a) Psychoeducation

At least one family member (i.e., a spouse, partner, parent, or sibling) in the experimental (EXP) group was invited to attend two sessions of group psychoeducation in the outpatient clinic. Each session was conducted by a board-certified psychiatrist and lasted 70 minutes, with a 15-minute break. At the sessions, the family members and the patients were given information about the aetiology, symptoms, and prognosis of BD, as well as mood stabilizers, antidepressants, and their possible side effects. Each family member was also provided with information about the importance of MA and the risks of discontinuing the medication. At the end of the sessions, the family members were given a booklet providing information about BD and possible drug treatments.

b) Motivational interviewing (MI)

The goal of the MI sessions was to reduce resistance and overcome ambivalence about taking medication. Patients in the EXP group attended three sessions over 1 month, each lasting 40 to 65 minutes. All of the sessions were held in a quiet, private, and comfortable setting inside the outpatient clinics. Seven trained and registered health psychologists delivered the individual counseling sessions (all of whom had over 5 years of experience working in psychiatric settings). The health psychologists were trained in MI techniques by an experienced MI trainer (the first author) in two weeks that focused on didactic and experimental learning techniques. The goals of these training sessions were to convey the spirit, processes, and skills of MI in an effort to help the health psychologists to conduct the MI competently. The first week provided an introduction to MI and the application of MI to clinical training. The second week focused on advanced clinical training, supervisor training, and training for trainers. The content of the sessions was selected based on Motivational Interviewing Training New Trainers Manual (http://www.motivationalinterview.org).

Once trained, the facilitators used the following MI techniques to help the patients to take their medication regularly: Open-ended questions, rolling with resistance, setting agenda and eliciting self-motivational statements, change talk and affirmations.

The first session was designed to prepare the patient for the MI. The facilitator introduced themselves to the patients and assured them that the conservations would be kept private. Afterward, the facilitator encouraged the patients to discuss and list any concerns that may interfere with their willingness and motivation to receive psychiatric treatment and take medication by asking some basic questions (such as “*What do you call your problem?*”, “What do you think has caused your problem?”, and “*What do you fear most about your illness?*”). Facilitators also provided information on the medication that patients should take (dose and timing, adverse effects, contradictions, and treatment process).

During the second session, the facilitators tried to persuade the patients to commit to change and adhere to the treatment. Open-ended questions (e.g., “*So how have things gone this week?” and “How have you been feeling?”*) were used to assess new stressors and changes in the environment that were likely to affect the patients. The facilitators also inquired about patients’ adherence and the response to the medication and helped each patient to weigh up the perceived costs and benefits of taking medication (e.g., *“What do you see as the positive and negative consequences of taking medication?”*). The patient’s readiness to change was rated on a scale from 1 (I’m not willing to change) to 10 (I will do anything that I need to change). The importance of taking medicine regularly was also raised by the facilitators and was rated by the patients on a scale from 0 (least important) to 10 (most important). These questions were followed up by open-ended questions that invited patients to further elaborate on their choices (e.g., “*Why did you choose a (current number) instead of a (lower number)?*”, “*What would need to happen to make it a (higher number)?*”). The patients were also encouraged to think about what it would be like to make the change by imagining future situations; (e.g., *“If you were successful in taking medicine regularly, how would things be different?”* Finally, the facilitators measured and discussed patients’ confidence in their ability to change by asking questions such as “*On a scale from 0 to 10, where 10 is the most confident and 0 is the least, what number would you give for how confident you are that you could taking medicine regularly?*”

The third session addressed potential obstacles to MA. The facilitator helped the patients to review their progress, and sought to renew and reinforce their motivation. Patients were helped to identify obstacles that might prevent them from taking medication, to identify strategies to overcome obstacles that arise, and to build self-efficacy. In addition, patients were invited to set goals and make plans to support desired changes. Worksheets were given to the patients that encouraged them to identify things that they would need to do to achieve a given goal. The facilitators also encouraged the patients to create an action plan by specifying where, when and how they would take their medication. Patients were also asked to anticipate situations in which it might be difficult to take medication and were encouraged to identify strategies to overcome these barriers (coping planning).

In addition to the MI sessions for the patients, a single MI session was conducted for the family members of the patients in the EXP group. The same facilitators contacted each family member by telephone and invited them to attend a single session. At the beginning of the session, the family members were encouraged to express their feelings about medications and their role in supporting their family members to take their medication regularly was discussed. Barriers and facilitators to behavior change were also explored and the facilitators helped the family members to identify the pros and cons of helping the patients to take their medication regularly. The family members rated the patients’ level of commitment and likelihood of success on a 0-10 scale. Family members were encouraged to imagine the patients in the future with and without change. Finally, family members were asked to help their patients to use reminders (such as phone alarm or sticky notes) to improve their MA.