

Enhance HIV-Prevention Uptake with Motivational Interviewing

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Disclosures

- The activity planners and speaker do not have any financial relationships with commercial entities to disclose.
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Learning Objectives



At the conclusion of this session, participants will be able to

- Describe Motivational Interviewing (MI).
- Identify the four core MI communication skills.
- Identify the four components of the MI process and describe how these components are supported using the four core MI communication skills.
- Discuss the concept of the “patient as expert” and verbalize examples of how this concept is supported when making HIV testing and PrEP offers using an MI approach.

Welcome! You are invited!



Focus on HIV
Prevention



MI Approach: Style,
Processes,
Communication Skills



Virtual MI travelers



Collaborative learning



Open to learning
(intentional and
unintentional learning)

Ending the HIV Epidemic in the US

February 2019

Ending the HIV Epidemic: A Plan for America

HHS is proposing a once-in-a-generation opportunity to eliminate new HIV infections in our nation. The multi-year program will infuse 48 counties, Washington, D.C., San Juan, Puerto Rico, as well as 7 states that have a substantial rural HIV burden with the additional expertise, technology, and resources needed to end the HIV epidemic in the United States. Our four strategies – diagnose, treat, protect, and respond – will be implemented across the entire U.S. within 10 years.

GOAL: Our goal is ambitious and the pathway is clear – employ strategic practices in the places focused on the right people to:

- 75% reduction in new HIV infections in 5 years and at least 90% reduction in 10 years.**
- Diagnose** all people with HIV as early as possible after infection.
- Treat** the infection rapidly and effectively to achieve sustained viral suppression.
- Protect** people at risk for HIV using potent and proven prevention interventions, including PrEP, a medication that can prevent HIV infections.
- Respond** rapidly to detect and respond to growing HIV clusters and prevent new HIV infections.
- HIV HealthForce** will establish local teams committed to the success of the initiative in each jurisdiction.

The Initiative will target our resources to the 48 highest burden counties, Washington, D.C., San Juan, Puerto Rico, and 7 states with a substantial rural HIV burden.

Geographical Selection: Data on burden of HIV in the US shows areas where HIV transmission occurs more frequently. More than 50% of new HIV diagnoses* occurred in only 48 counties, Washington, D.C., and San Juan, Puerto Rico. In addition, 7 states have a substantial rural burden – with over 75 cases and 10% or more of their diagnoses in rural areas.

Ending the HIV Epidemic | www.HIV.gov

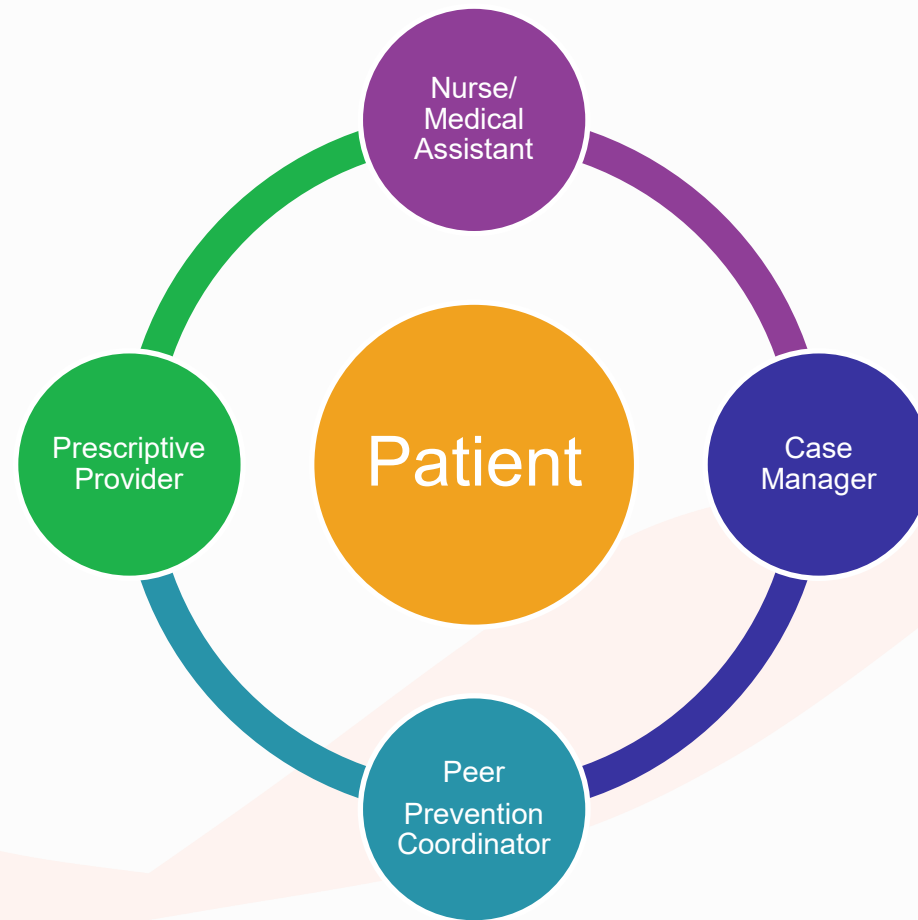
*2016-2017 data

Four Pillars of EHE

1. Diagnose
2. Treat
3. Protect
4. Respond

PREVENTION

Team Approach to Prevention



Motivational Interviewing Review

- **Evidence-based** counseling technique
- **Person centered** and based on the spirit of motivational interviewing
- Utilizes the concept of "**change talk**" to facilitate important discussions about health behaviors
- Utilizes **core communication strategies and processes to facilitate** discussion about ambivalence and opposition to change
- **Outcomes-focused strategy** that assists people in moving their "own needle" to set and attain important behavioral health goals

MI and the HIV Care Continuum

Reduced Motivation

Patient Motivation, Importance & Confidence

High Motivation

Diagnosed

receives a diagnosis of HIV



Linked to care*

visited a health care provider within 30 days after HIV diagnosis



Received or were retained in care**

received medical care for HIV infection once or continuously



Viral suppression

amount of HIV in the blood was at a very low level.



National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Division of HIV/AIDS Prevention



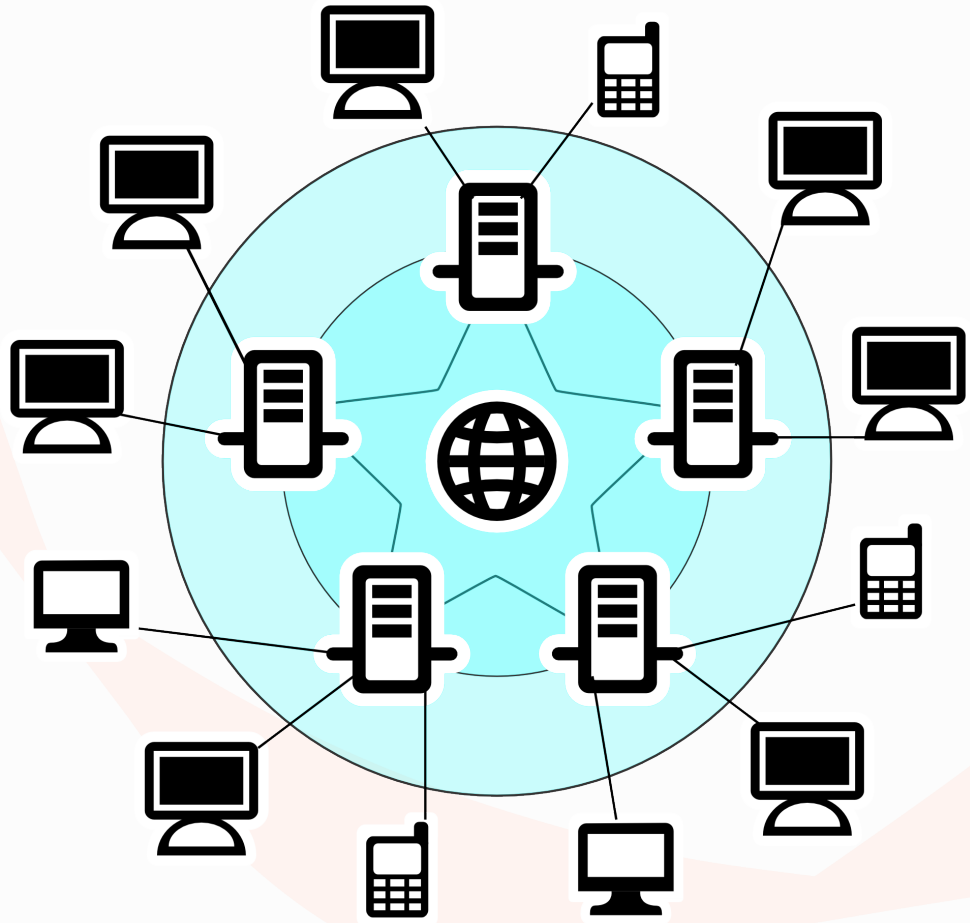
Motivational Interviewing



MI Pyramid



Chat: What is the Spirit of MI all about?



The spirit of MI creates an environment that is

How to Create the Spirit of Motivational Interviewing

- Show patients courtesy and respect by using **preferred names and pronouns**
- Ask **open-ended questions** to learn about patient values and cultural practices
- “**Be curious**, not judgmental” (Walt Whitman)
- Tolerate the stress of uncertainty and confusion and **learn to “dig in” or search**: *What is important to the patient? What upsets/pleases the patient? What does the patient think they need now?*
- Use your **relational intelligence**: discover how you can create more together in a **partnership with patients**

Consider the Patient's View

1. If we start interactions by telling patients what they need to do **they will lose face.**
2. If patients do share their concerns/issues with us and we don't let them know we have heard and respect their concerns **they will lose face.**
3. If we reflect on the issues and concerns a patient has shared, but move on to address other issues and concerns that we believe are more important **the patient will lose face** and most likely feel manipulated.

Conversations About HIV Prevention



“CAPE” is the Spirit of MI



Compassion, **A**cceptance/Autonomy, **P**artnership and **E**vocation

Empowerment

“The empowerment of a person or group of people is the process of giving them power and status (recognition) in a particular situation.”

Strengths

Resiliency

Knowledge

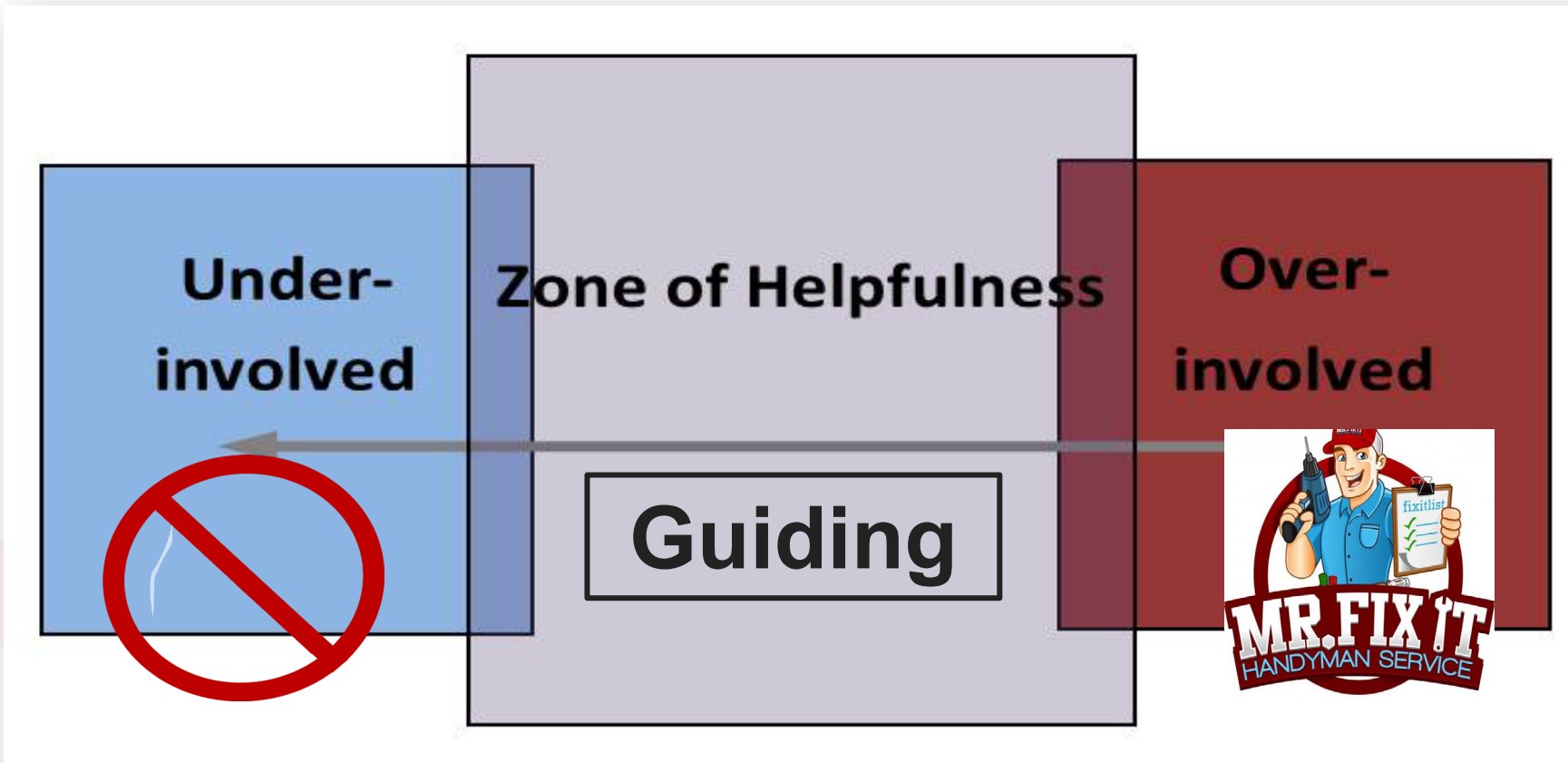
Goals

Skills

Leadership

Lessons learned

Empathy and the Guiding Zone

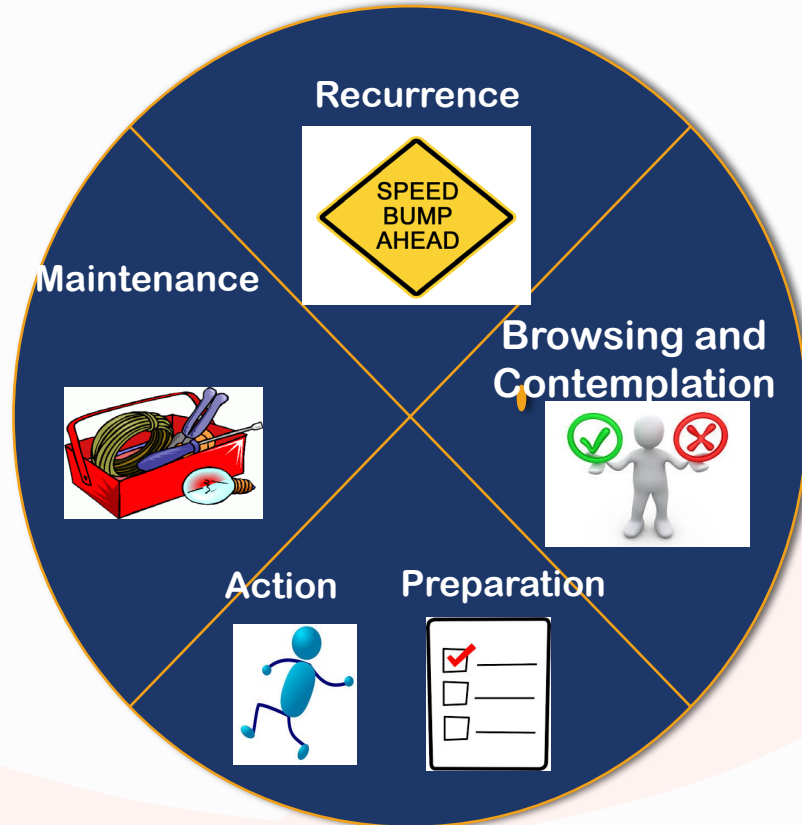


Motivational Interviewing



Transtheoretical Model of Change

Is Your Patient Shopping for Change?



Pre-contemplation
Not Shopping or Browsing
Not "Buying"



MI and Ambivalence



- **Contemplation Stage**
- Feeling two ways about something
- **Opportunity for change**

Integrating Stages of Change and MI

CONCEPT	DEFINITION	MI Strategies
PRE-CONTEMPLATION	Unaware of the problem, hasn't thought about change	Engagement skills, develop trust, assertive outreach, accept client where they are at, provide concrete care; increase willingness to consider change
CONTEMPLATION	Thinking about change, in the near future (usually w/in the next 6mos)	Instill hope, positive reinforcement for harm reduction, discuss consequences, raise ambivalence, motivational interviewing; increase willingness to change and sense of ability to change
PREPARATION	Making a plan to change plans, setting gradual goals (w/in 1 mo.)	Assist in developing concrete action, problem solve w/ obstacles, build skills, encourage small steps, treatment planning; increase sense of ability to change and readiness to change
ACTION	Specific changes to life style has been made w/in past 6 months	Combat feelings of loss and emphasize long term benefits, enhance coping skills, teach how to use self help, treatment. Planning, develop healthy living skills; help to initiate changes and work through the change process
MAINTENANCE	Continuation of desirable actions, or repeating periodic recommended step's	Assist in coping, reminders, finding alternatives, relapse prevention
RELAPSE	PART OF THE PROCESS	Determine the triggers and plan for future prevention

Five Themes in Sustain Talk*

Desire for
Status Quo

Inability to
Change

Reason for
Status Quo

Need for
Status Quo

Commitment
to Status
Quo

* An opportunity to share caring influence (not persuasion).

Two Forms of Resistance



“Issue” Resistance

- Content
- Symptoms, lab results, treatment plan

“Relational” Resistance

- The manner in which the message is expressed by the speaker
- Words can carry very different relational meanings

Seven Themes in Change Talk



Desire

Ability

Reasons

Need

Commitment

Activation

Taking Steps

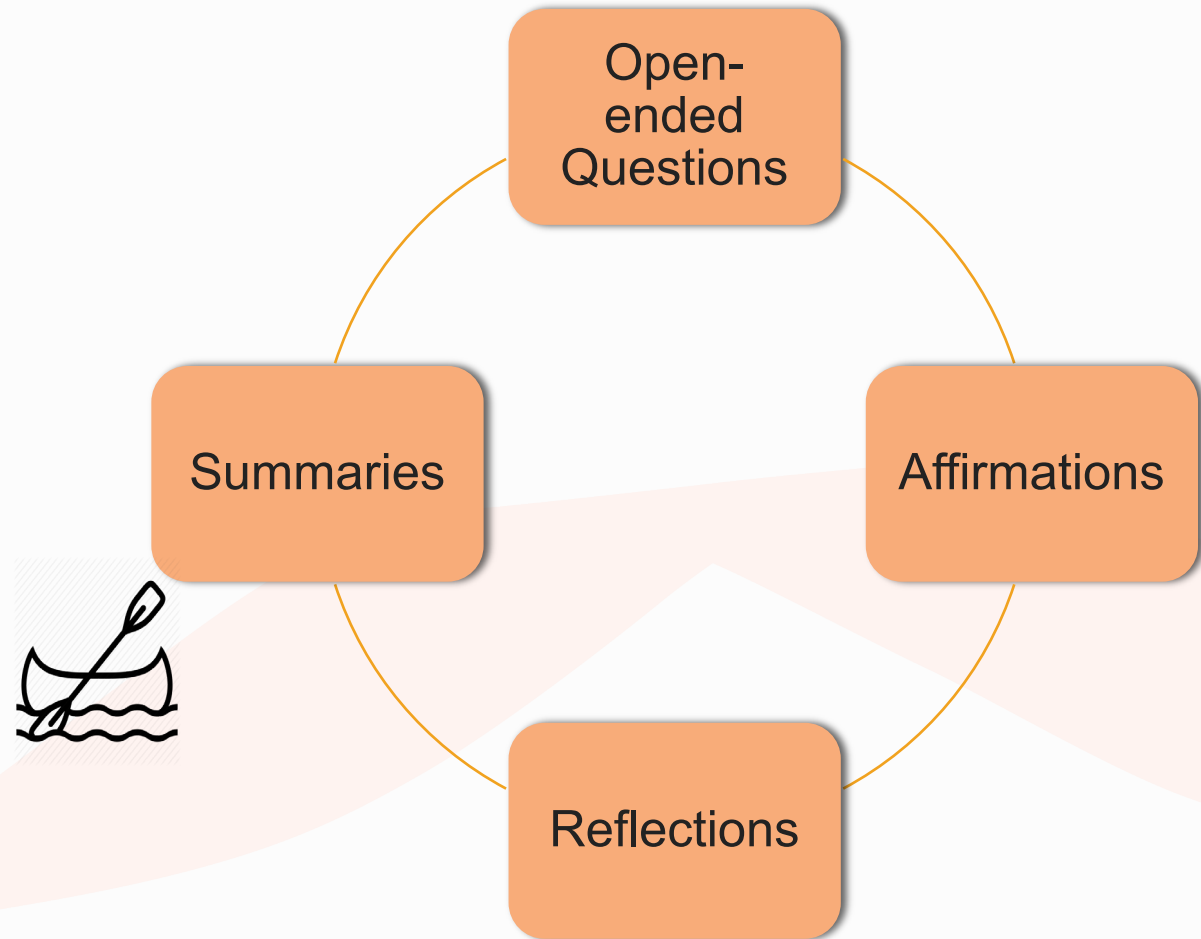
Recognizing Change Talk

- **Desire:** “I want to...”
- **Ability:** “I can...”
- **Reason:** “It’s important....”
- **Need:** “If...then....”
- **Commitment:** “I will...”
- **Activation:** “I am ready
- **Taking steps:** “I am doing it now..”



OARS: MI Core Communication Skills

- Open-ended questions
- Affirmations
- Reflections
- Summaries



My Top Five: Open-ended questions

1. In the patient's own words, how are they making sense of their health/illness? What does it mean to them?
2. What do they think of the treatment plan or options?
3. What worries them most about their health if they make no changes in the future?
4. What is their understanding of what will happen if they do nothing (which is always a choice).
5. If they are committed to making a change in behavior, what do they think will help them keep on track or get in the way of engaging in a prevention behavior?

Ask and.....

Listen Actively

#1 What does it mean to listen actively?

#2 Why is it important to listen actively to people?

Practice Giving Affirmations

Do This

Use affirmative and positive language.

Emphasize past successes.

Reframe behaviors or concerns as evidence of strengths.

Ask questions to prompt the patient to give themselves affirmations.

Give An Example

I'm really glad you brought that up.

You are a very resourceful person.

By using condoms you demonstrate your commitment to your overall health and wellness.

What have you noticed about yourself since starting on PrEP?

Reflective Listening

Simple Reflection

Patient says:

I'm not sure I really need PrEP.

Healthcare team member says:

You're not sure. (statement, not a question)

Reflections*

Simple

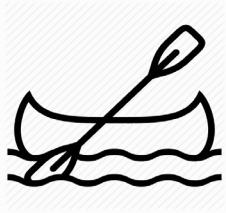
- **Repeat-** repeat an element of speaker's statement
- **Rephrase-** substitute synonyms or slightly rephrase what speaker says

*Voice inflection goes “down”

Why Emphasize Reflections?

- People feel listened to, understood, and cared about with reflections.
- Reflections encourage the individual to speak about what is on *their* mind.
- Encourages patients to share with and trust in others.

Summarize



- **Collect**
- **Reinforce**- what has been said
- **Link**- bring together material discussed
- **Strategize**- selectively choose what you want to summarize (the change talk)
- **Organize**- enhances the patient's understanding of the experience/visit

Nonverbal Communication Sends Messages

- Posture
- Equal positioning
- Facial expression
- Gestures



OARS Communication Skills Summary

OARS

- are skills that support the MI principles and process: open-ended questions, affirmations, reflections and summaries.
- are not unique to MI but they do support the practice of MI.
- must be practiced in order to be implemented successfully as part of an MI conversation.

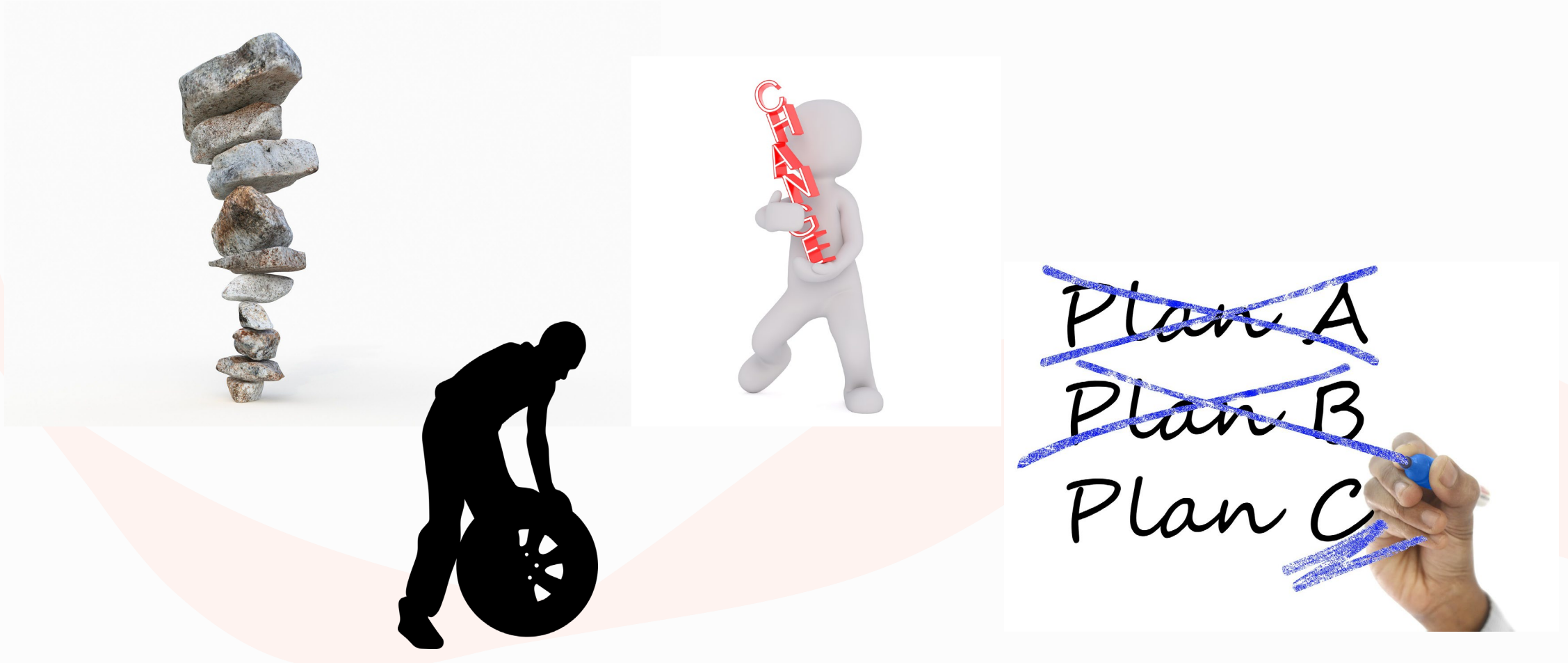
Four Principles of MI

Express	Empathy
Develop	Discrepancy
Sway	with Sustained Talk
Support	Self-efficacy

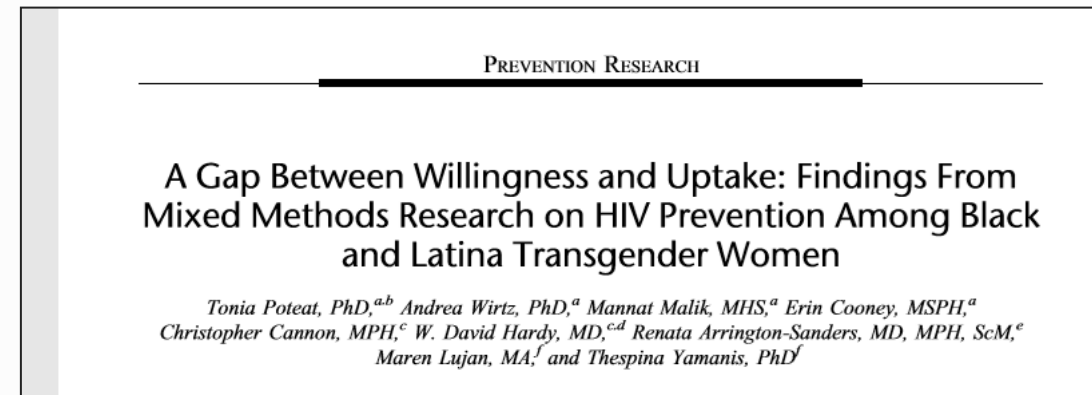
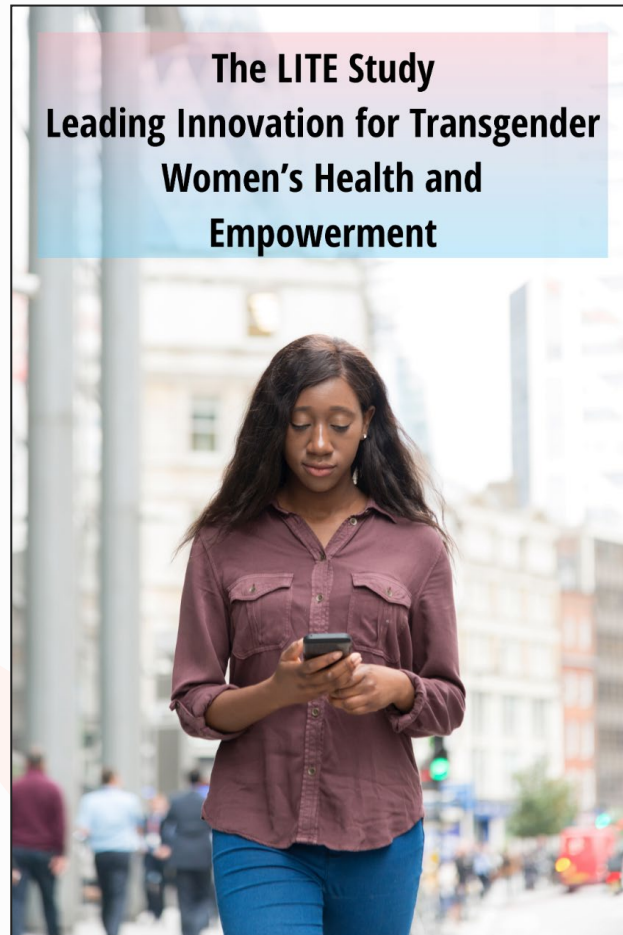
HIV Testing and PrEP Offers

USING MI IN HIV PREVENTION

Why do people refuse HIV testing and PrEP offers or to use condoms?



Prevention: PrEP Offers



Reasons Participants Did Not Want to Accept PrEP Offer

- 65% were concerned about drug-drug interactions with hormone therapy
- 47% concerned about side effects
- 41% did not want to take a daily PrEP pill
- Lack of financial resources to access PrEP and to obtain gender-affirming legal documentation

Why Do We Talk About Sexual and Reproductive Health During Health Encounters?



- Every person can reduce or eliminate their chance of getting HIV and other sexually transmitted infections.
- Taking a sexual health history can be “life saving.”
- Sexual behaviors determine risks for pregnancy, STIs, and HIV; **good interviewing helps prevent or reduce these risks.**
- Patients want their healthcare providers to talk with them about sexual health.

Lead-in Techniques

NORMALIZE

- I talk with all my patients...
- It's my job to talk about...
- All the staff at this agency...
- My agency cares about health so we always...

ACKNOWLEDGE DISCOMFORT

- I know this can be difficult...or feel uncomfortable..
- For most people the hardest part is getting started...
- At first it can be awkward but then...

EMPHASIZE BENEFITS

- By talking about sex and substance use we can develop strategies together to... improve your health... protect the people you love... be around for your family, friends and significant others.

EXPLAIN YOUR EXPERTISE

- I have a lot of experience...
- My clients tell me they like to talk to me about...
- I have a lot of information to share about...

Motivational Interviewing



MI Process



ENGAGING



FOCUSING

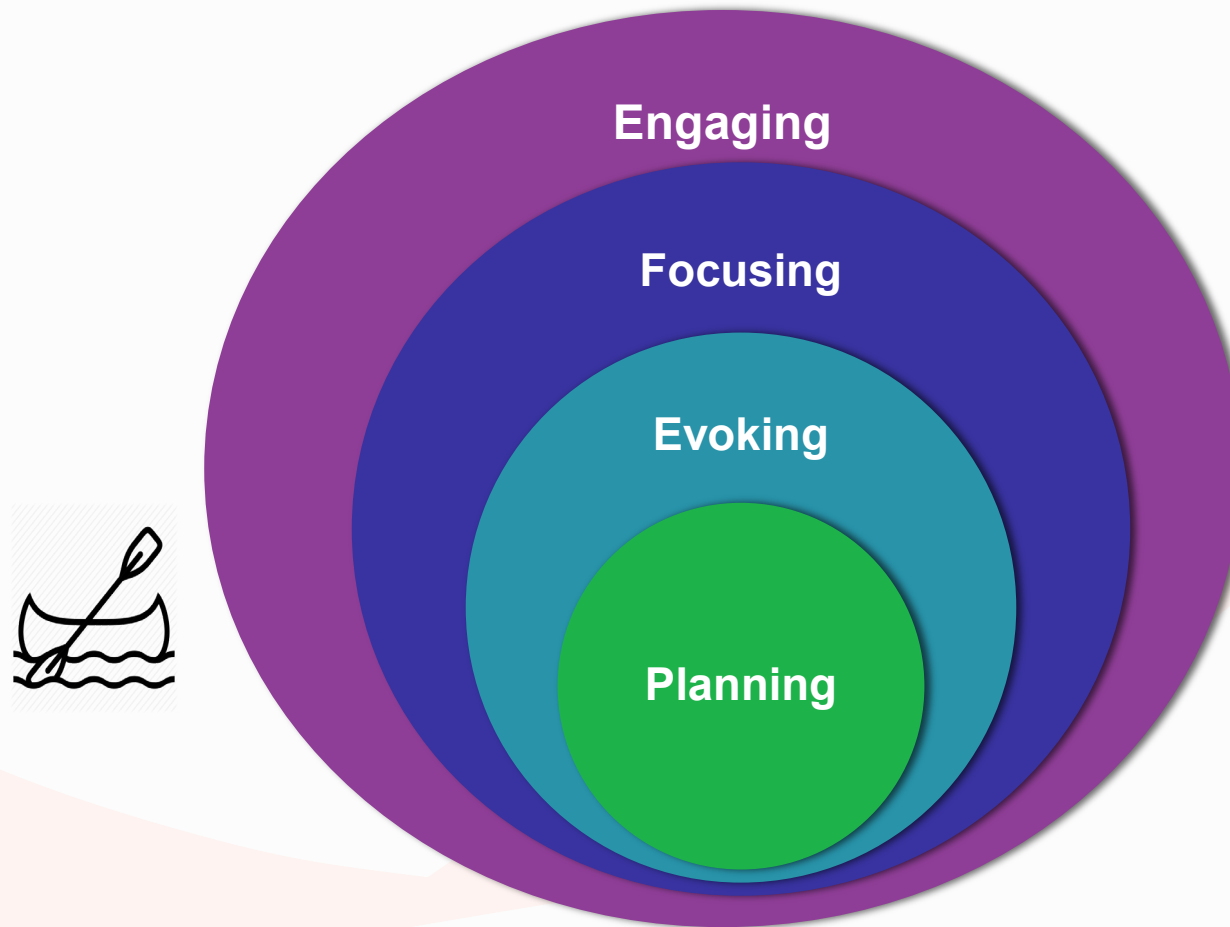


EVOKING

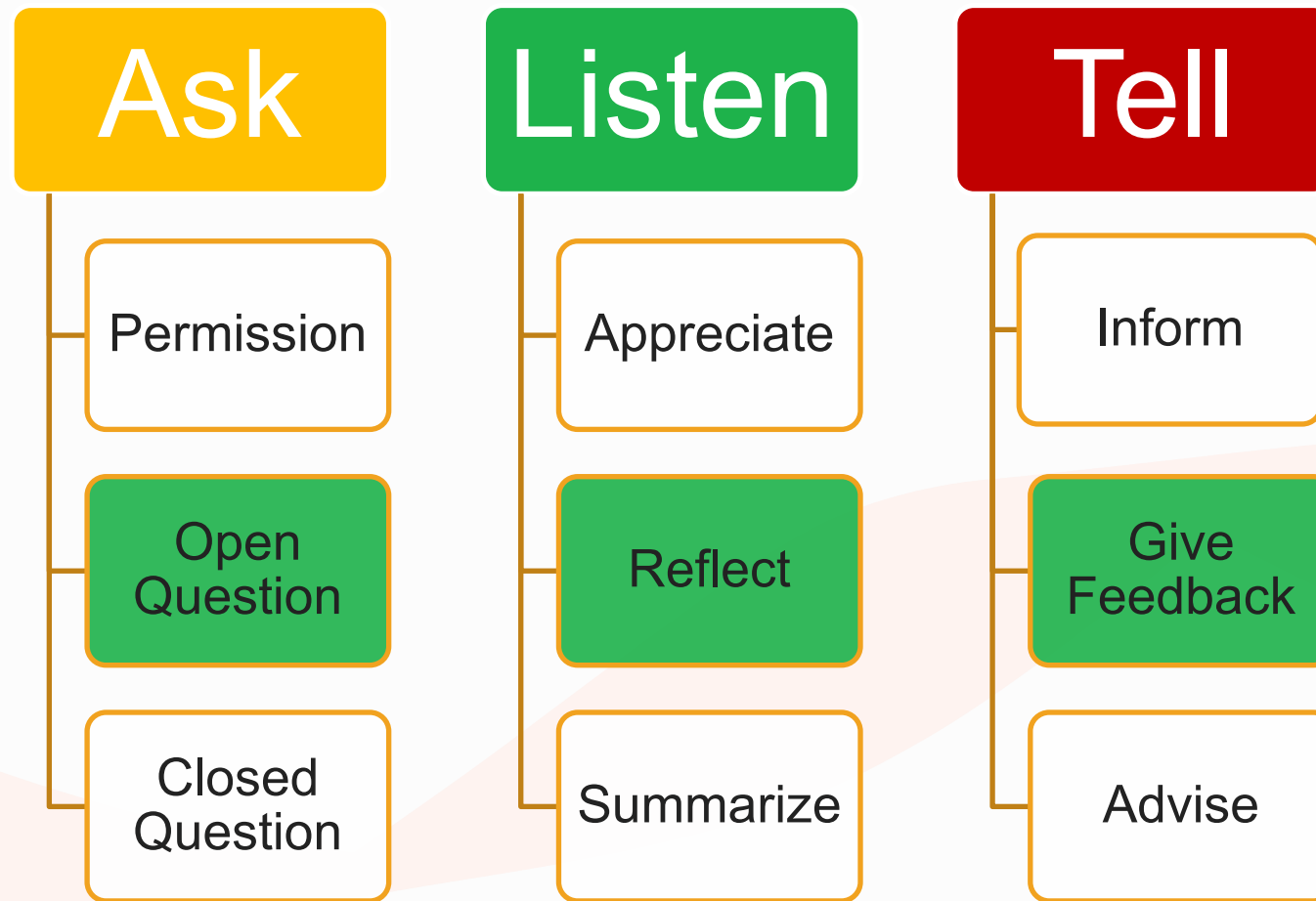


PLANNING

Four Components of the MI Process



Ten Strategies of MI





Ask a question that will prompt change talk as the answer



Ask for pros and cons of changing and staying the same



Ask about the positives and negatives of the target behavior



When the patient expresses change talk, ask for more details

Ask

Pre-Contemplative Initiating Conversations About Change

EVOKE

The questions below ask the patient directly for change talk:

1. *In what ways does PrEP have a place in your life?*
2. *If you decided to start PrEP, what would you do first?*
3. *How would things be different if you used PrEP?*
4. *What is going well for you and your sexual health?*
5. *What could improve?*

Contemplation and Planning

Initiating Conversations About Change

EVOKE

The questions below ask the patient directly for commitment language:

1. *So, given all this, what do you think you will do next?*
2. *What's your next step?*
3. *What, if anything, will you do now?*
4. *What things do you think you are most likely to change before your next clinic visit?*

Video Activity

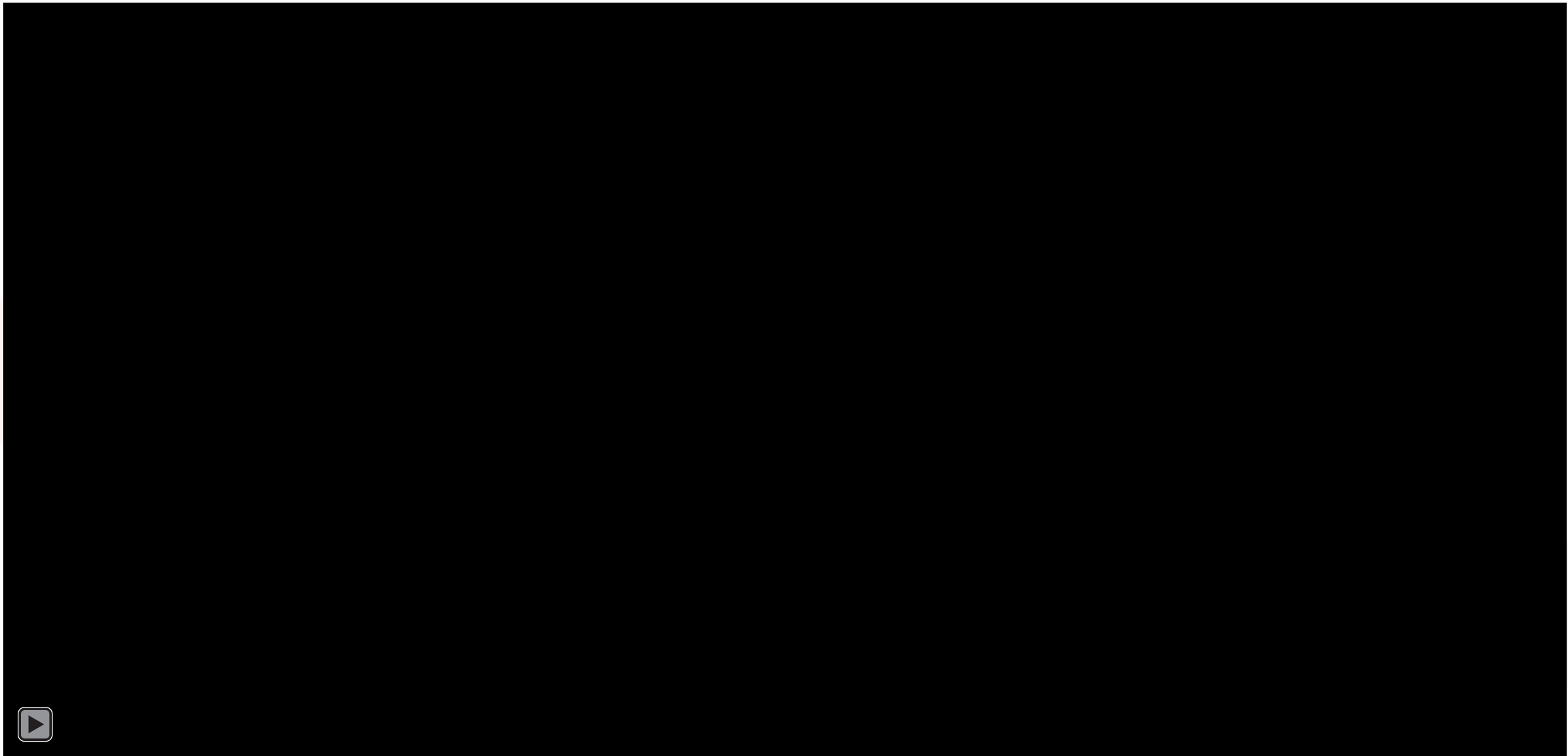
Background:

Luis has been diagnosed with an STD and he agreed to speak with the case manager before leaving the clinic.

Watch the 20 second video.

You will continue the conversation using role play in pairs.





Video Debrief

On a scale of 0-10 with 0 being no spirit and 10 being a great deal of spirit, how much did this healthcare professional show a spirit of MI?

- Do I seek to understand this person? Do I value this person's opinion?


Video Debrief

On a scale of 0-10 with 0 being not at all and 10 being a great deal, how much effort did the healthcare professional put into evoking change talk from this patient?

- Do I invite this person to talk about and explore their ideas for preventing HIV?
- When the patient expresses change talk, do I ask for more details?

MI Resource: Am I Doing This Right?

MI **MOTIVATIONAL INTERVIEWING**
an evidence-based treatment




Encouraging Motivation to Change
Am I Doing this Right?

Motivational interviewing encourages you to help people in a variety of service settings discover their interest in considering and making a change in their lives (e.g., to manage symptoms of mental illness, substance abuse, other chronic illnesses such as diabetes and heart disease).

REMINDE ME
Use the back of this card to build self-awareness about your attitudes, thoughts, and communication style as you conduct your work. Keep your attention centered on the people you serve. Encourage their motivation to change.

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Encouraging Motivation to Change
Am I Doing this Right?

1. ✓ **Do I listen more than I talk?**
Or am I talking more than I listen?
2. ✓ **Do I keep myself sensitive and open to this person's issues, whatever they may be?**
Or am I talking about what I think the problem is?
3. ✓ **Do I invite this person to talk about and explore his/her own ideas for change?**
Or am I jumping to conclusions and possible solutions?
4. ✓ **Do I encourage this person to talk about his/her reasons for *not* changing?**
Or am I forcing him/her to talk only about change?
5. ✓ **Do I ask permission to give my feedback?**
Or am I presuming that my ideas are what he/she really needs to hear?
6. ✓ **Do I reassure this person that ambivalence to change is normal?**
Or am I telling him/her to take action and push ahead for a solution?
7. ✓ **Do I help this person identify successes and challenges from his/her past *and* relate them to present change efforts?**
Or am I encouraging him/her to ignore or get stuck on old stories?
8. ✓ **Do I seek to understand this person?**
Or am I spending a lot of time trying to convince him/her to understand me and my ideas?
9. ✓ **Do I summarize for this person what I am hearing?**
Or am I just summarizing what I think?
10. ✓ **Do I value this person's opinion more than my own?**
Or am I giving more value to my viewpoint?
11. ✓ **Do I remind myself that this person is capable of making his/her own choices?**
Or am I assuming that he/she is not capable of making good choices?

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MI Summary: Spirit, Principles, and Strategies

- **The principles and strategies of MI outline important conversational strategies** that help health care team members guide patients in conversations about change.
- **OARS are communication skills** that support the MI principles and process
- **Listen for sustained and change talk** to focus on what matters to the patient and what guidance may be required to help the patient sort out their existing knowledge, including possible misinformation.
- **Resistance is a opportunity** to guide a patient in their own discovery of information that may inform their future healthcare decisions.
- **Be mindful to help patients “save face”** to avoid the resistance “trap” that often stops conversations about health behavior change and improved health outcomes.

Group Chat

What is a major take-away for you from this session on MI and prevention?

спасибо
danke 謝謝
ngiyabonga
teşekkür ederim
dank je
gracias
tapadh leat
hvala
mauruuru
dziękuje
mochchakkeram
go raibh maith agat
bedankt
obrigado
sagolun
sukriya
kop khun krap
arigatō
takk
dakujem
merci
merci
terima kasih
ευχαριστώ
감사합니다

Questions and Discussion



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