Motivational Interviewing and HIV: Reducing Risk, Inspiring Change

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Nowhere is the need to change behaviors more important than in HIV infection. Changing risky behaviors can prevent infection, and people living with HIV (PLWH) have better outcomes when they are able to change behaviors to improve their health. Some important changes individuals can make to prevent or live better with HIV include:

• Modifying use of tobacco, alcohol, and illicit drugs
• Adopting consistent condom use
• Exercising regularly
• Adding foods high in nutrients
• Taking antiretroviral therapy (ART) and other medications as prescribed
• Keeping regular appointments with a care provider

The goal of this publication is to provide a succinct overview of motivational interviewing (MI) strategies – within the context of the stages of change – to reduce risk and support PLWH in the pursuit of healthy behaviors.

What is Motivational Interviewing?
Motivational interviewing is a counseling style that is directive and patient-centered. The goal of MI is to help patients explore and resolve ambivalence in order to change unhealthy or problematic behaviors (Rollnick & Miller, 1995).

Research has shown that:
• MI enhances change for a range of behaviors, including diet, exercise, medication adherence, smoking cessation, and safer sex;
• Adding MI to other active treatments improves outcomes;
• When MI is compared to other established counseling methods, outcomes are similar despite the lower intensity of MI. MI produces positive outcomes without major effort;

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- Adding MI to other active treatments improves outcomes;
- When MI is compared to other established counseling methods, outcomes are similar despite the lower intensity of MI. MI produces positive outcomes without major effort;
• MI works well with patients who are angry, resistant, or less ready to change;
• MI works less well with patients who are already clearly committed to change and ready for action (these patients may benefit from more active problem-solving support instead);
• MI has double the effect with minority populations; and
• MI works quickly; you get results from your efforts right away. (Rollnick, Miller, & Butler, 2008)

Getting Started: Assess readiness for change. People may be more or less ready to change their behaviors at any given point in time, and different messages are appropriate for people at different stages of readiness for change (Prochaska & Velicer, 1997).

Your first goal is to determine where the patient is in the change process. You can use this information to provide appropriate guidance.

One easy way to start using MI skills is to remember the acronym OARS. You are practicing MI when you use:

O pen (rather than closed) questions:
  • “How do you feel about that?” (open) versus “Did that make you mad?” (closed)
  • “Tell me about the last time you used meth.” (open) versus “You quit using drugs – right?” (closed and leading)

A ffirmations (for positive reinforcement)
  • “You’re doing a good job of keeping your appointments.”
  • “Congratulations on taking your medications regularly – that can be difficult for some people!”
Reflections (repeat, rephrase, paraphrase)

- “It sounds like you are worried about your headaches.”
- “Are you saying that you are afraid to ask your partner to use condoms?”

Summary (2 or 3 key points raised by the patient)

- “So the main things you want to do today are to see your lab values and find out about the support group.”
- “Looks like we have your new exercise plan in place and you will start with Step 1 tomorrow.”

START with an open-ended question or statement:

- “I see your nurse practitioner recommended that you start taking ART. Tell me what you think about that.”
- “How have you been managing your new diet?”
- “What’s been happening with your plan to quit smoking?”

PRECONTEMPLATION STAGE: Patients in this stage of readiness may not realize there is a problem and have not even thought about changing.

Your goals are to:

- **bring awareness of the problem to the surface so the patient can start thinking about it, and**
- **keep the patient engaged in the process.**

Choose appropriate messages, because it is easy to turn these “uncommitted” people off during this stage. Remember that you want to keep the door open for future discussions.
LISTEN to concerns

• Reflect content: “It sounds like you want to be sure that our discussion here is confidential.” “I heard you say that you have a cough but don’t think you can stop smoking.” “You would like your partner to stop nagging you about this.”
• Reflect emotion: “It seems like you feel overwhelmed.” “It sounds like you’re feeling depressed.”
• Summarize: “I heard you say that you don’t think you can say no when your partner wants to have sex.”

ELICIT more information

• Past experiences: “What did you do when you tried to quit smoking before?” “What happened when you asked him to use condoms?”
• Current strengths: “How do you manage to exercise so consistently?” “You’re so good about coming in for your appointments. What helps you remember?”
• Current attitudes: “What do you think about changing your medicines?” “Tell me how you feel about using condoms when you go to the bath house.”

COMMUNICATE caring

• Empathy: “That sounds really hard. How did you handle it?”
• Honesty: “I might be scared too if my CD4 count was dropping.”
• Acceptance: “You get to decide; it’s your health.” “You’re the only one who can make these decisions, but I can help you look at the issue and explore your options.”
**CONTEMPLATION STAGE:** Patients in this stage are willing to think about making a change, but not yet ready to do something about it.

*Your goal is to move the patient toward action by:*

- **keeping the patient talking,**
- **boosting the patient’s awareness of change options,** and
- **increasing the perceived benefits of change.**

**DEVELOP discrepancy**

- Reflect ambivalence: “You see benefits to changing, and also some drawbacks.” “It sounds like you feel stuck.”
- Explore concern: “How do you think using condoms would affect your sex life?” “What concerns you about going on ART?”
- Explore values and goals: “What are you hoping to gain from treatment?” “Tell me how protecting your partner would make a difference.”
- Reflect intention: “It sounds like you want to be safer in your drug use, but you aren’t sure how.” “So you’re thinking about making a plan to take your medications consistently.”
- Explore context: “What has changed in your life that makes now a good time to stop using drugs?” “How did your partner’s concerns make you decide to use condoms?” “Has something changed that has encouraged you to start ART?”
- Give feedback: “Your doctor will tell you why she thinks you need to start ART. I can tell you what others have said, and give you a brochure if you like.”
ROLL with resistance.

- *Try precontemplation strategies instead!*
- Apologize: “I’m sorry; maybe I misunderstood. Let’s go back.”
- Affirm: “I hear your concern about the side effects to the drugs, and it’s valid. Let’s talk about it.”
- Accept: “Maybe using acupuncture wasn’t the best idea. If it isn’t working for you, we can explore some other options.”
- Reflect others’ concern: “You’re not worried, but your partner is. What are his concerns?”
- Reframe “yes but” as “yes and”: “It sounds like you want your plan to work, and you also have some reservations about it.”
- Clarify: “What do you need to move your plan forward?” “How can I help you?”
- Amplified reflection: “Maybe you aren’t ready to start ART now.” “It could be that using condoms is not for you.” (If you use this strategy, be careful that your tone doesn’t sound dismissive or pejorative. If this is said respectfully, most patients will respond with reasons they are ready to change.)

SUPPORT self-efficacy

- Use “elicit-provide-elicit” to educate:
  - “What have you heard about...?” (elicit current knowledge)
  - “Let me add a couple of things...” (provide new information)
  - “What do you think about that?” (elicit patient’s reaction)
• Self-Monitoring: “Would you be willing to keep track of how you take your medications for a week? This will help us see any patterns that could indicate when you have trouble remembering your pills.”

• Past Successes: “What strategies have worked for you in the past?” “Tell me about the last time you were able to use a condom.”

• Optimism: “What’s different now that makes change possible?”

• Explore Extremes: “What’s the best/worst thing that might happen when you start using this plan? What is the likelihood it will happen?”

• Commitment: “Where do you stand on this issue, at least for today?”

• Decision Making: “Which of those ideas might you be ready to try?” “Do any of these ideas to decrease your alcohol use sound possible for you?”

• Autonomy: “You are in charge – no one is going to go home with you to check on your progress.” “You can decide whether you want to do this.”

**ACTION STAGE:** Patients in the action stage are ready to make an initial attempt to change their behaviors, but may not be confident yet about their abilities to succeed.

*Your goal is to decrease the barriers to change.*

**ENCOURAGE progress**

• “I’m impressed with what you’ve been able to achieve.”

• “On a scale of 1-10, where were you before? And now?” “A 7 is great. You’ve come a long way compared to the 2 where you were when you started.” “Is a 7 where you want to be right now? If not, what would it take to get you to 10 (or 9 if that is the patient’s desire)?”
REDUCE barriers

- “What has worked best so far?”
- “How can you improve that idea?”
- “Here are some resources that will help you (plan nutritious meals, develop a schedule for taking your medication, etc).”
- “How can I help you get past this?”

RESTRAIN excessive change

- “It’s better not to change too many things all at once. How can you take a small step in this direction?”
- “Where is the best place to start?”
- “What do you think you can do to improve your health this week?”

MAINTENANCE STAGE: Patients in the maintenance stage have succeeded in changing a behavior, and have sustained the change for at least 6 months.

Your goals are to:

- help the patient stay focused, and
- reduce the chance of a relapse.

PREDICT ups and downs

- “It is not unusual for people who have changed a behavior to occasionally move backwards. This is normal. If you know this can happen, you can be prepared to deal with it.”
- “A lapse is not a relapse.”
ENLIST support

• “Is there anyone who can remind you to take your meds?”
• “What other activities can help you stay away from the bath house?”
• “Are you ready to share your success with others?”

PLAN ahead

• “What situations do you think may make it hard to maintain your new behavior? How do you think you will handle them?”
• Set a follow-up: “When can we meet again to see how things are going?”

RELAPSE: Relapses are a normal and expected part of the process of change. When one occurs, you have an opportunity to help the patient step back and re-assess personal goals, readiness, and the strategies used so far.

Your goal is to help the patient avoid becoming discouraged and re-engage in the change process.

• “Did something trigger your drug use this time?” “What affected your ability to take your medications?”
• “Tell me what happened. What do you make of this?”
• “It can be very helpful to know what didn’t work. What can you learn from this relapse?”
• “What will you do differently next time?”
• “You have the skills to make this change; you’ve done it before and you can do it again.”
• “Where do we go from here?”
• “A relapse is not a collapse.”
Bibliography


