

Using Motivational Interviewing Techniques in HIV



OBJECTIVES

At the end of this unit, participants will be able to:

- Apply Motivational Interviewing (MI) techniques to coach engagement in care
- Apply MI skills to support clients with HIV disclosure
- Apply MI skills to support clients with treatment adherence
- Solicit input and support from other health care team members to move clients toward viral suppression



INSTRUCTIONS

1. Before the session, review the slides and talking points on MI practice.
2. Welcome participants.
3. Review the unit objectives.
4. Review slides on Motivational Interviewing definition, principles, and techniques.
5. Ask participants to pair up for Motivational Interview practice as described in the slides. Reconvene the group for a debrief conversation.
6. Wrap up. Share the final slide with additional resources on MI practices. Remind participants that MI practice is continuous as CHWs our goal is to work with our clients at whatever stage at with their medical care and treatment and support them in living healthy lives.



Related C3 Roles

Building individual and community capacity

Related C3 Skills

Communication skills, education and facilitation skills



Method(s) of Instruction

Role play



Estimated time

45 minutes



Key Concepts

HIV disclosure skills, HIV disclosure practice, Motivational Interviewing skills practice, HIV treatment adherence coaching, medication adherence coaching



Materials

- Computer with internet access and projector
- PowerPoint slides

Handout

- Case Scenarios For Using Motivational Interviewing Techniques in HIV

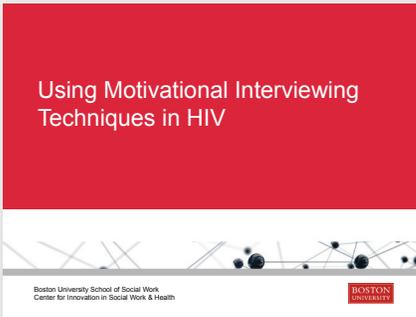


Resources

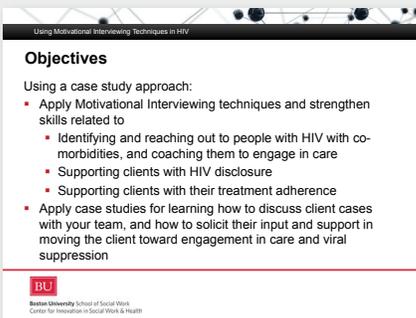
Motivational Interviewing Definition, Principles and Approach https://www.umass.edu/studentlife/sites/default/files/documents/pdf/Motivational_Interviewing_Definition_Principles_Approach.pdf

Alexander Waitt-Motivational Interviewing, Fox and Bee Associates, LLC. www.poz.com/basics/hiv-basics/disclosure

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SLIDE 1



SLIDE 2

Review the objectives.



SLIDE 3

In this session, you will have the opportunity to practice coaching scenarios involving HIV disclosure, client engagement in care, and medication adherence.

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Introduction to Motivational Interviewing (MI)

- Motivational Interviewing is a **client-centered**, directive method for enhancing **intrinsic motivation** to change by exploring and resolving **ambivalence**
- Ambivalence is a conflicted state of favoring change and supporting status quo
- Helps client get “unstuck” from ambivalent feelings
- Explores the client’s personal reasons for making a change
- **Brings the client closer to who they want to be from who they are right now**



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SLIDE 4

Motivational Interviewing is a **client-centered**, directive method for enhancing **intrinsic motivation** to change by exploring and resolving **ambivalence**.

Define the following terms:

Client-centered approach: A client-centered approach places emphasis on a client’s autonomy and right to choose goals and/or interventions based on their identified needs for services.

Intrinsic motivation: Intrinsic motivation can be described as doing something that is motivated from our own passions without the incentive of reward or fear of a negative consequence. Doing the behavior is often its own reward.

Ambivalence: Ambivalence is often described as a state of being “wishy-washy.” It is the gap between who I am and who I want to be. In many cases, people hold expectations for themselves that favor change while simultaneously supporting the status quo. That inner struggle (ambivalence) often drives indecision and a sense of feeling stuck that is common in all people. Motivational Interviewing is a client-centered, skillful practice that aids people in moving beyond ambivalence to get closer to who they want to be.

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Motivational Interviewing (MI) Definition

A collaborative, person-centered approach for drawing out and strengthening a person’s motivation to change his or her behavior. MI involves a set of principles and strategies, but more importantly, it is an approach that embodies the spirit of collaboration, empathy, and meeting people where they are at.

Miller, W.R. and Rollnick, S. (2009). Ten things that Motivational Interviewing is not. Behavioural and Cognitive Psychotherapy, 37, 129-140.

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SLIDE 5

Ask a participant to read the slide.

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Theory, Principles, Challenges

Self Perception Theory:

- How a person views him or herself impacts their behavior

Self Determination Theory:

- How a person talks about him or herself impacts their behavior

Three Principles

- People want to be their best self
- People *already have* what they need to be that best self
- Your job is to simply evoke that best self

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SLIDE 6

We understand that Motivational Interviewing is a way of working collaboratively with people to support their motivation for and commitment to change. The following two theories and three principles serve as important anchors to ground the CHW's perspective when working in partnership with clients.

Two major theories:

- **Self-Perception Theory:** A key idea in Self-Perception Theory is how people view themselves impacts their behavior. If a person feels negatively about themselves, they are less likely to take positive action. Consider the influence of your own self-perception and the impact when making changes in your life.
- **Self-Determination Theory**—Self-Determination Theory can be generally described as the way a person talks impacts their behavior. For example, If they speak negatively, they perform negatively.
- These two theories underscore the work of the CHW who uses Motivational Interviewing techniques because they help us to see why it is important to support people in talking and feeling more positively about themselves and their challenges when they want to make and sustain changes in their lives.

Three principles:

- People want to be their best self.
- People already have what they need to be that best self.
- Your job is to simply evoke that best self.

CHWs work with people whose lives and experiences can be very complicated. It can be easy to propose solutions or prioritize the client's circumstances according to our own values. These three principles help to ground the CHW in a client-centered approach by honoring the virtue in each statement and being willing to prioritize viewing the client's concerns through the eyes of the client and not our own. Strong alignment with these principles can have transformative effects in the CHW/client relationship.

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MI Spirit

Evocation Compassion

Acceptance Collaboration

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SLIDE 7

When using Motivational Interviewing skills, the following four qualities should underlie your approach with people. Define each characteristic and briefly explore with participants.

- **Acceptance:** Embody a disposition of acceptance by recognizing that people have the right to make their own choices free of judgment from others.
- **Compassion:** Employ compassion by extending empathic care without judgment.
- **Evocation:** Be intentional about asking the right questions to help people resolve ambivalence.
- **Collaboration:** Work in partnership with people to examine their situations and ways to respond.

Ask participants to give an example of how a CHW might employ each when of these qualities when working with clients or with other care team members.

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Core Strategies to Highlight/Support Someone through Ambivalence

- Express empathy (your effort to “put yourself in their shoes” and feel what they are going through)
- Develop discrepancy (pointing out conflicts between stated goals and behaviors)
- Respond to potential discord (don’t argue or fight)
- Support self-efficacy (reinforcing people’s ability to accomplish their goals)

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SLIDE 8

- **Express empathy:** (your effort to “put yourself in their shoes” and feel what they are going through) Empathy helps to build trusting and supportive relationships that aid in the CHW/client collaboration.
- **Develop discrepancy:** (pointing out conflicts between stated goals and behaviors) Example: You want to be healthier, but you do not show up for your medical appointments.
- **Respond to potential discord:** (don’t argue or fight) Developing discrepancy or responding to potential discord isn’t synonymous with confronting or wrestling with a client about their behavior. The goal is to empathetically shine light on a situation in such a way that the client can view their own behavior.
- **Support self-efficacy:** (reinforcing people’s ability to accomplish their goals) We understand from self-perception theory that how we view ourselves can impact our behavior; thus, reinforcing a client’s belief in their ability can have a positive impact and aid change.

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Coaching Skills to Promote Behavior Change

- O** Open-ended questions
- A** Affirmations
- R** Reflective listening
- S** Summarizing

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SLIDE 9

O.A.R.S. is a set of skills that helps to create an open, affirming, accepting environment where the client can explore their feelings, behaviors, and beliefs. O.A.R.S. skills help to move MI conversations forward and allow clients to freely express content that can position them to hear and make progress toward change. Review O.A.R.S. skills and provide examples. After each skill, invite participants to reflect and share the value of using O.A.R.S. skills.

Open-ended questions

Use open-ended questions that invite elaboration or descriptive information. Open questions usually require more than a yes or no response and encourages the client to talk more. Examples: What helps you stay on track with your medications? Tell me more about...

Affirmations

Using affirmations helps to reinforce the client’s strengths. Affirmations can be used to validate the client’s experience or feelings.

Examples: You’ve accomplished a lot in a short time. I appreciate your honesty.

Reflective listening

Reflective listening is a way to clarify statements and demonstrate that you heard and understood your client.

Examples: It sounds like you... You’re wondering if...

Summarizing

Summarizing statements link material that has been discussed to reinforce what has been said and demonstrates that you have been listening carefully.

Examples: Here’s what I’ve heard... Let me see if I got this right...

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Reflective Statements Practice

The diagram consists of three chevron-shaped boxes pointing to the right. The first is dark red and labeled 'Simple'. The second is a lighter red and labeled 'Complex'. The third is a light pink and labeled 'Double Sided'.

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SLIDE 10

Define the difference between simple, complex, and double-sided reflections.

- **Simple:** Literally using the client's words and giving it back to them.
- **Complex:** Adds meaning, value, or emotion to the client's words.
- **Double-Sided:** Highlights discrepancy between client's words/values and actions.

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Reflective Statements Practice

- **Client Statement:** "Getting to my appointments isn't an option unless you can give me bus tickets."

The diagram consists of three chevron-shaped boxes pointing to the right, each containing an example of a reflective statement. The first is dark red and labeled 'Simple'. The second is a lighter red and labeled 'Complex'. The third is a light pink and labeled 'Double Sided'.

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SLIDE 11

- **Simple:** A simple reflection is a basic restatement of the client's own words, being careful to use the client's language.
- **Complex:** Complex reflections add meaning, value or emotion to the client's words. In essence, you are reflecting a deeper layer of the simple reflection that helps to open new perspective.
- **Double-sided:** The aim of double-sided reflections is to highlight the discrepancy between the client's words/values and their actions.

Examples:

- **Simple:** "Getting to your appointments isn't an option."
- **Complex:** "Transportation is a problem." "Finding transportation is overwhelming."
- **Double-sided:** "Even though transportation is tough, you realize your health is at risk if you don't make your appointments."



SLIDE 12

CHWs work in a variety of capacities. This role-play activity provides an opportunity to practice MI skills during a client interaction involving HIV disclosure, client engagement, or HIV treatment adherence.

Distribute the handout Case Scenarios: HIV Disclosure, Client Engagement, and Medication Adherence.

Using the scenarios provided, ask participants to form dyads and conduct a role-play of their choosing.

- One person will role play the CHW and the other will role-play the community member.
- Allow 10–15 minutes for each role-play.
- Remind CHWs to use MI skills in their role-play.
- At the end of the allotted time, participants should switch roles and select a different scenario.

When complete, reconvene the group and debrief.

- Ask, “What MI skills did you recognize when you were in the role of the client?”
- Ask, “In your role as the CHW, which skills were easiest and which skills were more difficult?”
- Ask, “What can you do to continue to practice and develop your MI skills?”

Remind participants that MI is nuanced and requires patience and practice. Using MI skills helps keep their client interactions client-centered and provides opportunity to address ambivalence, ultimately helping the client change their behavior.

Summarize and close.

Case Scenarios for Using Motivational Interviewing Techniques in HIV

Scenario A

Fred is a 62-year-old veteran who was diagnosed with HIV in 1988. Fred had a diagnosis of AIDS when he came to the Health Center. He has seen friends die during the early years of the AIDS epidemic. Fred delayed treatment and care due to being challenged with substance use. However, in 2010, when his health began to decline, Fred showed up at the clinic and was able to see a doctor and have labs done. His CD4 is at 250 and his viral load was at 300,000. Fred lost his housing and has been off meds and homeless for over 6 months. Fred reached out to the health center that connected him with a CHW. Fred told the CHW, "I want to take my meds again, but I've almost reached the point of not caring; I'm homeless, I feel like I'm starting from nothing at 62.

In a role play situation, use motivational interviewing techniques to respond to the following questions:

1. What questions could the CHW ask Fred?
2. Are there resources the CHW can suggest for Fred?
3. What strategies could the CHW suggest to help promote good adherence for Fred?
4. Are there other concerns?

Scenario B

Julie, a 25-year-old single mother of an infant daughter was diagnosed with HIV two years ago. Julie's fiancé is HIV negative and has always been supportive of her care and treatment. Since Julie's diagnosis, she has always been great with taking her HIV medications as prescribed; her viral load was undetectable and her CD4 was close to 900. Julie has been back to work full time at night for a couple months. Julie watches the baby during the day, sleeping when the baby naps. Julie's fiancé has noticed that her 7-day pill box is still full from the previous week, her pill bottle is on the counter, and she seems extra tired. When Julie showed up for her checkup, the doctor told her that her CD4 had dropped and for the first time she had a viral load of over 100,000. The doctor told Julie that she would benefit from seeing a CHW and he wanted her to schedule an appointment; however, in the meantime he needed to run additional tests and would see her again in 2 weeks.

In a role play situation, use motivational interviewing techniques to respond to the following questions:

1. What questions could the CHW ask Julie?
2. Are there resources the CHW can suggest for Julie?
3. What strategies could the CHW suggest to help promote good adherence for Julie?
4. Are there other concerns?



Scenario C

Keli, a 31-year-old transgender woman diagnosed in 2008, has been living with HIV for 10 years. Keli has been on the same regimen, Atripla, since that time. Keli's recent labs show that she has not had significant increases in her CD4 and her viral load from the last 2 lab visits. Keli's doctor told her that he strongly recommends a medication change due to newer medication on the market with fewer side effects. Keli is afraid of trying something new, but would welcome a decrease in the dreams she's been having that disrupt her sleep. A CHW is called into the clinic by the doctor to meet Keli and schedule an appointment for an educational session. Keli and the CHW have a great conversation and Keli secretly shared with the CHW that she smokes marijuana about once a week and that she has the habit under control –“it helps me chill out after I get home from work,” Keli says. “My fear is that a new regimen may not agree with my indulgence and the doctor doesn't know that I smoke.”

In a role play situation, use motivational interviewing techniques to respond to the following questions:

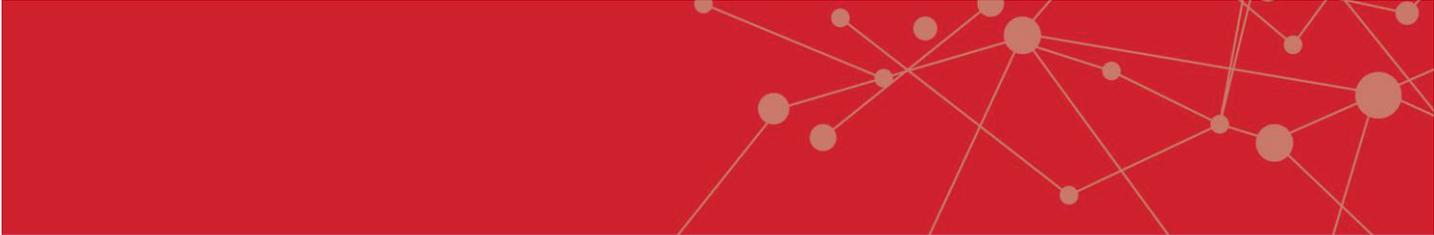
1. What questions could the CHW ask Keli?
2. Are there resources the CHW can suggest for Keli?
3. What strategies could the CHW suggest to help promote good adherence for Keli?
4. Are there other concerns?

Scenario D

Jimmy is a 62-year-old, man who has been living with HIV for 28 years. Jimmy has been an HIV activist, peer educator, outreach worker and served as president for several LGBTQIA organizations over the past 30 years. Jimmy recently buried his long-time friend and roommate about 6 months ago. Since his friend's passing, Jimmy has stopped taking his medications, missed several doctor appointments and has been 'missing in action' in all his community engagement activities. Jimmy's chart has been referred to the CHW by his provider for re-engagement.

In a role play situation, use motivational interviewing techniques to respond to the following questions:

1. What questions could the CHW ask Jimmy?
2. Are there resources the CHW can suggest for Jimmy?
3. What strategies could the CHW suggest to help promote good adherence for Jimmy?
4. Are there other concerns?



Scenario E

James is a 46-year-old heterosexual man who has been living with HIV for 5 years. He has worked hard to build a stable and happy life. He loves his job working for the City of Pasadena for the past 10 years and sees himself retiring from this position. On the weekends, James is active and enjoys landscaping, skating and playing tennis. His life is good, but he desires a life partner.

While playing tennis, he met a woman who he has been dating for the past 3 months. The relationship is progressing, and James must decide to disclose his HIV status. To date, they have not discussed their individual sexual health. Although James is motivated to share his status, he isn't sure how to go about it. His mind replays numerous stories he has heard from his peers who have had negative experiences when they disclosed to others. James believes telling the truth is very important, but sinking and paralyzing feelings of rejection oppose his desire to reveal his HIV status.

James is in the contemplation stage of change regarding his disclosure. He has shared with you (CHW) his anxiety around telling his significant other his HIV status.

In a role play situation, use motivational interviewing techniques to respond to the following questions:

1. What questions could the CHW ask James?
2. Are there resources the CHW can suggest for James?
3. What strategies could the CHW suggest to help promote good adherence for James?
4. Are there other concerns?

Scenario F

Jenni is a 28 year old Latina woman working as a Medical Assistant at a Long-term Nursing Facility. She is passionate about helping others and she loves her job. Jenni is HIV positive but she has never shared this information with her supervisor or with any of her co-workers. She is in the United States legally but has many family members living with her that are not.

Jenni has always been adherent to her medical appointments; her viral load is undetectable and her last CD4 was around 800. Recently a ward for patients with Dementia was opened and workers have complained about the challenges they are having with patients being confused, fighting and one nurse had an accidental needle stick while tending to a patient.

Jenni wants to tell her supervisor but she has not always been supportive of staff and with high turnover she's afraid of losing her job.

Jenni has come to you (CHW) with this concern.

In a role play situation, use motivational interviewing techniques to respond to the following questions:

1. What questions could the CHW ask Jenni?
 2. Are there resources the CHW can suggest for Jenni?
 3. What strategies could the CHW suggest to help promote good adherence for Jenni?
- Are there other concerns?

Acknowledgments

This curricula draws from and is adapted from other training curricula for peer educators and community health workers, such as the Building Blocks to Peer Success (<https://ciswh.org/resources/HIV-peer-training-toolkit>) and the Community Capacitation Center, Multnomah County Health Department (<https://multco.us/health/community-health/community-capacitation-center>)

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