We Can Do This!

Protecting Lives, Ending an Epidemic

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For the Southeast AIDS Education and Training Center

What It Takes

Client	Counselor
Knowledge	**Information**
Testing	**Listening**
Prevention	**Options**
Treatment	**Respect**
Support	**Resources**

Knowledge

- HIV Information: The Basics
  - www.cdc.gov/hiv
- Body Fluids
- Entry
- Activities

Testing

- Pretest Conversations
- Delivering Results
- Prevention Conversations

Pretest

- Routine
- Benefits
- Readiness
- Possible Results
- Consent

Negative Results

- Readiness to Receive Results
- Deliver Results
- Future Testing
- Staying Negative

Preliminary/Positive Results

- Readiness for Results
- Clarity and Kindness
- Allow Space
- Remain Client Focused
- Immediate Plans
- Disclosure /Safety
- Prevention
- Partner Notification
- Linkage to Care/ Treatment
- Not a Death Sentence

Invalid Results

- Reassure Client – Not About Their Status
- Apologize
- Repeat Testing

Talking About Prevention . . .

When

How

What

The Questions . . .

- What can/will/would you like to do to reduce your risk for HIV?
- What's the first step you would have to take to make that happen?
- When can you take that step? What do you need for that to happen? How can I be supportive?

Generating Options for Prevention and Risk Reduction

Activity	Fluid	Entry	Dose	Options
Unprotected Anal Sex (receptive)	Semen	Tears	3 x/week	
	Pre-seminal fluid	Sores	2 partners	?
		Abrasions		?
	Blood	Mucosa		?
		*Inflammation		

"First of all," he said, "if you can learn a simple trick, Scout, you'll get along a lot better with all kinds of folks. You never really understand a person until you consider things from his point of view-"

"Sir?"

"-until you climb into his skin and walk around in it."

- Harper Lee, To Kill a Mockingbird

Prevention is Change

Change is Hard

Meeting Clients Where **They** Are

Stages of Change

- Pre-contemplation – Problem? What Problem?
- Contemplation—There may be a problem.
- Ready for Action—I'm getting ready to deal.
- Action—I'm starting to deal.
- Maintenance – Still dealing.
- (Relapse) – Oops, time to regroup.

- Prochaska, J.O., DiClemente, C.C., & Norcross, J.C. (1992). In search of how people change: Applications to Addictive Behaviors. American Psychologist, 47(9), 1102-1114.

Meeting Clients Where **They** Are

- Rethink Success
  - Support movement to the next stage; maintaining goal.
- Foster Motivation
  - Principles of Motivational Interviewing

So, Where **ARE** They???

CHANGE RULERS

0	1	2	3	4	5	6	7	8	9	10

not at all ***somewhat*** ***extremely***

- ***Importance*** On a scale of 0-10 with 0 being not important at all and 10 being extremely important, how important would you say it is to you right now to . . .?
- ***Confidence*** On a scale of 0-10 with 0 being not confident at all and 10 being extremely confident, how confident are you right now that you could . . . if you decided to?
- ***Readiness*** On a scale of 0-10 with 0 being not ready at all and 10 being extremely ready, how ready would you say are right now to . . .?

What is happening here ?

MOTIVATION IS NOT PUSHING

- People have their own reasons for healthy change.
- People have much of what they need to make change happen.
- People can’t push back if they aren’t pushed.
- People get stuck in ambivalence.

Motivational Interviewing

Originally developed by William Miller, Ph.D. and Stephen Rollnick, Ph.D., 1983/1991.

A patient-centered, "guiding" communication strategy.

- Employs respect, acceptance, honesty and concern.

- What it is NOT:
  - Arguing
  - Offering advice (without permission)
  - Doing most of the talking
  - "Prescribing" an action

Motivational Interviewing

- Channels resistance into motivation. More resistance can result in more motivation.
- Mixed feelings about change are respected and honored.
- Especially effective in early stages of change.
- More simple than it looks at first.

Motivational Interviewing: The 5 Principles

- Express Empathy
- Develop Discrepancy
- Avoid Arguing
- Roll with Resistance
- Support Self-efficacy

Adapted from Corwin, MPAETC with attribution to Rollnick, Miller and Butler

Motivational Interviewing: The 5 Principles

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"I'M NOT ARGUING...

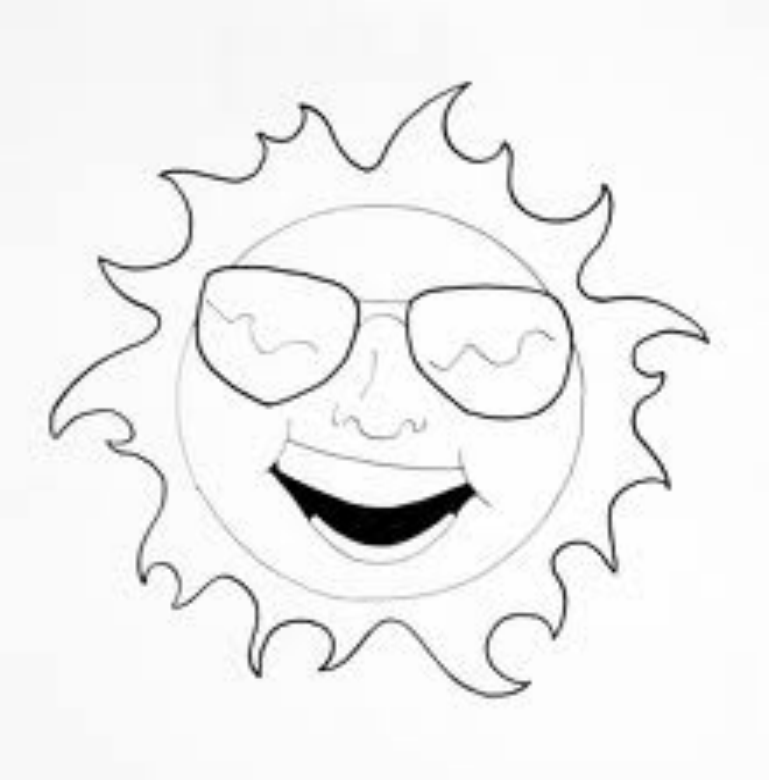
...I'M JUST EXPLAINING WHY I'M RIGHT"

Avoid Arguing

- **Direct argument evokes push-back**
  - The more you tell someone “You shouldn’t” the more s/he responds with “I will”
- **People tend to remember what they hear themselves say**
- **Resistance is a signal for provider to change tactics**

Adapted from Corwin, MPAETC, date unknown

Taking a page from Aesop. . .



Motivational Interviewing: Roll with Resistance

- **Provider offers information; does not impose goals**
  - Client can take or leave the information
- **Provider turns question or problem back to the client** Not the provider's job to generate all solutions
  - Client actively participates in problem-solving

Adapted from Corwin, MPAETC

Roll with Resistance

- *Whatever you do, REFUSE to confront, cajole, argue, persuade, lecture, reason with, blame, shame, or otherwise vehemently disagree with your client's resistance/denial more than is necessary to accomplish your duties. In other words,* ***don't spin your wheels in the mud; instead, wait until you have some "traction." Why add to the reasons your client can say she or he is not willing to change. . .****This is a somewhat radical concept in clinical work and yet a very simple and basic one.*

From Greg Merrill, LCSW Berkeley Social Welfare

ROLLING WITH RESISTANCE Strategy Shortlist

- **Simple Reflection** (restate)

"You resent having to be here."

- **Amplified Reflection** (overstate intensity)

"I hear you loud and clear that this is the last place you'd want to be today."

- **Double-Sided Reflection** (capture ambivalence)

"You don't want to be here and yet I can tell that you made the effort anyway."

- **Shift Focus** (direct away)

"You know. I think I'm started off on the wrong foot. Let's move to another topic if that's all right."

ROLLING WITH RESISTANCE Strategy Shortlist

- **Reframe** (agree with raw data/offer new interpretation)

"You've said several times that you haven't used protection and you've stayed negative. Sometimes people start to feel invincible, and it can actually keep them at high risk."

- **Emphasize Personal Choice** (restores sense of control)

"It's my job to inform you of options and to encourage you to protect yourself and others. It is up to you to decide what, if anything, you are ready, willing, and able to do. I can't decide that for you."

- **Come Alongside** (side with the resistance)

"We've talked about this quite a bit, you've really thought about it, and you're not willing to get into a program. You feel strongly that it would not help you."

Motivational Interviewing . . .

as simple (and challenging) as

- slowing down,
- resisting righting influence, and
- giving a person space to talk about motivation to change.

Motivational Interviewing . . .

. . .**Enhances motivation for healthy change by exploring and resolving ambivalence and evoking**

“change talk”.

An Exercise in Change Talk

1. **Choose a behavior you would like to change.**
2. **Write down 2 pros and 2 cons of changing.**
3. **Pair up and Share.**
4. **A asks B *: On a scale of 0 to 10, how important is it for you to change?***
5. **A asks B: Why are you at a ____ and not a 10? *Why are you at a ____ and not a 0? What was different about the responses?***

- *"People are generally better persuaded by the reasons which they have themselves discovered, than by those which have come into the mind of others."* - Blaise Pascal, *Pensées*, (1670)

A Little Discussion Time . . .

- In your groups . . .
- Discuss the MOST USEFUL thing you learned today related to your particular job. How do you plan to use it?

- Discuss what you expect to be the MOST CHALLENGING thing you learned today related to your job. How will you meet the challenge?

Thank you!

Generating Options for Prevention and Risk Reduction

Activity	Fluid	Entry	Dose	Options

HIV RESOURCES

www.AIDS.gov	Portal to many resources
www.thebody.org	Wide breadth of topics covered
www.cdc.gov/hiv	CDC training materials/information
www.ashastd.org	American Sexual Health Association
www.cdcnpin.org	National Prevention Info. Network
1-800-CDC-INFO	8 am – 8 pm ET

CONFIRMED POSITIVE RESULTS

Points to Consider and Sample Wording:

The following considerations are suggestions. Always follow the policy and laws where you work.

1. Give results and allow time to process

"Thank you for coming back. Are you ready to go over your test results with me? __(client's name)___, your test shows that you have HIV." Pay close attention to you tone of voice and body language.

Pause and allow time for the news to be absorbed and to attend to client's emotional response. Attending to the client's emotional needs is the most important part of this visit and may account for most of the time you spend with them. Follow the client's lead as to if/when they're ready to talk about information/referrals, etc.

"Today we can take some time to talk about what these results mean to you, your reactions, how you can get support, and where you can go for healthcare."

2. Discuss meaning

"A positive test means that you have been infected with HIV, the virus that causes AIDS. It does not necessarily mean that you have AIDS now. Other tests are needed to see how HIV has affected your immune system. There are many very effective treatments for HIV that can help you lead a long and healthy life. Many doctors now consider HIV to be a chronic, manageable disease. It's no longer a death sentence."

3. Provide support These questions can help guide the patient to process his or her diagnosis. Additionally, it helps identify where patients can seek support or if they will need immediate referral for stabilization.

What do you need most from me right now? Do you have any questions for me?

What do you think this news means for you?

Do you plan to share this information with anyone? Do you think they will be supportive?

What will you do today when you leave here?

Suggest that you would like to talk with them later in the day or tomorrow, in case they have questions or concerns.

4. Link to care

"We can help you to connect with excellent doctors and programs that take care of people infected with HIV. They can help you with your medical care, provide emotional support and help you decide with whom and when to share this information.

"With the healthcare provider, you will get a physical exam and blood test, to find out how HIV has affected your health. The two main tests measure the health of your body's immune system and the amount of HIV in your blood. These tests will help you and your healthcare provider decide if you should start taking medicines or if you are healthy enough to wait. Either way, you will need to get regular checkups. These days, there are new HIV medicines that are stronger and easier to take."

5. Discuss prevention

"It is very important that you take steps now to prevent spreading the infection to your sex (or needle-sharing) partners. We've talked about how HIV is spread through unprotected vaginal or anal sex or by sharing needles. You can reduce the risk of transmitting HIV and prevent yourself from getting other infections — abstaining from sex or using condoms if you are having sex and not sharing needles and works. Do you know that the majority of people with HIV reduce their risk behavior when they find out they are infected? What are your thoughts about being able to practice prevention with your partner(s) and telling them about your HIV infection?"

"*I also need to let you know that, people with HIV are required by law to inform any sex or needle partners of their HIV status before having sex or sharing needles with them. It is also important not to donate blood. "*

6.Review HIV reporting

"There are two other things we must discuss with all people testing HIV-positive. We discussed this briefly earlier. First, the health department collects the names of all people who test HIV-positive. This list is kept safely and is not shared. It is used by the health department to keep accurate information about how many people have HIV in different parts of the state."

7. Review partner notification options (*Partner notification does not have to be completed during this first visit. The key is that it is part of the series of initial assessments with the patient.)*

"Second, the health department encourages everyone with HIV to tell their prior sex (and needle-sharing) partners so they can be tested for HIV. You can tell them yourself, we can help you, or you can give their names to the health department, which will notify them that they may have been exposed, without identifying you.

Telling the health department or me these names is voluntary on your part and there are no penalties if you choose not to tell. Before anyone is notified, you will be asked if you are at risk for domestic or partner violence, and if so, be given referrals."

8. Discuss plan for partner notification: self, provider-assisted, or notification through the health department. Coordinate this information and your role with the health department in your community. Screen for domestic violence.

"If you feel unable to tell them yourself or with my help, we can also work with the health department to have these individuals notified anonymously.

"Is there anyone you would like notified this way?

"Does this include your current or most recent partners? Is this person someone you are afraid might react violently if told he/she might have been exposed? Are you at risk of this person hurting you?"

Developed by William Hight, Ph.D.