accomplishments they have achieved and often think that they are incapable of achieving other goals. However, this is often the depression speaking. I think it would be useful to talk about some of the accomplishments you have achieved in your life. Would you mind sharing some of those with me?*

*Me alegra saber que confía en que se va a poder tomar la medicina todos los días durante los próximos tres meses. Pero, también me doy cuenta que de cierto modo no está completamente seguro(a) que lo va a poder lograr. Muchas veces vemos que cuando las personas están deprimidas, no aprecian lo que han logrado y piensan que son incapaces de lograr otras metas. Pero, muchas veces, esto se debe a la depresión. Me parece que sería beneficioso hablar de algunas metas que ha logrado en su vida. ¿Le parece bien contarme algunas de estas historias?*

### **2) Unexpected accomplishment:**

“Looking back on your life, what experiences have you had in which you were able to accomplish something that prior to doing it you weren't sure you would be able to do it.”

“Mirando hacia su pasado, ¿qué experiencias ha tenido en las cuales usted logró algo que antes de lograrlo no pensó que lo iba poder hacer”

If necessary, cue with...

*“What about coming to the U.S.?”*  
*¿Y el venir a los Estados Unidos?*

*“What about making due with a limited budget?”*  
*¿Y el sobrevivir con sus limitaciones económicas?*

*“What about raising your children in such a dangerous neighborhood?”*  
*¿Y el criar a sus hijos en un vecindario tan peligroso?*

**\*REMEMBER: THE PURPOSE OF THIS EXERCISE IS TO INCREASE THE PATIENT’S SELF-CONFIDENCE**

During this exercise elicit confidence talk by exploring how patients were able to accomplish the goal and overcome the situation they identified. Explore how they felt during the challenge, how they overcame feelings of doubt that arose, how they overcame periods of hopelessness, and how they felt at achieving their goal. Reflections are the primary mode used to elicit the information and move the patient into re-experiencing the sense of accomplishment. However, if necessary, the following types of questions can be used:

*“What was it like to go through that experience?”*  
*¿Cómo fue para usted pasar por esa experiencia?*

*“How did you feel as you were going through it?”*  
*¿Cómo se sintió pasando por eso?*

*“How did you overcome your feelings of doubt or hopelessness about achieving the goal?”*  
*¿Cómo superó sus dudas de que no iba a poder lograrlo?*

**Afterwards, the clinician should reinforce the accomplishment.**

**\*REMEMBER: CONNECT PERSEVERANCE IN THE PAST TO PROGRESS IN THE CURRENT TREATMENT**

**Example of summary reflection to reinforce confidence:** *It certainly does sound as though you have been able to accomplish some very difficult things in your life. You stuck to your plans and achieved your goals. And it is great to hear how that has made you recognize how strong a person you are. We have found in our work with patients that character qualities such as perseverance, confidence, and strength (choose from among strengths patient has discussed) are very good signs for sticking to treatment and recovering from depression/nervios. I can imagine that because you are so depressed/nervioso(a), you often don’t even recognize these qualities in*

*yourself, but we can see from your experiences that they are actually a part of who you are and can certainly begin to resurface once the depression/nervios subsides.*

**Ejemplo de resumen para reforzar la confianza:** *Parece que ha podido lograr cosas muy difíciles en su vida. Se mantuvo enfocado(a) en sus planes y logró sus metas. Me alegra oír como esto le ha ayudado a reconocer lo fuerte que es usted. Hemos encontrado en nuestro trabajo con pacientes que la perseverancia, la confianza, y la fortaleza (escoja lo más apropiado según lo que contó el paciente) son señales muy buenas de poder continuar el tratamiento y recuperarse de la depresión/nervios. Puedo ver que usted está tan deprimido(a) que no reconoce estas cualidades tan importante que tiene, pero vemos según las experiencias que me contó que en realidad estas cualidades son parte de su persona y surgirán de nuevo cuando su depresión/nervios disminuya.*

6. Summarize session	(~5 minutes)
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**Goal:** briefly summarize session for patient, restating concerns, and focusing on confidence talk that emerged in order to reaffirm patient's self-efficacy.

**Example:** *Well, we've come to the end of the session for today. Although we saw that it was difficult to take all of your pills since our last meeting, you were able to express your concerns about the medication and some of the reactions that you had to it, like the nausea and upset stomach. However, some of the concerns that you spoke about last week like getting very sleepy didn't occur, which is great. Certainly as the session progressed I heard you speaking much more surely about your ability to take your medication more consistently. I remember you saying how easy it would be compared to some of the other challenges you have experienced in life, like... (make a specific reference to a challenge faced by the patient, if it was discussed in session). So it seems as though you are much surer of your ability to do this.*

**Example:** *Well, it seems as though the treatment is proceeding well. You were able to take all your pills during the week, and you had no significant problems with the medication. During this session we also recognized your self-confidence in achieving the changes that you set out to accomplish and your ability to stick to your plans. We saw that as you spoke about.... Those are very important qualities in terms of sticking to your treatment and struggling through your depression/nervios, as we have seen those qualities often in people who are able to complete their treatment.*

**Ejemplo:** *Bueno, hemos llegado al final de la sesión de hoy. Aunque vimos que le fue difícil tomarse todas las pastillas durante la semana pasada, pudo expresarme sus preocupaciones sobre la medicina y las reacciones que le causaron, como las náuseas, y revoltura en el estómago. Pero también vimos que algunas de las preocupaciones que tenía, como por ejemplo que la medicina le iba a dar mucho sueño, no le sucedieron, lo cual es fantástico. Durante la sesión de hoy, lo(a) oí hablando con mucha más confianza de poder tomar su medicina regularmente. Recuerdo como dijo que sería muy fácil comparado a otros retos que ha tenido en la vida, como... Así que parece que está mucho más seguro(a) de su habilidad de continuar con su tratamiento.*



**Ejemplo:** Bueno, parece que su tratamiento está procediendo bien. Pudo tomarse todas las pastillas durante la semana y no tuvo problemas serios al tomarlas. Durante esta sesión también hablamos de su nivel de confianza en cuanto a lograr los cambios que se propone y su habilidad de seguir enfocado(a) en sus metas. Noté eso cuando habló de... Esas son cualidades muy importantes en término de seguir con su tratamiento y de luchar con su depresión/nervios. Muchas veces notamos esas cualidades en las personas que logran completar su tratamiento.

#### 7. Schedule next appointment

**Example:** For the next two weeks, we will meet to see how you are doing with the medication, discuss any concerns that might have arisen, and to refill your prescription. As I mentioned to you last week, sometimes obstacles arise during the week, such as lack of expected improvement, side effects, or unexpected trips that keep people from taking the medication as prescribed. If anything comes up during the week that interferes with you taking your medication as prescribed please call me so we can work around it. And remember, even if you decide to stop taking the medication, please come in to our next appointment. So our next appointment is for next week, on...Please remember to bring in your pill bottle so that we can give you a new supply of medication.

**Ejemplo:** Durante las próximas dos citas, nos reuniremos para ver cómo le va con la medicina, hablar de cualquier preocupación que haya surgido, y para darle sus pastillas. Como le mencioné la semana pasada, a veces surgen obstáculos durante la semana que impiden que tome su medicina, tal como la falta de mejoría, efectos secundarios, o viajes inesperados que no permiten que la persona tome la medicina como está indicada. Si algo sucede durante la semana que interfiera con tomarse la medicina, por favor llámeme para hablar de cómo solucionar la situación. Y acuérdesese, aunque decida no seguir tomando la medicina por favor venga a la próxima cita. Bueno, nuestra próxima cita será el... Por favor acuérdesese de traer el frasco de pastillas para darle más pastillas.

## **SESSION 3 (Week 4): Addressing Obstacles to Treatment Adherence**

**The purpose of this session is to maintain the changes made by reviewing progress, renewing motivation, and reinforcing commitment to change. Session will also focus on the obstacles to maintaining commitment to change and ways of overcoming the obstacles.**

**Reviewing Progress:** Review what has happened since the last session. Discuss with patient what commitment and plans were made, explore what progress the patient has made toward changes. Respond with reflection, open questions, affirmation, and reframing. Determine the extent to which previously established goals and plans have been implemented.

**Renewing Motivation:** Phase 1 processes can be used again to renew motivation for change. The extent of this renewal depends on clinician's judgment of patient's current motivation for change. This may be assessed by asking clients what they remember as the most important reason for starting treatment.

**Reinforcing Commitment:** This may be a reaffirmation of the commitment made earlier. If the patient has encountered significant problems or doubts about the initial plan, this may be a time for reevaluation, moving toward a new plan, and commitment. Seek to reinforce the patient's sense of autonomy and self-efficacy, an ability to carry out the self-chosen goals and plans.

1. Welcome client, review work thus far, and set structure of session.	(~3 minutes)
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**Goal:** Re-establish rapport with patient, affirm patient, review work done so far, and establish continuity across sessions.

***Example:*** Hello, and thank you for coming in today. You have been very strong in deciding to do something about your depression and start your treatment and I am glad to see that you are continuing in your commitment to change by coming in for today's session. Today, we can focus on how the medication has been going for you, we can talk about any obstacles you have been encountering that have kept you from taking the medication, and explore ways to overcome those obstacles. How does that sound?

***Ejemplo:*** Hola, y gracias por venir hoy a su cita. Usted ha sido muy firme en decidir hacer algo sobre su depresión y empezar su tratamiento y me alegra ver que continúa comprometido(a) a cambiar, lo cual es lo que lo(a) trae aquí hoy. Hoy podemos enfocarnos en cómo le ha ido con la medicina, podemos hablar de cualquier obstáculo que haya surgido que haya impedido que tome la medicina, y explorar maneras de superar esos obstáculos. ¿Qué le parece?

2. Inquire about how patient has been doing the past week	(~3 minutes)
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**Goal:** Re-establish rapport and assess how patient has been doing during the past week, any new stressors, changes in condition, etc.

**Approach:** Ask an open-ended question inquiring as to patient has been feeling.

**Example:** *So how have things gone this week? How have you been feeling?*

**Ejemplo:** *¿Cómo le fue la semana? ¿Cómo se ha estado sintiendo?*

3. Query about medication adherence and response	(~2 minutes)
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**Goal:** Explore patient's adherence and response to the medication gaining an overall impression of their experience with it.

**Approach:** Ask a general question to begin discussion of how treatment has been going for the patient. Using the medication adherence report, review adherence with the patient, remaining supportive and MI-consistent if adherence has not been perfect.

**Example:** *So how has the treatment been going? OR How have you been tolerating the medicine?*

Continue with...

*Let's see how many pills you were able to take I see you were able to take 90% of your pills, almost all. And I can also see that it is really hard for you to take all of your pills. As I mentioned to you earlier, today, I would like to talk about things that might impede your ability to take your medication so that we can figure out some ways of dealing with those obstacles.*

**Ejemplo:** *Bueno, ¿cómo le ha ido con el tratamiento? OR ¿Cómo le han caído las pastillas?*

Continúe con...

*Vamos a ver cuantas pastillas logró tomar Veo que pudo tomarse 90% de sus pastillas, casi todas. Y también veo que le es verdaderamente difícil tomarse todas sus pastillas. Como le mencioné anteriormente, hoy me gustaría hablar de cosas que pueden impedir que usted tome su medicina para poder explorar algunas maneras de sobrellevar estos obstáculos.*

4. Explore obstacles to adherence	<b>USE YELLOW SHEET</b>	(~5 minutes)
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**Goal:** Assist patient in identifying obstacles to adherence in order to help resolve these obstacles and increase adherence.

**Approach:** Use sheet with bubble comments, setting it in front of patient. Be sure the bubble sheet has at least one blank space. Ask patient to select the three most important obstacles that could interfere or make it harder in any way to take the medication or continue in treatment. Explore the potential impact of these obstacles using the MI approach, with a particular emphasis on recognizing and reinforcing the patient's reasons for overcoming these obstacles.

**Example:** *These are some of the obstacles that some people have identified as interfering with or making it harder in any way to take their medications consistently or continuing in treatment until its completion. Which of these could possibly affect your ability to take your medication consistently or continue in your treatment? (With some patients, it might be helpful to include patently ridiculous or unlikely obstacles to open the exercise with “play”).*

**Ejemplo:** *Estos son obstáculos que algunas personas han dicho que interfieren con, o que hacen más difícil, de alguna manera, tomar la medicina de una forma consistente o que aun los lleva a dejar el tratamiento antes de terminarlo. ¿Cuáles de estos obstáculos piensa usted que pudiera afectar su habilidad de tomar su medicina regularmente o continuar con su tratamiento?*

In some cases, patients may not spontaneously report any obstacles to adherence and do not agree with any of the reasons presented in the handout. In that case, the psychiatrist should acknowledge and reinforce the lack of obstacles and offer the patient the opportunity to bring up any obstacles that arise in the future.

**Example:** *So it sounds as though you haven't been having any problems taking your medications and the typical obstacles that people speak about don't seem to be occurring to you. That's wonderful, I am glad to hear that. Sometimes, these obstacles might come up after a while of taking the medication. So if any obstacles to your taking your medication come up in the future, feel free to mention them during our session so that we can figure out how to deal with them. Okay?*

[SKIP TO END OF SECTION 6 TO DISCUSS ADHERENCE SUCCESSES]

**Ejemplo:** *Parece que no ha tenido ningún problema tomando su medicina y que los obstáculos típicos de los cuales la gente habla no le están ocurriendo. Esto es fantástico y me alegra oírlo. A veces, los obstáculos pueden surgir después de estar tomando la medicina por algún tiempo. Así que si se le presenta algún obstáculo en el futuro, por favor déjeme saber durante nuestra próxima sesión para poder explorar como solucionarlo. ¿Está bien?*

5. Help patient problem solve obstacles identified	(~5 minutes)
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**Goal:** Validate patient's challenge, increase patient's ability to problem-solve in relation to medication, and increase patient's self efficacy in dealing with medication issues.

**Approach:** Maintain MI stance, elicit from patient approaches to resolving the obstacles identified. Clinicians may become more directive in assisting with problem-solving (for example, offering advice) as long as resistance does not increase.

**Example:** *Which one of these do you think is most likely to interfere in any way with your taking your medication consistently? I see, you are very concerned that because you are taking*

*psychiatric medication people might think you are crazy and you wouldn't like that. I wonder how we could deal with that so that it wouldn't interfere with your treatment. What have you already thought about doing?*

**Ejemplo:** *¿Cuál de estos le parece que es más probable que interfiera de alguna manera con su habilidad de tomar su medicina regularmente? Ya veo, a usted le preocupa mucho que porque está tomando medicina, la gente vaya a pensar que usted está loco(a) y no le gustaría oír eso. ¿Cómo podemos solucionar esto para que no interfiera con su tratamiento? ¿Qué se le ha ocurrido que podría hacer al respecto?*

If patient is unable to identify possible solutions to obstacle you can add...

*Here is a variety of possibilities people have used successfully to deal with that. Some people have chosen to tell only close family members or people who have had similar experiences, believing that they would be more supportive and understanding. Other people have chosen to focus not on keeping it private, but on telling people and teaching them about what they are experiencing and how that differs from the idea of "crazy." Some people have even taken pamphlets from here to give to friends and family members so that they understand more about his or her depression/nervios. Other people focus on it just like a medical illness, go about their lives and take their pills and not really talk to anyone about it, not because they are afraid to, but because they don't think it's anyone's business. Other people have focused more on learning about depression/nervios, so that they understand it better and worry less about what others might think. These are some of the things that people in your position have done. Are there any of these which might be particularly helpful to you? Are there any that sound like a good approach but we have to change a little to help you in your particular circumstances? Which one? Are there any that absolutely would not work? Why is that?*

*Déjeme presentarle una variedad de posibles soluciones que otras personas han usado efectivamente para sobrellevar estos problemas. Algunas personas han decidido conversar sobre esto únicamente con un familiar cercano o con personas que han tenido una experiencia parecida, pensando que los entenderían mejor y los apoyarían más. Otras personas han decidido no mantenerlo en privado sino decirle a otros y educar a los demás sobre lo que le está pasando y cómo esto no significa que estén "locos." También, algunas personas se han llevado panfletos de la clínica para darle a sus amigos y familiares para que ellos puedan entender mejor lo que es la depresión/los nervios. Otras personas se enfocan en la depresión como si fuera una enfermedad médica, siguen con sus vidas, y toman sus pastillas y no lo hablan con nadie, no porque tienen miedo sino porque piensan que no es asunto de nadie. Otros deciden educarse mejor sobre la depresión/nervios para entenderla mejor y preocuparse menos sobre lo que dirán otras personas. Estas son algunas de las cosas que otras personas en su situación han hecho. ¿Hay alguna de estas que le ayudarían? ¿Hay alguna que le parece buena idea pero que tenemos que cambiar un poquito para que cuadre con su situación específica? ¿Cuál? ¿Hay alguna que absolutamente no funcionaría? ¿Por qué?*

6. Review of occasions when patient was successfully adherent

(~5 minutes)

**Goal:** Allow patient to recognize successes in adherence, assist in problem-solving obstacles that arise, and build self-efficacy towards maintaining retention.

**Approach:** Inquire about successful adherence with medication, focusing on what worked for patient, what he/she was able to overcome, or what he/she was able to ignore in order to take medication properly. Use MI stance to affirm success of taking the medication, approaches used, and patient's ability to problem-solve and look for solutions.

**Example:** *We spoke about some of the obstacles you could or did encounter in taking your medication. However, I also see that on many occasions you were able to take your medication as prescribed. What was different about those occasions that made it easier for you to do so?*

**Ejemplo:** *Hablamos acerca de algunos obstáculos que tuvo, o que pudiera tener, que interfirieron con tomar su medicina, pero también veo que en muchas ocasiones, ha podido tomarla como era indicado. ¿Qué diferencia hubo en esas ocasiones que se le hizo más fácil tomar la medicina?*

[FOR PATIENTS WHO WERE FULLY ADHERENT, INQUIRE ABOUT WHAT THEY ARE DOING TO BE ADHERENT

**Example:** *So, you are taking all your pills, every day. That is fantastic. What are you doing to stick to your treatment so well?*

**Ejemplo:** *Usted se ha estado tomando la medicina todos los días. Estupendo. ¿Qué hace para seguir su tratamiento tan bien?*

7. Closure

(~5 minutes)

**Goal:** Summarize events of session, focusing on patient's ability to maintain commitment and problem-solve medication problems.

**Approach:** Summarize general themes of session and review specific obstacles and solutions identified during the session to help patient remain adherent to medication. Provide feedback in MI-consistent manner, focusing on building patient self-efficacy and commitment to change.

**Example:** *Well, we have come to the end of today's session and I think you have worked very hard to identify the obstacles that you may encounter in taking your medications and in trying to devise solutions to overcome these obstacles. For example, you mentioned your concern about people thinking you were crazy and after speaking about it for a bit, you decided not to tell anyone except your husband about it since you realized it really wasn't anybody else's business. You also decided to...in order to help you deal with the...*

[for a patient who is adherent and doing well, you can add]

*However, it really sounds as though you feel confident in your ability to take your medication as prescribed and deal with any obstacles that may arise, which is great.*

**Ejemplo:** *Hemos llegado al final de la sesión de hoy y me parece que ha trabajado mucho para identificar los obstáculos que se le han presentado en cuanto a tomar su medicina y a buscar soluciones a estos obstáculos. Por ejemplo, usted mencionó su preocupación de que otras personas piensen que está loco(a) y después de hablarlo un poco, decidió no decirle a nadie excepto a su esposo(a) ya que en realidad se dio cuenta que esto no es asunto de nadie. También decidió... para ayudarlo(a) bregar con...*

[para un paciente que le va bien con en tratamiento, puede añadir]

*También parece que usted confía en su habilidad de tomar su medicina y de sobrellevar cualquier obstáculo que se le presente, lo cual es fantástico.*

#### 8. Scheduling next appointment

**Example:** *We will meet again in 2 weeks to discuss how you have been doing with the treatment. As I mentioned to you last week, sometimes obstacles arise between visits, such as lack of expected improvement, side effects, or unexpected trips that keep people from taking the medication as prescribed. If, between visits, anything comes up that interferes with you taking your medication as prescribed please call me so we can work around it. And remember, even if you decide to stop taking the medication, please come in to our next appointment. Our next appointment is in two weeks at...*

**Ejemplo:** *Nos reuniremos de nuevo dentro de dos semanas para ver cómo le va con la medicina y para darle sus pastillas. Como le mencioné la semana pasada, a veces surgen obstáculos durante la semana que impiden que tome su medicina, tal como la falta de sentir mejoría, efectos secundarios, o viajes inesperados que no permiten que la persona tome la medicina como está indicada. Si algo sucede durante la semana que interfiera con tomar la medicina, por favor llámeme para hablar de cómo solucionar la situación. Y acuérdesse, aunque decida no seguir tomando la medicina por favor venga a la próxima cita. Bueno, nuestra próxima cita será dentro de dos semanas, el...*

## Session 4 (Week 8): Maintaining Motivation to Complete Treatment

The goal of this session is to reinforce commitment to change, celebrate achievements, and reinforce self-efficacy. This is accomplished through affirming achievement, eliciting confidence talk, identifying ways in which patient's life has changed, and eliciting expectations for the future.

Elements involved in the session include:

- Review of the most important factors motivating the patient to change, and reconfirming these self-motivational themes
- Summarize the commitments and changes that have been made thus far
- Affirm and reinforce the patient for commitments and changes that have been made
- Elicit self-motivational statements for the maintenance of change and for further changes
- Support patient self-efficacy, emphasizing the patient's ability to change

1. Welcome patient, set structure for session	(~2 minutes)
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**Goal:** Re-establish rapport with patient, affirm patient, review work done so far, and establish continuity to sessions.

*Example:* Hello, its good to see you again, and thank you for continuing to make the time to come in for our sessions. We have been meeting now for approximately two months. You certainly have come a long way from deciding to enter treatment, through starting your medication, developing ways of overcoming some of the obstacles you experienced, and sticking to the treatment. Today, we can focus on how the medication has been going for you, discuss the changes you have seen over the past 8 weeks, and look a bit to the future and see what expectations you have now that your symptoms of depression/nervios have subsided. How does that sound?

*Ejemplo:* Hola, me alegro verlo(a) de nuevo, y gracias por venir a nuestra cita de hoy. Ya llevamos aproximadamente 2 meses que nos reunimos. En realidad, usted ha avanzado mucho desde que decidió comenzar el tratamiento, empezar a tomar su medicina, sobrellevar los obstáculos que se le presentaron, y continuar con su tratamiento. Hoy nos podemos enfocar en cómo le ha ido con la medicina, hablar de los cambios que ha notado durante las últimas 8 semanas, y mirar un poco hacia el futuro y ver qué expectativas tiene ahora que sus síntomas de depresión/nervios han disminuído. ¿Qué le parece?

2. Inquire about how patient has been doing the past week	(~3 minutes)
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**Goal:** Re-establish rapport and assess how patient has been doing during the past week, any new stressors, changes in condition, etc.

**Approach:** Ask an open-ended question inquiring as to patient has been feeling.



**Example:** *So how have things gone this week? How have you been feeling?*

**Ejemplo:** *¿Cómo le fue la semana? ¿Cómo se ha estado sintiendo?*

3. Inquire as to medication adherence and reactions

(~3 minutes)

**Goal:** Explore patient's adherence and response to the medication, gaining an overall impression of their experience.

**Approach:** Ask a general question to begin discussion of how treatment has been going for the patient. Using the medication adherence report, review adherence with the patient, remaining supportive and MI-consistent if adherence has not been perfect.

**Example:** *So how has the treatment been going? OR How have you been tolerating the medicine?*

Continue with...

*Lets begin by seeing how many pills you were able to take. So based on this report, I see that you were able to take all of your pills, that is wonderful!*

OR

**Example:** *So how has the treatment been going? OR How have you been tolerating the medicine?*

Continue with...

*Lets begin by seeing how many pills you were able to take. Based on this report, I see that you were able to take some, but not all of your pills, it seems as though it continues to be somewhat difficult to take all the pills. You have made a lot of progress, though, because you did remember to take almost 30% of them. How did you remember on the days you did take the pills? What was different about those days you did remember to take them?*

**Ejemplo:** *Bueno, cómo le ha ido con el tratamiento? OR ¿Cómo le caen las pastillas?*

Continúe con...

*Vamos a ver cuantas pastillas logró toma. Bueno, según este reporte veo, que pudo tomarse todas las pastillas, fantástico!*

OR

**Ejemplo:** *Bueno, ¿cómo le ha ido con el tratamiento? OR ¿Cómo le caen las pastillas?*

Continúe con...

*Vamos a ver cuantas pastillas logró tomar. Según este reporte, veo que pudo tomar algunas, pero no todas sus pastillas, y le continúa siendo difícil tomar todas sus pastillas. Ha progresado mucho porque veo que logró tomar casi 30% de las pastillas. ¿Cómo se acordó de tomárselas en esos días? ¿Qué fue diferente durante esos días que se acordó de tomárselas?*

4. Inquire as to experience with medications and overcoming obstacles	(~5 minutes)
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**Goal:** Establish continuity from last session, affirm improvement in adherence, affirm the patient's ability to overcome obstacles, increase self-efficacy

**Example:** *So you were able to take all of your medications. I remember that when we met 4 weeks ago, we spoke about some obstacles that had kept you from taking your medication regularly. It seems as though those obstacles are no longer there and you were able to overcome them. What do you think about that?*

**Ejemplo:** *Así que pudo tomarse todas las pastillas. Recuerdo que cuando nos reunimos hace 4 semanas para hablar de su tratamiento, hablamos de unos obstáculos que estaban impidiendo que se tomara su medicina regularmente. Parece que esos obstáculos ya no existen o que los pudo superar. ¿Qué piensa de eso?*

[For patients with continuing adherence problems...]

**Example:** *So it seems as though it is still somewhat difficult to take all of your medications. I remember that when we met 4 weeks ago, we spoke about some obstacles that could keep you from taking your medication regularly. I wonder which of those obstacles, or even some other ones that we didn't even consider, have been affecting you most and interfered the most with taking your medication?*

**Ejemplo:** *Parece que aun le es algo difícil tomar todas sus pastillas. Recuerdo que cuando nos reunimos hace 4 semanas para hablar de su tratamiento, hablamos de unos obstáculos que podrían impedir que tomara la medicina regularmente. ¿Cuáles de esos obstáculos diría usted, o quizás otro que ni siquiera conversamos, han estado afectándolo(a) e interfiriendo con que pueda tomar su medicina?*

As in MI session 3, section 4, help patient identify the obstacles that he/she has been experiencing in remaining adherent and assist him/her in problem-solving the situation as was done previously.

5. Explore thoughts about stopping treatment

USE BLUE SHEET

(~5 minutes)

**Goal:** Elicit any thoughts that patient may be having which might lead him/her to discontinue medications or treatment prematurely.

**Approach:** Show patient list of thoughts and statements other people have expressed at this point in the treatment, asking if these are thoughts he/she has been having.

**Example:** *There are certain thoughts that many patients begin to have at this point in the treatment. If you allow me, I'd like to share these thoughts with you so that we can see if you are experiencing any of them, ok?*

*This is a list of the things people often begin to talk and think about at this point in the treatment. Have you been having any of these thoughts?*

**Ejemplo:** *Hay algunos pensamientos que muchos pacientes empiezan a tener en este punto en el tratamiento. Si me permite, me gustaría compartir con usted estos pensamientos para ver si los ha estado teniendo. ¿Está bien?*

*Esta es una lista de las cosas que la gente a menudo empieza a pensar y a comentar cuando llegan a este punto en el tratamiento. ¿Está teniendo alguno de estos pensamientos?*

6. Address thoughts elicited

(~5 minutes)

**Goal:** Address thoughts identified by patient in order to seek congruence in treatment expectations between patient and clinician.

**Approach:** Reflect the thought the patient has identified, asking permission to offer information about what is known (refuting the misperception), completing the interchange with asking patient what they think about the information you have provided. Information provided should be as objective as possible, not pushing patient into accepting information in order to avoid an increase in resistance.

**Example:** *So, one of the thoughts that you are having is that since you feel much better you are thinking of stopping the medication, after all, why take it if you don't feel depressed/nervioso(a) any more. Actually, we do have some information about this issue and how long someone should stay on the medication. I would like to share that with you if that's ok. While I understand what you are thinking, we know that it is usually better for a person to stay on the medication for at least 6 months after they start to feel better.... What do you think about that?*

**Ejemplo:** *Así que uno de los pensamientos que ha tenido es que ya que se siente mucho mejor y está pensando dejar la medicina, ya que no ve razón para tomarla si no se siente deprimido. Tenemos un poco de información sobre este tema y sobre por cuánto tiempo se debe tomar la medicina. Si me permite me gustaría compartir esa información con usted. Aunque comprendo*

*lo que está pensando, sabemos que es mejor que una persona siga tomando la medicina por lo menos durante 6 meses después que empieza a sentirse mejor. ¿Qué le parece?*

In this manner, address each of the thoughts the patient has identified as having.

7. Discuss how things have changed in patient's life	(~5 minutes)
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**Goal:** Reaffirm the positive impact of the medication on the patient's life, increasing the commitment to maintaining adherence

**Approach:** Move patient from discussion of thoughts and concerns about discontinuing medication to a discussion eliciting more confidence talk and affirmation of changes made. Maintaining MI stance, focus on reaffirming changes, maintaining commitment to treatment adherence, and celebrating the patient's achievements.

**Example:** *I am glad that you shared with me some of the thoughts you were having about discontinuing your medication so that we could discuss those in details. After all, it seems as though you have been doing very well and I think this is how we want things to continue. It seems as though things have really changed since you started treatment. I see you nodding your head, in what ways do you find that your life has changed since you began treatment and seen your depression/nervios diminish?*

**Ejemplo:** *Me alegro que habló conmigo sobre los pensamientos que ha estado teniendo acerca de dejar su medicina para que pudiéramos hablar de esos temas en detalle. Después de todo, parece que las cosas van muy bien y así queremos que continúen, ¿no? Parece que las cosas han cambiado mucho desde que empezó su tratamiento. Veo que me esta señalando que sí. ¿De qué forma ha cambiado su vida desde que empezó su tratamiento y desde que su depresión/nervios ha disminuido?*

**For treatment non-responders or partial-responders:**

**Example:** *I am glad that you shared with me some of the thoughts you were having about discontinuing your medication so that we could discuss those in detail. From what I hear, you are disappointed in the limited change you have experienced since being in the treatment. Although you are sleeping a bit better and your appetite has returned to normal, you are still feeling very sad, stay to yourself, don't enjoy much in life, and continue with little energy. I agree that this is not significant improvement. We do have some options at this point of what we can do and I would like to get your thoughts on what you would prefer. One is to switch you to another antidepressant medication. These medications are often like a key and a lock, and it takes a couple of tries to find the medication that acts best in a certain person's system. This new medication is also taken once a day, well known, and has similar side effects as the medication you were taking. What are your thoughts on taking this other medication?*

**Ejemplo:** *Me alegro que haya hablado conmigo sobre los pensamientos que ha tenido sobre dejar su medicina para poder hablar de estos temas en detalle. Según lo que oigo, usted está desilusionado con el poco cambio que ha ocurrido desde que empezó el tratamiento. Aunque duerme un poco mejor y su apetito se ha normalizado, todavía se siente muy triste, está aislado, no disfruta mucho de la vida, y continúa con poca energía. Estoy de acuerdo de que esto no es un cambio grande. Tenemos algunas opciones sobre lo que podemos hacer en este momento y me gustaría oír cuál sería la que preferiría. Una opción es cambiarlo(a) a otra medicina antidepressiva. Estas medicinas son como una llave y un candado, y a veces uno tiene que probar con varias medicinas para encontrar la que funciona mejor en el sistema de cierta persona. Esta otra medicina también la tomaría una vez al día, es bien conocida, y no es muy diferente de la medicina que ha estado tomando en cuanto a los efectos secundarios que podría causar. ¿Qué piensa en cuanto a tomar esta otra medicina?*

### **Decision Tree for Clinician:**

If the patient is not resisting, consider advice and encouragement. If the patient remains ambivalent, use previous strategies for addressing ambivalence (pros and cons, imagining the future, etc.). If the patient refuses, end interaction with positive messages that patient can still get well.

8. Elicit expectations of the future	(~5 minutes)
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**Goal:** Affirm changes through exploration of future goals, expectations, and aspirations, regardless of patient decision about medication.

**Approach:** Engage patient in discussion of future expectations, focusing on the changes since the beginning of treatment, affirming patient's ability to look towards the future, greater hopefulness, and greater self-efficacy

**Example:** *So it sounds like things have really changed since you started treatment. And how are things different as you look towards the future? How has your view of the future changed from when you started treatment? What are some of your expectations about the future at this point?*

**Ejemplo:** *Parece que las cosas han cambiado mucho desde que empezó su tratamiento. ¿Y cómo han cambiado las cosas en términos de cómo ve el futuro? ¿Cómo ha cambiado su percepción del futuro desde que empezó el tratamiento? ¿Cuáles son algunas de sus expectativas acerca del futuro en este momento?*

**Goal:** Clarify and concretize the achievements accomplished through the treatment in order to increase continuing adherence to treatment, increase self-efficacy, and sense of accomplishment.

**Approach:** Lengthy summary of main events in treatment, beginning with uncertainty towards treatment, working through the ambivalence, entering treatment, commitment to change, overcoming obstacles to medication adherence, and finally celebrating the patient's accomplishments.

**Example:** *Everything seems to be going well. But we should continue to work together to make sure that everything is going well with your medication. I think this is a good point to review some of the work thus far. First and foremost, I have been impressed by your attendance in treatment, which shows your commitment to changing the way you were feeling. I remember early on that we discussed your concerns about the treatment (mention a couple of specific concerns for this patient) and you deciding that you really had to do something about the way you were feeling, so you decided you would enter treatment. Since entering treatment we also spoke about some of the uncomfortable side effects that you experienced which made you wonder if this was the right treatment for you. However, we were able to discuss those at length and you were able to come up with some solutions to the side effects and some of the other obstacles that were keeping you from taking the medication. And now, two months into the treatment, we are really beginning to see some of the changes and some of the fruits of your hard work and perseverance. Whereas you used to feel.... now you feel..., where you couldn't attend to so many of your responsibilities (use specific examples), now you are able to do so, and whereas you couldn't imagine a future for yourself, now you have goals and expectations for your future. These are wonderful accomplishments. How do you feel about the changes you have made?*

**Ejemplo:** *Parece que todo va bien con su tratamiento. De todos modos, debemos continuar trabajando juntos para asegurarnos que todo va bien con su medicina. Me parece que éste es un buen momento para repasar el trabajo que hemos hecho hasta este punto. Primero que todo, me ha impresionado su asistencia al tratamiento, que demuestra el compromiso que ha hecho para cambiar la forma en que se estaba sintiendo. Recuerdo que al principio del tratamiento, hablamos de sus preocupaciones acerca del tratamiento como (mencione preocupaciones específicas del paciente) y su conclusión que en realidad tenía que hacer algo sobre cómo se estaba sintiendo. Después de empezar a tomar las pastillas, también hablamos de algunos de los efectos secundarios que se le presentaron y de los obstáculos que surgieron que impedían que tomara las pastillas regularmente. Y ahora, dos meses después, podemos empezar a ver los cambios y el fruto de su trabajo y perseverancia. Cuando antes se sentía....ahora se siente... Cuando antes no podía cumplir con sus responsabilidades, ahora sí, y cuando antes no podía imaginar un futuro positivo, ahora tiene metas y expectativas sobre el futuro. Estos son logros fantásticos. ¿Cómo se siente sobre los cambios que ha logrado?*

10. Establish next appointment
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**Goal:** Maintain continuity of treatment. Stress the importance of keeping remaining appointments.

***Example:** Well, we've come to the end of this session. But we will continue to meet monthly to discuss any problems that have arisen regarding your treatment. Remember that you can reach me by phone if anything comes up before our next meeting. That meeting is scheduled for...*

***Ejemplo:** Bueno, hemos llegado al final de esta sesión. Pero, aun nos seguiremos reuniendo mensualmente para hablar sobre cualquier problema que surja relacionado con el tratamiento. Acuérdesse de que me puede llamar por teléfono si tiene alguna pregunta antes de nuestra próxima cita. Nuestra próxima cita será....*

## Psychopharmacology Management Sessions

Every MPT session other than the sessions on Weeks 0, 1, 4, and 8 is considered a routine “psychopharmacology management session”. During each routine psychopharmacology session, the psychiatrist assesses the patient’s status in reference to his/her symptoms of depression/*nervios*, side effects that might have emerged, any recent events that could affect treatment, and helps problem-solve obstacles that have emerged in treatment adherence. The psychopharmacology sessions are conducted in an MI-consistent manner, although the clinician is expected to be more directive and may assume that patients will be less ambivalent. Use of the MI style becomes more important when resistance or ambivalence is observed within these sessions. If the patient expresses ambivalence or resistance, the psychiatrist can use the techniques described in Appendices 5 and 6 to overcome the resistance and elicit motivation to change.

1. Welcome patient, set structure for session.	(~2 minutes)
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**Goal:** Re-establish rapport with patient, affirm patient, and establish continuity to sessions.

**Example:** *Hello, and thank you for making the time to come to the session today. As I mentioned to you last week, today we will meet to discuss how you are doing and how the medication is working. We will also speak about any obstacles that have kept you from taking the medication since the last visit.*

**Ejemplo:** *Hola y gracias por venir hoy a su cita. Como le mencioné la semana pasada, hoy nos vamos a reunir para ver cómo ha estado y cómo ha estado funcionando la medicina. También hablaremos de cualquier obstáculo en cuanto a tomar la medicina que se la haya presentado desde la última visita.*

2. Inquire about how patient has been doing the past week	(~3 minutes)
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**Goal:** Re-establish rapport and assess how patient has been doing during the past week, any new stressors, changes in condition, etc.

**Approach:** Ask an open-ended question inquiring as to patient has been feeling.

**Example:** *So how have things gone this week? How have you been feeling?*

**Ejemplo:** *¿Cómo le fue la semana? ¿Cómo se ha estado sintiendo?*

3. Assess for medication adherence.	(~3 minutes)
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**Goal:** Explore patient's adherence and response to the medication, gaining an overall impression of his/her experience with it.

**Approach:** Ask a general question to begin discussion of how treatment has been going for the patient. Using the medication adherence report, review adherence with the patient, remaining supportive and MI-consistent if adherence has not been perfect.

**Example:** *So how has the treatment been going? OR How have you been tolerating the medicine?*

Continue with...

*Lets begin by seeing how many pills you were able to take. So based on this report, I see that you were able to take all of your pills, that is wonderful!*

OR

**Example:** *So how has the treatment been going? OR How have you been tolerating the medicine?*

Continue with...

*Lets begin by seeing how many pills you were able to take. Based on this report, I see that you were able to take some, but not all of your pills, it seems as though it continues to be somewhat difficult to take all the pills. You have made a lot of progress, though, because you did remember to take almost 30% of them. How did you remember on the days you did take the pills? What was different about those days you did remember to take them?*

**Ejemplo:** *Bueno, cómo le ha ido con el tratamiento? O ¿Cómo le caen las pastillas?*

Continúe con...

*Vamos a ver cuantas pastillas logró toma. Bueno, según este reporte veo, que pudo tomarse todas las pastillas, fantástico!*

OR

**Ejemplo:** *Bueno, ¿cómo le ha ido con el tratamiento? O ¿Cómo le caen las pastillas?*

Continúe con...

*Vamos a ver cuantas pastillas logró tomar. Según este reporte, veo que pudo tomar algunas, pero no todas sus pastillas, y le continúa siendo difícil tomar todas sus pastillas. Ha progresado mucho porque veo que logró tomar casi 30% delas pastillas. ¿Cómo se*

*acordó de tomárselas en esos días? ¿Qué fue diferente durante esos días que se acordó de tomárselas?*

4. Inquire about side effects the patient may be experiencing. (~5 minutes)

**Goal:** Assess for any significant side effects from medication that may place patient in danger, significantly trouble patient, or impede adherence to treatment,

**Approach:** Open-ended question, followed by reflective listening to elicit report of side effects. Summarize patient's report before moving on to help them problem-solve side effects.

**Example:** *So how are you doing on the medication? Ah, so you have been experiencing some stomach discomfort, feeling some nausea. And what else have you been feeling related to the medication?*

*So what I have heard you say is that your stomach has been feeling a bit queasy, experiencing some nausea. And you have noticed that sometimes the medication makes you feel tired and groggy, like you are not fully awake, which is something I remember you being worried about.*

**Ejemplo:** *¿Cómo le caen las pastillas? Ah, ha tenido algunos problemas estomacales, con algo de náuseas. ¿Y qué más ha sentido con las pastillas?*

*Lo que me cuenta es que ha tenido el estómago inquieto, con un poco de náuseas. Y que la medicina a veces lo(a) hace sentir un poco cansado y atontado, como si no estuviera completamente despierto(a), que recuerdo que era una de sus preocupaciones.*

5. Help patient problem-solve side effects. (~5 minutes)

**Goal:** Validate patient's challenge, increase patient's ability to problem-solve in relation to medication, and increase patient's self efficacy in dealing with medication issues.

**Approach:** Address each side effect individually, have patient describe thoughts or actions he/she has taken to cope with it, offer options, elicit feedback from patient. Maintain MI stance, elicit from patient approaches to resolving the obstacles identified before proceeding to help them problem-solve the situation.

**Example:** *Now that you mentioned some side effects that you have been experiencing, lets talk a bit about ways to manage them. Let's start with feeling very sleepy. What thoughts have you had on how to deal with that? What have you tried? What happened?*

**Ejemplo:** *Ahora que ha mencionado algunos de los efectos secundarios que ha estado teniendo, vamos a hablar un poco de cómo bregar con ellos. Vamos a empezar con el problema de que la medicina lo hace sentir atontado o con sueño. ¿Qué ha pensado hacer para sobrellevar esto? ¿Que ha tratado de hacer? ¿Qué pasó?*

If patient is unable to come up with approaches to deal with problem, continue with...

*Something that many people in your situation do is to switch taking the medication from the morning to nighttime, that way they don't feel sleepy during the day and they feel they even get better sleep. How do you think that would work for you?*

*Algo que muchas personas en su situación han hecho es cambiar la medicina de la mañana a la noche, así no sienten sueño durante el día y sienten que duermen mejor durante la noche. ¿Cómo piensa que eso funcionaría para usted?*

6. Inquire about any other medications patient is taking.	(~2 minutes)
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**Goal:** Assess for any additions to patient's medication regimen that may be contraindicated with antidepressant prescribed.

**Approach:** Ask question about new additions to medication regimen.

**Example:** *Since the last time we met, have you begun to take any other medication from the ones you have told me about? Are you taking any over-the-counter medication? Sometimes medications can clash, so it may not be good to use them together. So, if your physician changes your medication in any way, please let me know to make sure that it would cause any negative reactions with your antidepressant. It is also a good idea to let your physician know you are taking this medication. Okay?*

**Ejemplo:** *Desde la última vez que nos vimos, ¿ha empezado a tomar alguna otra medicina aparte de las que ya me había contado? ¿Está tomando alguna medicina que se vende sin receta? A veces, algunas medicinas mezclan mal y no se deben usar juntas. Al igual, si su médico le cambia sus medicinas de alguna manera, por favor déjemelo saber para asegurarnos que no vaya a causar algún efecto negativo con su antidepresivo. También es buena idea que le deje saber a su médico que esta tomando esta medicina. ¿Está bien?*

7. Assess for change in patient's condition.	(~5 minutes)
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**Goal:** Assess changes in patient's symptoms of depression/nervios.

**Approach:** Use open question to elicit description of changes in patient's symptoms. Use reflective listening throughout patient's report to acknowledge feelings, and maintain rapport.

**Example:** *You have been on the medication for \_\_\_\_ weeks now, what changes have you noticed in your depression/nervios? How have your symptoms changed?*

*So you have noticed that you are sleeping a bit better and your appetite is also getting better. However, you are somewhat disappointed that you are not feeling a lot better from your depression/nervios, that is, the sense of sadness you have been experiencing isn't gone yet.*

**Ejemplo:** *Ya lleva \_\_\_\_\_ semanas tomando medicina. ¿Qué cambios ha visto en su depresión/nervios? ¿Cómo han cambiado sus síntomas?*

*Entonces, ha notado que duerme un poco mejor y que su apetito también esta mejorando. Pero, también esta un poco desilusionado porque no se está sintiendo mucho mejor de la depresión/nervios, específicamente que la tristeza que sentía aun no se la ha ido.*

8. Summarize session	(~2 minutes)
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**Goal:** Review events of session, affirm achievements and reinforce motivation to change.

**Approach:** Summarize events of session offering salient points to patient, focusing on steps decided upon to deal with obstacles to adherence. Offer description of what will happen during the next session (brief/long, focus).

**Example:** *Well, its time to finish up for today. It sounds as though things are going as planned, even though it may be a bit slow. One good thing is that the side effects you are experiencing, while uncomfortable are not severe and we were able to come up with ways of dealing with them. Most importantly you seemed very motivated to get better. During the next session we will be speaking more at length of any side effects that might come up or other obstacles that might keep you from taking your medication and how develop ways to deal with them. Okay?*

**Ejemplo:** *Bueno, tenemos que terminar por hoy. Suena como que las cosas van más o menos como pensábamos, aunque se siente como que las cosas van un poco lentamente. Algo bueno es que los efectos secundarios que ha estado sintiendo, aunque son incómodos, no son serios, y pudimos identificar maneras para bregar con ellos. Pero más importante es que usted está muy motivado(a) para mejorarse. Durante la próxima sesión hablaremos en más detalle sobre cualquier efecto secundario que esté teniendo o de cualquier obstáculo que surja que impida que usted se tome su medicina, y exploraremos maneras de bregar con ellos. ¿Está bien?*

9. Establish next appointment
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**Goal:** Maintain continuity of treatment. Stress the importance of keeping remaining appointments.

**Example:** *Well, we've come to the end of this session. Your next appointment is scheduled for... Remember that you can reach me by phone if anything comes up before our next meeting.*

**Ejemplo:** *Bueno, hemos llegado al final de esta sesión. Su próxima cita es para... Recuerde que me puede llamar por teléfono si algo sucede antes de nuestra próxima cita.*

**APPENDIX 1**

VALUES CARD SORT

## **Goals and Values Card Sort**

(Each value written individually on an index card)

To work	Appear well in front of others
Devotion to God	Good Health
Taking care of my family	Being well-educated
Personal Hygiene	Being a good spouse
Keeping my home clean	Being a good grandfather (mother)
Financially support my family	Keeping myself under control
Being a happy person	Help my family in my country
Being active	Raise my children well
Taking care of myself	Being energetic
Enjoying life	Continuing my education
Have achievements in life	Have friendships
To be attractive	Forgiveness
Have passion	To be generous
Be comfortable	Be hopeful
Be compassionate	Have inner peace
Have order in my life	Be popular
Have a purpose in life	Have self-esteem

(A blank card is also included)  
**Goals and Values Card Sort (Spanish Version)**  
(Each value written individually on an index card)

Trabajar	Lucir bien ante los demás
Devoción a Dios	Buena salud
Cuidar a mi familia	Ser bien educado(a)
Higiene personal	Ser buen(a) esposo(a)
Mantener mi hogar limpio	Ser buen(a) abuelo(a)
Proveer para mi familia	Mantenerme en control
Ser una persona feliz	Ayudar a mi familia en mi país
Ser activo(a)	Criar bien a mis hijos
Cuidarme	Ser energético(a)
Disfrutar de la vida	Continuar mi educación
Tener logros en la vida	Tener amistades
Ser atractivo(a)	Perdonar
Sentir pasión	Ser generoso(a)
Sentirme cómodo(a)	Tener esperanza
Ser compasivo(a)	Tener paz interior
Tener orden en la vida	Ser popular
Tener un propósito en la vida	Tener auto-estima

(A blank card is also included)

**APPENDIX 2**

HANDOUT

OBSTACLES TO ADHERENCE



**Obstacles to adherence (English version)**

I don't want  
to become addicted  
to the pills

The pills make  
me feel too sleepy

It is hard to  
come to the  
appointments

The pills bother  
my stomach

I can solve my  
problems better  
on my own

I forget to  
take them

I don't want  
people to think  
I'm crazy

They have too  
many side effects

It is hard to  
take the pills in  
front of other people

Talking about my  
problems makes  
them worse

I am not sure the  
treatment will help

I took them and  
they didn't make  
me feel better

I already  
feel better

The side effects  
are too strong

I feel so bad that  
it is hard to come  
to appointments

My family is  
going to think  
I am weak

I don't want to  
depend on the  
pill to function

They make me  
feel numb

I don't want  
people thinking  
I'm weak

They make me  
feel different

## Obstacles to Adherence (Spanish Version)

No quiero hacerme  
adicto(a) las pastillas

Las pastillas me  
dan mucho sueño

Yo resuelvo  
mis problemas  
mejor solo(a)

Se me hace difícil  
venir a las citas

Las pastillas me  
caen mal al estómago

Se me olvida  
tomármelas

Tienen muchos  
efectos secundarios

No quiero que la gente  
piense que estoy loco(a)

Es difícil tomar  
las pastillas  
frente a otros

No estoy seguro(a)  
que me ayude el  
tratamiento

Hablar de mis  
problemas los  
empeora

Ya me siento  
mejor

Las tomé y no me  
hicieron sentir mejor

Los efectos secundarios  
son muy fuertes

Mi familia va  
a pensar que  
soy débil

Me siento tan mal  
que se me hace  
difícil venir a las citas

No quiero depender  
de la pastilla  
para funcionar

Me hacen sentir  
atontado(a)

No quiero que  
la gente piense  
que soy débil

Me hacen sentir  
diferente

**APPENDIX 3**

**HANDOUT**

**REASONS FOR TERMINATING TREATMENT PREMATURELY**

**Reasons for terminating treatment prematurely**  
**English version**

“I don’t want to be addicted to the pills”

“My friends told me to stop”

“I feel better already”

“I don’t want people to think I’m crazy”

“I’m tired of the side effects”

“I should be able to handle my problems myself”

“I don’t want people to think I am weak”

“To see how I feel without the pills”

“It’s a pain coming to appointments every week”

“Nothing has changed”

“My family told me to stop”

“My spouse is tired of the sexual difficulties”

“I want to give my body a rest from the medicine”

“To see if I still need them”

**Reasons for terminating treatment prematurely**  
**Spanish version**

“No quiero hacerme adicto(a) a las pastillas”

“Mis amistades me dijeron que las dejara de tomar”

“Ya me siento mejor”

“No quiero que la gente piense que estoy loco(a)”

“Estoy cansado(a) de los efectos secundarios”

“Yo debo resolver mis problemas por mi cuenta”

“No quiero que la gente piense que soy débil”

“Para ver como me siento sin las pastillas”

“Es una molestia venir a la clínica todas las semanas”

“Nada ha cambiado”

“Mi familia me dijo que las dejara de tomar”

“Mi esposo(a) protesta por las dificultades sexuales  
que causan las pastillas”

“Quiero que el cuerpo descanse de las pastillas”

“Para ver si todavía las necesito”

**APPENDIX 4**

SESSION FOR PATIENTS WHO HAVE NOT BEGUN MEDICATION  
TREATMENT

For patients who did **NOT ACCEPT MEDICATION** in the last session, or who accepted medications and did not take them at all, focus of session should continue to be on building motivation and decreasing ambivalence through the use of MI approaches.

In this session, the goal is to continue working on building the sense of “importance” of entering treatment, thus the overall approaches from the first session are continued and built upon.

1. Welcome patient back, review last session, and set structure for this session. (~5 min)
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**Goal:** Re-establish rapport with patient, maintain continuity between sessions, and establish relationship to goal of intervention, entering treatment for depression/nervios.

**Example:** *Hello and welcome back, thank you for making the time to come in again this week. Looking back on last week, we discussed how you were feeling, your concerns in general, and some concerns that you had about starting treatment. I remember you expressed concerns that the medication would... (state some of the specific concerns expressed by patient). Even though we spoke about these concerns, by the end of the session you still did not feel comfortable enough to begin the medication.*

*Today, I would like to continue speaking about some of those concerns to help you come to a decision about beginning this medication. As you know, the treatment we are offering is medication based. So, if you decide that you prefer not to take (name of medication) for your depression we can talk a bit about the kind of treatment you would prefer and perhaps I can offer you the names of some places that might offer that kind of treatment. You can always keep coming to see me for evaluation and continued discussion of what treatment would be best for you. Okay?*

**Ejemplo:** *Hola y bienvenido(a) de nuevo. Gracias por tomar el tiempo para venir a su cita de hoy. La semana pasada hablamos de cómo usted se estaba sintiendo, sobre sus preocupaciones, y en particular, sobre sus preocupaciones al empezar el tratamiento. Recuerdo que usted mencionó que le preocupaba que la medicina... (mencione preocupaciones específicas que el paciente expresó). Aunque hablamos de estas cosas, usted aun no se sentía lo suficientemente cómodo(a) como para empezar su tratamiento.*

*Hoy me gustaría continuar hablando de sus preocupaciones para ayudarlo(a) a tomar una decisión en cuanto a empezar su tratamiento. Como sabe, el tratamiento que ofrecemos es con pastillas. Si, usted decide que prefiere no tomar la pastillas, podemos hablar del tipo de tratamiento que preferiría y posiblemente, le puedo ofrecer los nombres de algunos sitios donde ofrezcan esos tratamientos. Siempre puede seguir viniendo a verme para evaluación y para seguir conversando acerca de qué tratamientos serían mejor para usted. ¿Está bien?*

2. Inquire about lingering concerns about taking medication

(~10 min)

**Goal:** Gain understanding as to impediments to entering treatment that were not addressed during the last session.

**Approach:** Open question followed by MI techniques to decrease resistance, as stated below. Discussion should be conducted from the mindset that previous week's discussion did not adequately identify or address the concerns.

**Example:** *So what thoughts or concerns have you had since last week about starting the medication?*

**Ejemplo:** *¿Qué pensamientos y preocupaciones ha tenido desde la última semana en cuanto a empezar el tratamiento?*

**Suggested responses to resistance:**

**Simple reflections:** respond to resistance with non-resistance by using a simple acknowledgement of the person's disagreement, perception, or feeling.

*PATIENT: I just don't want to take pills. I ought to be able to handle this on my own.*

*CLINICIAN: You don't want to rely on a drug because it seems to you like a crutch.*

**Overshooting:** reflect back what patient stated, adding intensity or slight exaggeration. This reflection must be made in a straightforward fashion, with no hint of sarcasm or irony.

*PATIENT: I couldn't take medications. What would people think?*

*CLINICIAN: People might think you are really crazy.*

**Double-sided reflection:** aimed at capturing both sides of the ambivalence, this reflection acknowledges what the patient has said and adds to it the other side of his or her own ambivalence. The two sides of the reflection are linked by the word "and".

*PATIENT: I know I need to do something because my depression/nervios is very bad, but this medication might make things worse with the side effects.*

*CLINICIAN: On the one hand it's important to do something about your depression/nervios, and on the other hand you don't want to make it worse.*



**Shifting focus:** shift the person's attention away from what seems to be a stumbling block in the way of progress.

*PATIENT: Well, now that I am here I guess you are going to tell me that I have to start taking those pills.*

*CLINICIAN: Well, lets slow down a little. I am still trying to understand how you are feeling and how things are going for you and you are moving ahead to what we might do. We still have to figure out if that would be the best treatment for you. What are your concerns about it?*

**Emphasizing personal choice and control:** to decrease the threat a patient may perceive from lack of choice or liberty to make own decisions.

*PATIENT: I really don't like the idea of psychiatric medications, I know they can have lots of side effects.*

*CLINICIAN: And it really is your decision. All I can do is help you understand your concerns about it, and offer some information about its advantages and disadvantages. If you decide to take the medication it's available to you, if you decide not to, then you won't. It's up to you.*

*PATIENT: Everyone else thinks this (name of medication) is such a good idea. My wife wants me to take it, my priest wants me to take it, but nobody asks me if I think it's such a good idea.*

*CLINICIAN: You are right that you are the one that has to make this decision. No one else can do it for you. You are the one with the responsibility to make this decision.*

### **ONCE RESISTANCE HAS DECREASED...**

3. Elicit Change Talk	(~15 min)
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**Goal:** Increase change talk to begin to move patient towards goal of entering treatment by the end of this session,

**Approach:** Create a pros/cons list to taking medication, use importance ruler, elicit prediction of future with depression/nervios. Reflect patient's statements throughout exercise, focusing on eliciting statements that are geared towards changing current state. Conclude with summary of what patient has stated and question about what patient is going to do at this point.

## ***Eliciting Change Talk: A Clinician Menu:***

### **1) Use of a pros/cons list to taking the medication**

*I can see from our discussion that you are very ambivalent or unsure about taking medication. On the one hand you recognize that you are not feeling well, and on the other hand, you are uncertain about taking medication. Why don't we take some time to develop a list of the positives and negative aspects of taking medication.*

### **2) Use of "importance ruler"**

*On a scale of 0 to 10 where 10 is extremely important and 0 is not important at all, how important do you think it is for you to get treatment for your depression/nervios?*

*Why is it a \_\_\_\_\_ and not a 0?*

**3) Looking ahead:** *We've been speaking a lot about how you feel right now and how you have been affected by your depression/nervios. Sometimes leaving things as they are can seem like the easiest thing. On the other hand, let's look ahead a little bit. Tell me what things might be like for you in five years if your depression/nervios remained untreated?*

**Example of summary to increase change talk:** *In doing these exercises I hear you speaking a lot more about how not taking the medication could really lead to a worsening of the way you are feeling now. I also hear that although you have been somewhat uncertain about starting medication for your depression/nervios you recognize that it could be very helpful in... (include patient's specific examples of the pros of taking medication).*

Conclude these exercises with a key question, selected depending on where the patient is at in terms of motivation for treatment, change talk, and readiness for action. For more ambivalent patients, the question is broader, less pointed, while for patient expressing greater motivation to start treatment, the question can be more direct. The following examples begin from broader, less pointed questions to the more direct

Examples:

***"So what do you make of this?"***

***"¿Qué piensa de esto?"***

***"So what does this tell you about your depresión/nervios?"***

***"¿Qué le dice esto sobre su depresión/nervios?"***

***"So what do you think you should do about your depresión/nervios?"***

***"¿Qué piensa que debe hacer sobre su depresión/nervios?"***

***Decision Tree for Clinician:***

***Decision to Begin Medication:*** If patient decides to take medication at this point, continue with Section 5 of session 1, the introduction of the medication.

OR

***Still Uncertain:*** If the patient is uncertain, the clinician may decide to GIVE ADVICE. Advice is offered when clinical judgment leads the psychiatrist to believe that the advice will NOT elicit an angry or resistant response. Suggested format for giving advice:

***CLINICIAN:*** *Based on what you are telling me about your symptoms, I think you are the kind of person who will do well on medication. Most people do worry when they start a medication like this; I hear that a lot. I know you are reluctant, but if you give it a try I think you will be happy with the result. This is my best medical advice, but what do you think?*

OR

***Decision Not to Begin Medication:*** If patient decides not to take medication, accept his or her decision, explore type of treatment he/she is interested in and explore possibility of referring patient for other treatment. Reinforce idea that patient may continue to attend psychiatric visits for ongoing evaluation and discussion of potential treatments as well as those being received by the patient.

**APPENDIX 5:**  
**TIPS FOR HANDLING RESISTANCE**

## TIPS FOR HANDLING RESISTANCE

These approaches can be used at any point in a session if the psychiatrist encounters resistance from a patient.

**Simple reflections:** respond to resistance with non-resistance by using a simple acknowledgement of the person's disagreement, perception, or feeling.

*PATIENT: I just don't want to take pills. I ought to be able to handle this on my own.*

*CLINICIAN: You don't want to rely on a drug because it seems to you like a crutch.*

**Overshooting:** reflect back what patient stated, adding intensity or slight exaggeration. This reflection must be made in a straightforward fashion, with no hint of sarcasm or irony.

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*CLINICIAN: On the one hand it's important to do something about your depression/nervios, and on the other hand you don't want to make it worse.*

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*CLINICIAN: You are right that you are the one that has to make this decision. No one else can do it for you. You are the one with the responsibility to make this decision.*

**ONCE RESISTANCE HAS DECREASED...ELICIT CHANGE TALK!!**

**APPENDIX 6:**  
**TECHNIQUES FOR ELICITING CHANGE TALK**

## TECHNIQUES FOR ELICITING CHANGE TALK

### 1) Use of a pros/cons list to taking the medication

*I can see from our discussion that you are very ambivalent or unsure about taking medication. On the one hand you recognize that you are not feeling well, and on the other hand, you are uncertain about taking medication. Why don't we take some time to develop a list of the positives and negative aspects of taking medication.*

### 2) Use of "importance ruler"

*On a scale of 0 to 10 where 10 is extremely important and 0 is not important at all, how important do you think it is for you to get treatment for your depression/nervios?*

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Conclude these exercises with a key question, selected depending on where the patient is at in terms of motivation for treatment, change talk, and readiness for action. For more ambivalent patients, the question is broader, less pointed, while for patient expressing greater motivation to start treatment, the question can be more direct. The following examples begin from broader, less pointed questions to the more direct

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***"¿Qué piensa de esto?"***

***"So what does this tell you about your depresión/nervios?"***

***"¿Qué le dice esto sobre su depresión/nervios?"***

***"So what do you think you should do about your depresión/nervios?"***

***"¿Qué piensa que debe hacer sobre su depresión/nervios?"***