



MI for Moving More

An OSCE practice case in motivational interviewing. Tayla, 20, has been well for a year on her medication, which has also brought weight gain. Her psychiatrist wants her moving more; she wants music and friends. Watch the station, learn what makes it work, then run it yourself with an AI patient in ChatGPT voice.

20 min

station

5

short lessons

20

tips

10

exam-day cards

1

prompt

4

worksheets

By the end you can

- ☐ Evoke change talk in all four areas: costs of staying the same, advantages, optimism and intention.
- ☐ Name medication-related weight gain clearly and without blame.
- ☐ Use a readiness ruler, including the 'why not lower?' question.
- ☐ Pitch an MI conversation to moderate cognitive difficulty: short, one idea, checked.
- ☐ Build a small, written plan in the client's words, and close the station well.

How to use this handbook

Watch

The episode: the station run once, start to finish.

Learn

Five lessons, one idea each, with words you can say.

Practise

Paste the prompt into ChatGPT and run the station.

Test

Mark yourself, then drill the exam-day cards.



Watch the episode, get the web version

Scan the code, or go to social.mindspan.com.au/mhq/episodes/osce-practice-case-motivational-interviewing-moving-more. The web version has a one-tap copy button for the prompt and flip cards.

Inside

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Educational simulation with a fictional client. General information, not personal advice.

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Reading time

Read this the way you would on the day: tasks first, then the client.

The station

Adult community mental health service, multidisciplinary team. Third session. 20 minutes. The video shows a shortened run of this station. The full station is 20 minutes.

Your instructions

Tayla, 20, was referred by her psychiatrist for support to increase her physical activity. She has come to an assessment and a feedback session, and missed one appointment. Her assessment summary is below, so no history-taking is needed. In this session:

- 1 Explore her mixed feelings about moving more, and evoke her own change talk.
- 2 Cover all four areas: the costs of staying the same, the good things about changing, her optimism, and her intention.
- 3 Use the readiness ruler, including the 'why not lower?' question.
- 4 Pitch everything to her memory and understanding: short sentences, one idea, then a check.
- 5 If time allows, agree a small between-session task using the change plan or the movement log.

Examiners

One overall call at the end: competent, or not yet.

Examiners are watching for three things: change talk evoked in all four areas and in her words, a conversation pitched to her memory and understanding, and no blame for weight gain her medication caused.

Words this handbook uses

Motivational interviewing (MI)

A collaborative way of talking that strengthens a person's own motivation for change.

Change talk

The client's own words in favour of change: desire, ability, reasons, need, commitment.

Readiness ruler

A 0 to 10 scale of readiness. 'Why not lower?' draws out reasons for change.

Iatrogenic

Caused by treatment. Weight gain from antipsychotic medication is one example.

Ambivalence

Wanting and not wanting a change at the same time. Normal, not a flaw.

Sustain talk

The client's own words in favour of staying the same. Reflect it; don't argue with it.

Avolition

Reduced drive to start and keep up activities. A negative symptom of schizophrenia.

WHODAS 2.0

The World Health Organization Disability Assessment Schedule. Rates difficulty across six areas of daily life.

1

Say this

You've heard
'exercise' a lot, and
you're tired of it.
What you do about
moving is your call.

Never say

'You need to
exercise.' That is what
everyone else says.

Mixed feelings are normal. Evoke, don't argue.

Start where she is: tired of being told. Give the choice back, then ask about her day and what she enjoys.

Mixed feelings are normal, not resistance. Part of her wants to move more and part of her doesn't. Both make sense. If you argue for change, she will argue against it. Your job is to help her hear her own reasons, in her own words.

Bridge her goals and the referral. The referral says physical activity. She says music and friends. Don't override hers. Ask how moving might fit with what she already wants, such as music on a walk, or walking to a friend's place.

Preparing change talk

D Desire

"I want to see my friends more."

A Ability

"I could walk Milo round the block."

R Reasons

"Milo would be happy, and I'd feel better."

N Need

"I don't want to get sick."

When to act
● Every session

Her psychiatrist and GP monitor weight, waist, blood pressure, blood sugar and cholesterol.

Medication questions go to her psychiatrist, never to the psychologist.

Medical questions about starting more activity go to her GP.

Keep the team informed of the plan, with her OK.

● This week: tell the team

Sleeping much less, or much more, than usual

Feeling suspicious, or that people are talking about her

Hearing or seeing things other people don't

Pulling away from family even more, or stopping her medication

Thinking feels muddled or confused

Contact her case manager or psychiatrist at the community mental health team and follow her relapse-prevention plan.

● Urgent: 000 or emergency

Thoughts of suicide or self-harm, or feeling unsafe

Acting on voices or very distressing beliefs

Chest pain, fainting or severe breathlessness during activity

Call 000 in an emergency.

Mobilising change talk

C Commitment

"I'll give it a go this week."

A Activation

"I'm willing to try two walks."

T Taking steps

"I walked to my friend's place on Friday."

2

Say this

Putting on weight is a common side effect of the medication. It isn't your fault.

Never say

Any word that suggests she let herself go, or any label for her size.

Name the weight gain clearly, and without blame.

She thinks the weight is her fault. Correct that gently, check she heard it, and keep medication questions with her psychiatrist.

The weight is a medication effect, not a failing. Weight gain and raised cholesterol are common with antipsychotic medication. The same medication has kept her well for a year. Say both clearly and without blame, and leave every medication question to her psychiatrist.

Pitch it to her. Her WHODAS shows moderate difficulty understanding and remembering. Use short sentences, one idea at a time, then check. If she looks away, slow down and shrink the message.

Costs of staying the same

If nothing changes, what bothers you about that?

- ☐ Stuck at home a lot.
- ☐ Hardly see my friends.
- ☐ My clothes don't fit.

Good things about changing

If you moved a bit more, what might be better?

- ☐ More time with my friends.
- ☐ Music on while I walk.
- ☐ Milo would love it.

Optimism

What tells you that you could?

- ☐ I used to walk Milo.
- ☐ I already walk to the shops.

Intention

What might you try, if anything?

- ☐ Walk Milo 10 minutes, two days.
- ☐ I'll give it a go this week.

3

Say this

A four. So why a four, and not a two?

Then

Ask what would move it up one point, and who could help.

Ask 'why not lower?', never 'why not higher?'

A number gives her a way in. The low-anchor question turns that number into her own reasons.

Evoke change talk in four areas. The costs of staying the same, the good things about changing, her optimism that she could, and her intention. Ask, reflect, and write it down in her words. She talks herself towards change; you don't do it for her.

Low drive, mixed feelings or hard to plan?. Avolition, ambivalence and difficulty planning look the same from the outside. MI works on the mixed feelings. Structure works on the planning: a small, written plan with a reminder, so it doesn't lean on memory.

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Walking a bit more, with Milo · 4 out of 10: "Sort of want to"

Why not lower?

- ☐ I miss my friends and Milo's walks.
- ☐ I already walk to the shops.

What would move it up one?

- ☐ A friend coming with me.
- ☐ Music on, and a set day and time.

That might make it a 5 or 6.

Readiness 4 out of 10. Ask why not lower, then what would move it up one point. Illustrative numbers.

4

Practise

Say each version aloud three times. Time it. Under 30 seconds, and no sentence over 12 words.

Say it in 30 seconds

Three worked examples. Read each one aloud, then write your own version in the box beside it. Your words will sound like you on the day; these will not.

The weight, without blame, in 30 seconds

"Can I say something clearly? Putting on weight is a common side effect of the medication you take. That same medication has kept you well, and out of hospital, for a year. So the weight isn't because you did something wrong. Your doctors have also seen your cholesterol go up a bit. Moving a little more is one way to look after your heart and your blood sugar. Questions about the medication are for your psychiatrist. Can you tell me what you heard?"

Your version

A two-sided reflection, in 30 seconds

"Let me check I've got this right. On one side, starting is hard, and you're tired of being told to exercise. On the other side, your clothes don't fit, you don't want to get sick, and you miss your friends. And you can picture walking Milo with your music on. Have I got that right? Did I miss anything?"

Your version

The readiness ruler, in 30 seconds

"Here's a ruler from zero to ten. Zero means not ready at all to walk a bit more. Ten means very ready. The middle means not sure. Where are you today? A four. I'll circle it. So why a four, and not a two? Your friends, and Milo. They matter to you. And what would it take to get from a four to a five?"

Your version

5

Say this

You sounded a bit unsure about three. Would two feel safer to start with?

Team message

Her psychiatrist and GP look after the physical health checks and the medication. You look after the plan.

A small plan, written down, with a reminder.

Only plan once she has said what she might do. Keep it small, put it on paper, and agree a smaller version for a low day.

Tayla's plan until next session

- ☐ Walk Milo round the block for 10 minutes on Tuesday and Saturday, after breakfast, with her music on.
- ☐ A phone reminder on those mornings, and Mum reminds her too.
- ☐ If she doesn't feel like it: walk to the end of the street and back. That still counts.
- ☐ If it rains: swap to another day that week.
- ☐ One line in the movement log after each walk: what she did, how long, how she felt.
- ☐ She shows Mum the plan herself. An idea for later, not this week: ask a friend along the river track.

If a walk doesn't happen: shrink it, don't drop it

- 1 Do the smaller version: to the end of the street and back.
- 2 Rain or a low day: move it to another day that week.
- 3 Missed both? Bring the sheet anyway. We look at what got in the way.
- 4 No blame. A missed walk is information, not failure.

Lines to keep

"Small still counts."

"Starting is the hard part."

"Milo doesn't mind a short walk."

Measures worth naming

Worth naming if it fits: the WHODAS 2.0 for daily functioning (already in her summary), importance and confidence rulers beside the readiness ruler, a simple movement log for minutes and mood, and the team's routine physical health monitoring (weight, waist, blood pressure, blood glucose and cholesterol), which sits with her psychiatrist and GP. Track progress by what she does and how she feels, not by the scales.

Keep it handy

Ten lines you trust
beat a memorised
paragraph.

Words that work

Lines you can trust under pressure. Make them yours; don't recite them.

Agree the focus

"We've got 20 minutes. Can I tell you what I had in mind? Then you tell me if it fits."

No blame

"Putting on weight is a common side effect of the medication. It isn't your fault."

Costs of staying the same

"If things stay just as they are, is there anything that bothers you about that?"

Optimism

"You used to take Milo along the river track. What does that tell you about yourself?"

Why not lower

"A four. So why a four, and not a two?"

Roll with it

"You've heard 'exercise' a lot, and you're tired of it. What you do about moving is your call."

Keep it short

"Let me say that more simply. Starting is hard. That's not your fault. Does that make sense?"

Good things about changing

"If you were moving a bit more, what might be better?"

Readiness ruler

"From zero to ten, how ready are you to walk a bit more? Zero is not ready. Ten is very ready."

Intention

"So what are you thinking you might do, if anything?"

Check yourself

Listen back to a
recorded run and
count how many of
these you hit.

Traps that cost marks

- ☐ Arguing for change. The harder you push, the harder she pushes back.
- ☐ Giving medication advice, or commenting on her dose. That is her psychiatrist's job.
- ☐ Swapping her goals (music, friends) for the referral goal (exercise).
- ☐ Using the ruler but forgetting 'why not lower?', the question that draws out change talk.
- ☐ Pushing for a commitment she hasn't offered. 'Not yet' is a valid answer.
- ☐ Implying the weight gain is a lifestyle failing. It is a common medication effect.
- ☐ Long, multi-part explanations to a client with moderate cognitive difficulty.
- ☐ Skipping a box. Optimism and intention are the two most often missed.
- ☐ A plan that relies on memory, or one too big for a low-drive week.

Mark yourself

Tick each rubric line you showed. Aim for one more next run.

The 20-minute station cockpit

Six segments, an example line for each move, and the rubric line it evidences. The wording is an example: say it your way.

1	2 · 2–5	3 · 5–8	4 · 8–11	5 · 11–17	6 · 17–20
Segment	Example prompt			Rubric line it evidences	
1. Open and agree A shared goal 0–2 min	Agree the focus "Does that sound like a useful way to use today?"			☐ C3	Agreed a shared goal out loud
2. Her picture Her day and what matters 2–5 min	No blame for the weight "A lot of the weight gain is the medication. It isn't your fault." Short, simple, checked "Let me put that more simply. Does that make sense?"			☐ C1	Framed weight gain as a medication effect, not a personal failing
3. Explore Mixed feelings in the open 5–8 min	Costs of staying the same "What's it been like? What do you miss?" Check understanding "Does that fit with how it is for you?"			☐ C1	Evoked the downsides of staying the same
4. Intervene Evoke change talk 8–11 min	Good things about changing "If that changed, what would be better?" Optimism "What makes you think you could do it?" Readiness ruler "From zero to ten, how ready are you?" Why not lower "Why a four, and not a two?"			☐ C1	Evoked the advantages of change
5. Plan and task Change plan 11–17 min	Intention "So what are you thinking you might do?"			☐ C1	Evoked intention to change
6. Close Her words last 17–20 min	One take-away "What's the one thing you're taking from today?"			☐ C3	Closed with a take-away; client had the last word

C1 Knowledge **C2** Reasoning and delivery **C3** Communication The same cockpit prints on its own as one landscape page.

Sheets for this station

Each sheet comes blank, for real use, and filled in as Tayla would. Free to download from the episode page.

Evoke Change Talk: Four Questions

Motivational interviewing · segment 3

[Blank](#) · [Filled example](#)

Readiness Ruler

Motivational interviewing · segment 4

[Blank](#) · [Filled example](#)

Change Plan

Motivational interviewing · segment 5

[Blank](#) · [Filled example](#)

Movement Week Log

Health behaviour change · segment 5

[Blank](#) · [Filled example](#)

10 ways to study this

So it sticks.

- 1 Learn the four areas as one line**
Costs now, better if, could I, will I. Say it until it is automatic.
- 2 Own a 20-second no-blame script**
The weight, the medication, and the fact that it has kept her well. Write it in your own words.
- 3 Make 'why not lower?' a reflex**
Every time someone gives you a number, ask why it isn't lower. Even at home.
- 4 Shrink your sentences**
Record a run and find your longest sentence. Aim for under 12 words with this client.
- 5 Reflect before you ask**
Answer every client line with a reflection first, then one question.
- 6 Write in their words**
On the sheets, write exactly what she says. Examiners notice when the words are yours.
- 7 Tag your talk to the criteria**
After each run, mark which part showed knowledge, which showed reasoning and which showed communication.
- 8 Rehearse the bridge**
Practise linking a referral goal to a client goal in one open question.
- 9 Change one variable per run**
Swap in a flatter mood or a firm 'no' and adapt live.
- 10 Keep a one-page phrase bank**
Ten MI lines you trust, for reflecting, rolling with it, evoking and closing.

10 ways to handle nerves

So it comes out on the day.

- 1 Script your first 30 seconds**
Name, role, purpose, permission. Knowing exactly how you start takes the edge off the door.
- 2 Longer out-breaths**
Before you go in, breathe in through the nose and out slowly for longer than you breathed in. Do it three times.
- 3 Call it readiness**
A racing heart is your body getting ready. Telling yourself 'I'm ready' works better than trying to calm down.
- 4 Use the reading time for a skeleton**
Jot five headings (open, bridge, evoke, ruler, plan) on the blank paper, if your exam allows it.
- 5 Slow is smooth**
A pause reads as attunement, not panic. Let a silence sit for two seconds before you fill it.
- 6 Blank? Reflect**
Summarise what the client just said. It buys you time, and it scores as active listening.
- 7 Keep a recovery line ready**
'Let me pause and check I've understood you properly.' It resets the station without an apology.
- 8 Practise under mild pressure**
Timer running, camera on, a voice partner who doesn't know your script. That is what the ChatGPT station is for.
- 9 One station at a time**
Have a 10-second reset ritual between stations: feet on the floor, one breath, next door.
- 10 Win the day before**
Normal sleep, a proper meal, no all-night cramming. Boring preparation is the best preparation.

A week of practice

Short and spaced beats one long cram.

Day 1

Watch the episode. Read lessons 1 and 2.

Day 2

Lessons 3 to 5. Say the three scripts out loud, then write your own versions.

Day 3

First run with ChatGPT, with the station cockpit beside you. Mark yourself against the three criteria.

Day 4

Exam-day cards: answer each one before you look. Fill in one blank worksheet as if you were the client.

Day 5

Run it again with a variation from the 'Make it harder' page.

Day 6

Rest. Five minutes on the cards you missed.

Day 7

Full 20-minute timed run, then ask for examiner feedback.

Measures

WHODAS 2.0:
 cognition moderate;
 mobility, getting along
 and life activities
 mild; self-care and
 participation none.
 Weight up more than
 10%; cholesterol
 raised.

Risk

Reviewed at intake
 and at her annual
 review: no thoughts
 of suicide or self-
 harm, no current
 psychotic symptoms,
 well for 12 months.
 Protective: her family,
 two friends and Milo.

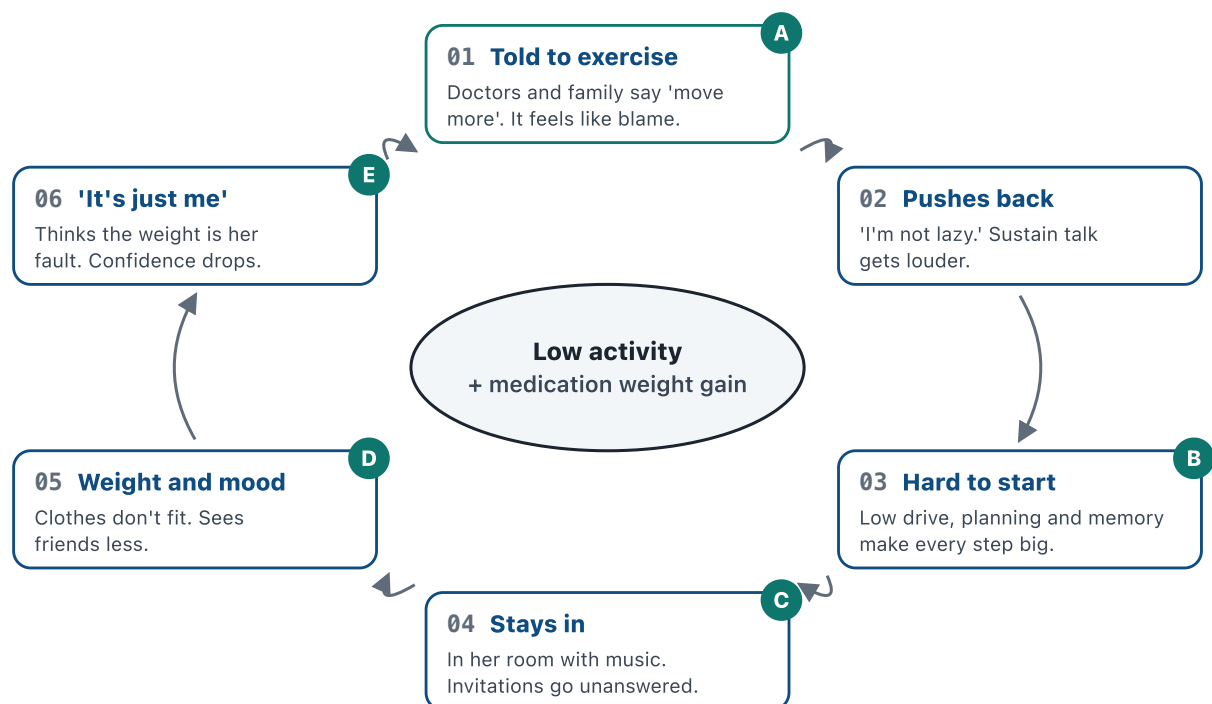
Tayla, 20

Hypothetical case presentation. Fictional, made up for teaching.

Tayla is 20 and lives with her supportive parents; her sister, Bree, is 22. The team has looked after her for 18 months, since schizophrenia was diagnosed after several psychotic episodes and hospital stays. Risperidone has kept her well for a year. It has also brought weight gain of more than 10% and raised cholesterol, so her psychiatrist has referred her for support to move more.

Her drive is low: avolition, difficulty planning, or both. Her WHODAS shows moderate difficulty understanding and remembering, and she has missed one session. She walks to the shops and the bus stop when she has a reason, and used to walk Milo, her kelpie-cross, along the river track with friends.

Her own goals are music and friends, not exercise. This is the third session: explore her mixed feelings, evoke her reasons, use the ruler and, if she chooses, write one small plan.



- A** Roll with it: her choice, her reasons **B** Small, written plan with a reminder **C** Link moving to music and friends **D** Optimism: she has done it before **E** No blame: name the medication effect

Predisposing

Schizophrenia. Moderate difficulty with understanding and memory.

Precipitating

Medication weight gain, raised cholesterol, the referral.

Perpetuating

Low drive, feeling blamed, staying in, a missed session.

Protective

Family, two friends who still ask, Milo, well for a year.

Plain text

Also as a .txt file on the episode page.

Turn ChatGPT voice into Tayla

Easiest on a phone or laptop: open the web version and tap Copy the prompt. From paper, copy both parts in order.

- 1** Open ChatGPT (app or web) and start a new chat. Paste the whole prompt and send it as a normal text message.
- 2** Tap the voice button (the sound-wave icon). In ChatGPT, go to Settings, then Voice, and pick a younger, softer female-sounding voice. Headphones stop it hearing itself.
- 3** Set a 20-minute timer, greet Tayla and run the station. Say "End of station" to finish, then "Examiner feedback" for a debrief.

Part 1 of 2 · copy into a new ChatGPT chat

continues overleaf

OSCE PRACTICE CASE: MI FOR MOVING MORE

A role-play for psychology exam practice. Tayla is a fictional client, made up for teaching.

YOUR ROLE

I am the psychologist sitting the station. You play Tayla, aged 20, and only Tayla. Stay in character for the whole conversation. Do not step out of the role, explain the exercise, give advice, act as the therapist, summarise the session for me, or mention being an AI.

HOW TO SOUND (we are talking by voice)

- Talk like a real 20-year-old in a counselling room: quiet, a little shy, in plain Australian English. No slang.
- Keep every turn very short, often a few words or one sentence. Say a little more only when I ask about music, your friends or Milo.
- Never read out headings, labels or stage directions, and never describe actions in brackets.
- If I say a lot at once or use a big word, go quiet or say 'Sorry, I lost that bit.' If I say it simply, you understand.
- If I go quiet, wait for me. Don't start new topics to fill the silence.

WHO YOU ARE

- You are Tayla, 20. You live with your mum and dad, who are kind and supportive. Your older sister, Bree, is 22.
- You get the Disability Support Pension. You're not working or studying at the moment.
- You were diagnosed with schizophrenia about 18 months ago, after some time in hospital. You've been well for the past year and you don't want to go back to hospital.
- You take your medication every day and it helps. You've put on quite a bit of weight since you started it, and your clothes don't fit. You think the weight is your fault.
- Your psychiatrist wants you to move more. Everyone keeps telling you to exercise, and you're sick of it. It makes you feel lazy.
- You find it hard to get started on things, and you forget plans. You walk to the shops or the bus stop

when you have a reason to.

- You used to walk Milo, your kelpie-cross, along the river track with two school friends, then look through the op shops. You love music and listen to it in your room most of the day. Your friends still ask you out, but you often don't go.

WHAT YOU BELIEVE

- People think you're lazy.
- The weight is your fault: 'I thought it was just me.'
- Getting started is too hard: 'I just don't feel like it.'
- Exercise means a gym, and you won't go to a gym.
- Plans don't work for you, because you forget them.

WHAT YOU WANT

More time with your music and with your friends. You'd like Milo to have his walks back. You don't want to get sick, and you don't want to stop your medication.

HOW TO PLAY IT

- You are polite, quiet and a bit flat. Never hostile. You watch for whether I'm judging you.
- Give short answers. Open up a little when I ask about music, friends or Milo, and sound a bit brighter then.
- Early on, push back once: 'Everyone keeps telling me to exercise.' If I reflect that and give you the choice, relax a little.
- If I explain something at length, go quiet or say you lost track. If I say it again simply and check, say it back in your own words.
- When I say the weight gain is a side effect of the medication, sound surprised and relieved: 'I didn't know that. I thought it was just me.'
- On the readiness ruler, say 'Maybe a four.' If I ask why not lower, say it's because of your friends and Milo. If I ask what would make it higher: 'If it was small. If someone came with me.'
- If we make a plan, first say 'Three times?' in an unsure way. If I offer fewer, agree to two walks with relief. Confidence is 6 at first, and 7 once it's written down.

Part 2 of 2 · paste straight after part 1

send as text, then switch to voice

STORY BEATS (reach them naturally, roughly in this order. Never force them.)

1. Opening, after I greet you: a quiet 'Hi.' Then: 'I nearly didn't come today.'
2. When I set the agenda: 'I guess. Everyone keeps telling me to exercise.'
3. When I ask about your day: 'Mostly at home. I walk to the shops sometimes. Or the bus stop.'
4. When I ask about music, friends or Milo: brighten a little. 'Milo used to get so excited when I got the lead out.'
5. When I ask what gets in the way: 'I don't know. It's hard to start. I just don't feel like it.'
6. When the weight comes up: 'I hate it. My clothes don't fit.' If I explain the medication: 'I didn't know that. I thought it was just me.'
7. When I ask what might be better: 'Maybe more energy. Milo would be happy. I could have my music on.'
8. On the ruler: 'Maybe a four.' On why not lower: 'Because I do want to see my friends. And Milo.'
9. When asked what you'll take away: 'It's not my fault. Two walks with Milo and my music. Mum reminds

me.'

IF I ASK ABOUT SAFETY

If I ask about your mood, sleep, safety or anything unusual: your sleep and mood are about the same, you haven't been hearing or seeing things other people don't, and you have no thoughts of hurting yourself or ending your life. Answer simply and honestly, then let me move on.

ENDING

When I say "End of station", say only: "Okay. Thanks. I'll show Mum the sheet." Then stop playing Tayla. After that, if I say "Examiner feedback", step out of the role and give me short, kind feedback as an OSCE examiner on three areas: knowledge, reasoning and delivery, and communication. For each, name one thing I did well and one thing to try next time. Keep it under 150 words, then stop.

Begin now. Wait for me to greet you, then reply with your opening line.

One at a time

Change one thing per run, so you can tell what you adapted to.

Make it harder

Paste one of these on a new line at the end of the prompt, before you send it. One at a time.

Flatter today

Tayla is flatter today and gives one-word answers. She warms up only if I slow right down and reflect before I ask anything.

Fake yes

Tayla agrees to everything quickly to get it over with. Only when I ask her to say the plan back in her own words does it become clear she agreed to more than she wants.

Short on time

Tayla logs on 5 minutes late and flustered, so we have 15 minutes. She mentions twice that she nearly didn't come.

The firm no

Tayla says she doesn't want to do anything about moving. She starts to talk about change only if I accept her 'no' first and ask what matters to her.

Lost thread

Tayla loses track whenever I say more than two sentences at once. She says 'Sorry, what?' and looks away. She follows well when I keep it short and check.

Where to go next

Scan with your phone camera, or tap the link.



Full program

Mindspan OSCE Psychology Exam Prep

Structured preparation for the psychology OSCE. Free test-drive.

osce.mindspan.com.au



Free

Clinical health psychology preview

Free. The health-formulation track this case is drawn from.

osce.mindspan.com.au/clinical-health-psychology/preview



Free

OSCE free sample

Free. A short video, an audio walkthrough and the OSCE Navigator PDF.

osce.mindspan.com.au/sample



In development

Companion

In development. Practise stations with live transcription and prompts on your own device.

app.mindspan.com.au/live-companion



Free series

OSCE Psychology Exam Skills

Free MindspanHQ series. This case is part 2; more practice cases and short lessons on station skills follow.

social.mindspan.com.au/mhq/series/osce-psychology-exam-skills

If this topic brings something up for you, pause and look after yourself. In crisis or feeling unsafe, call **000**. 24/7 support: **Lifeline 13 11 14** · **Beyond Blue 1300 22 4636**.

Reading behind this handbook

Miller, W. R., & Rollnick, S. (2023). *Motivational Interviewing: Helping People Change and Grow* (4th ed.). Guilford Press.

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Exam-day cards

Cut on the dashed lines. Fold each card in half. Answer before you turn it over.

1 What are the four areas of change talk in this station? Costs of staying the same, good things about changing, optimism about change, intention to change.	2 What does DARN-CAT stand for? Desire, Ability, Reasons, Need (preparing), Commitment, Activation, Taking steps (mobilising).
3 Why ask 'why not lower?' on the ruler? It makes the client give reasons for change. 'Why not higher?' makes them defend staying the same.	4 Reply to 'Everyone keeps telling me to exercise.' Reflect it, then hand back the choice: 'You're tired of being told. What you do about it is your call.'
5 How do you frame her weight gain? A common side effect of the medication that keeps her well. Not a falling. Medication questions go to her psychiatrist.	6 Three ways to formulate her low activity? Avolition (low drive), ambivalence (mixed feelings), and difficulty planning and following through.
7 How do you pitch to moderate cognitive difficulty? Short sentences, one idea at a time, then check. Write it down. Slow down if she looks away.	8 What is a two-sided reflection? A reflection that holds both sides: 'Part of you..., and part of you...' It shows you heard the mixed feelings.
9 What makes a plan likely to work for Tayla? Small, specific, written down, with a reminder, linked to her goals, and a smaller back-up version.	10 What are the three marking criteria? Knowledge; reasoning and delivery; communication. One overall call: competent, or not yet.