



AETC AIDS Education &
Training Center Program
Southeast

Motivational Interviewing Across the HIV Care Continuum Skills Building for Care Teams Committed to Ending the Epidemic

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[1]

1

Disclosures

- The activity planners and speaker do not have any financial relationships with commercial entities to disclose.
- The speaker will not discuss any off-label use or investigational product during the program.

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[2]

2

Learning Objectives



At the conclusion of Session 1 participants will be able to:

- Verbalize the theory behind MI and explain how the spirit of MI supports the theory.
- Explain the term inclusive language and verbalize several examples of words that are inclusive.
- Demonstrate the four MI core communication skills in practice sessions that are focused on offering HIV and HCV testing and PrEP.
- Discuss the concept of the “patient as expert” and verbalize examples of how this concept is supported when making HIV/HCV testing and PrEP offers using an MI approach.
- Identify the components of the MI process and explain how each of the four core communication skills support the process.

3

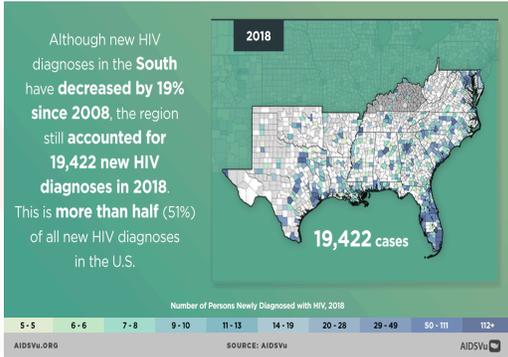
Welcome

Learning Collaborative

- Welcome
- HIV Care Continuum Journey using MI
- Learning styles
- Active Participation
- MI is a powerful counseling technique

4

Florida Epi Data 2018



- 110,907 people were living with HIV
- 4,573 people were newly diagnosed with HIV
- the rate of new HIV diagnoses per 100,000 population was 25



Source: www.AIDSvu.org

5

5

Ending the HIV Epidemic

Four Pillars of EHE

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

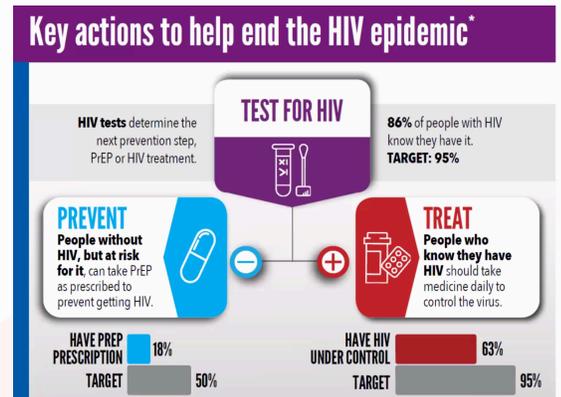


Source: www.HIV.gov

6

6

Key Actions to Operationalize the EHE Initiative



7

Florida's Plan to Eliminate HIV Transmission and Reduce HIV-related Deaths

Four Key Components

- Implement **routine HIV and Sexually Transmitted Infections (STIs) screening** in health care settings and priority testing in non-health care settings
- Provide **rapid access to treatment** and ensure retention in care (Test and Treat)
- Improve and promote **access to antiretroviral pre-exposure prophylaxis (PrEP)** and non-occupational post-exposure prophylaxis (nPEP)
- Increase **HIV awareness and community response** through outreach, engagement, and messaging

8

MI and the HIV Care Continuum

The diagram illustrates the HIV Care Continuum with four stages: **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), and **Viral suppression** (amount of HIV in the blood was at a very low level). A central bar labeled **Motivation, Importance & Confidence** spans across these stages, with **Reduced Motivation** on the left and **High Motivation** on the right. The diagram is attributed to the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of HIV/AIDS Prevention, and the CDC.

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

CDC

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9

9

Module 1 Taking a Deep Dive

The activities listed for Module 1 are: **Focus on Prevention** (magnifying glass icon), **Mentimeter polling questions** (question mark icon), **Activity Sheets** (document icon), **Virtual MI travelers** (airplane icon), **Collaborative learning** (group of people icon), and **Open to learning (intentional and unintentional learning)** (person at a presentation icon).

Focus on Prevention

Mentimeter polling questions

Activity Sheets

Virtual MI travelers

Collaborative learning

Open to learning (intentional and unintentional learning)

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10

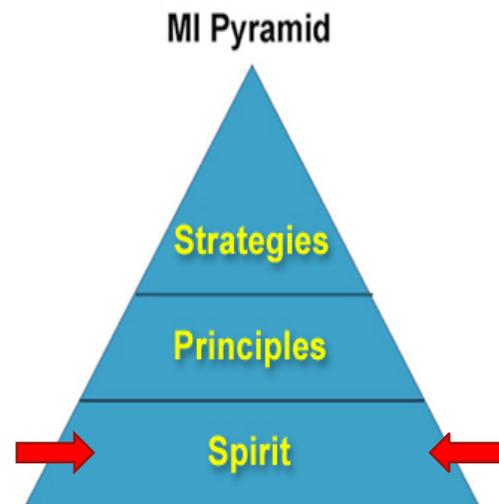
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Motivational Interviewing Review

- 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 focus on the patient moving their "own needle" to make constructive health outcomes

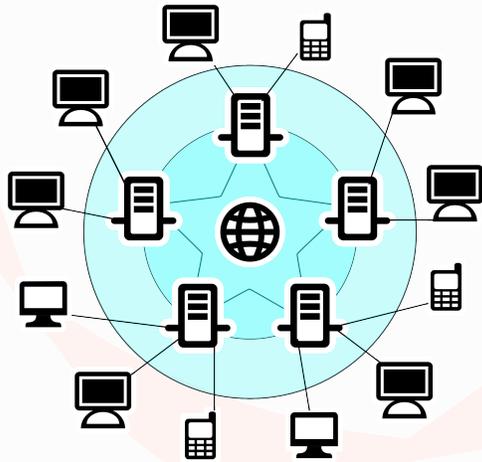
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Motivational Interviewing



12

Spirit of Motivational Interviewing



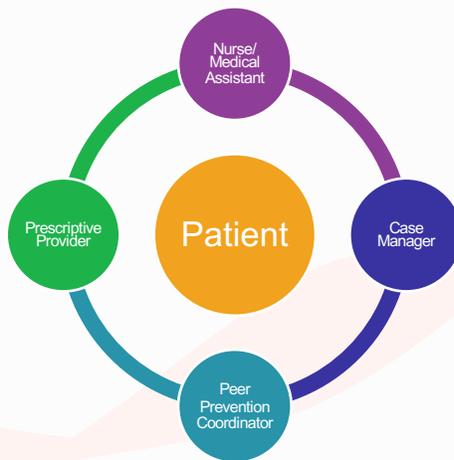
Activity #1
Word Cloud

The spirit of MI creates an environment that is

_____.

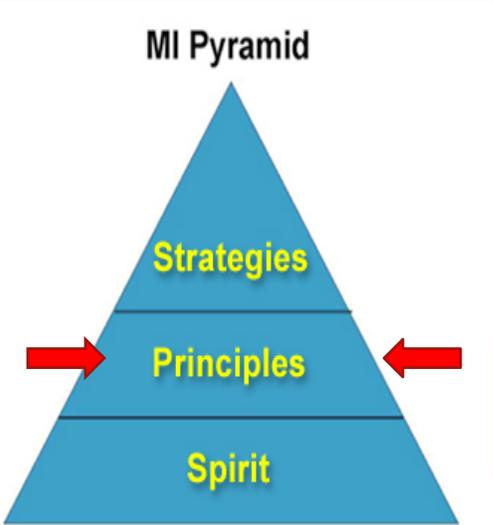
13

Team Approach to Prevention



14

Motivational Interviewing



MI Pyramid

Strategies

Principles

Spirit

15

Theoretical Model

 Activity #2

 MI is about a patient's motivation to _____ a behavior and is based on the _____ Model of _____.

16

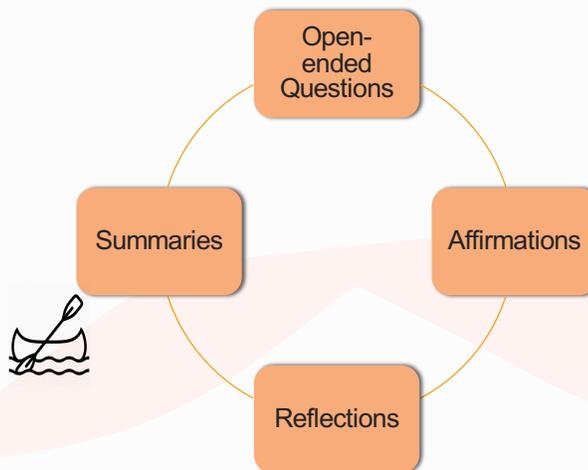
Integrating Stages of Change and MI

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 6 months)	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, setting gradual goals (w/in 1 month)	Assist in developing concrete action, problem solve w/ obstacles, build skills, encourage small steps, tx planning; increase sense of ability to change and readiness to change
ACTION	Specific change to a health behavior 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, tx. Planning, develop healthy living skills; help to initiate changes and work through the change process
MAINTENANCE	Continuation of desirable actions, or repeating periodic recommended steps	Assist in coping, reminders, finding alternatives, relapse prevention
RELAPSE	PART OF THE PROCESS; Prevention and more Prevention!	Determine the triggers and plan for future prevention

17

OARS: Core Communication Skills

- Open-ended questions
- Affirmations
- Reflections
- Summaries



18

Five Open-Ended Questions to Ask

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?

19

Ask and.....

**Listen
Actively**

**#1 What does it
mean to listen
actively?**

**#2 Why is it very
important to
listen actively to
peoples'
feelings?**

20

Activity #3

Why is it hard to actively listen?

1. Work in pairs for a total of 10 minutes
2. Introduce yourselves: First name and favorite toothpaste
3. Each person tell a 3-minute story about a time that you failed at something you attempted to do for the first time.
4. The listener cannot speak; just listen actively.
5. After both partners have shared their story and listened, talk together about
 - **the most difficult part of listening actively without words**
 - **name the ways you knew the other person was listening**

23

Active Listening Activity Debrief



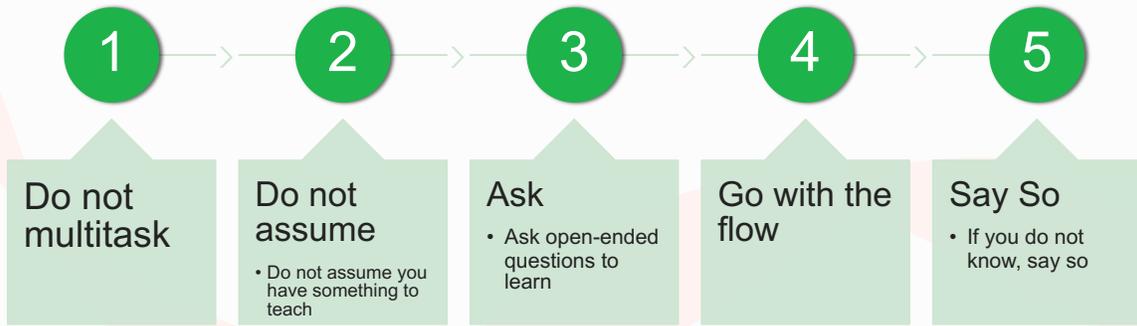
WHAT WAS THE MOST DIFFICULT PART OF LISTENING ACTIVELY WITHOUT USING WORDS?



NAME ONE OF THE NONVERBAL LISTENING STRATEGIES YOU USED.

24

10 Ways to Have a Better Conversation



10 Ways to Have a Better Conversation

6 Do not equate	Do not equate your experience with others
7 Try	Try not to repeat yourself
8 Stay out	Stay out of the weeds
9 Really Listen	Really listen
Be Brief	Be brief and be prepared to be amazed

Four Principles of MI

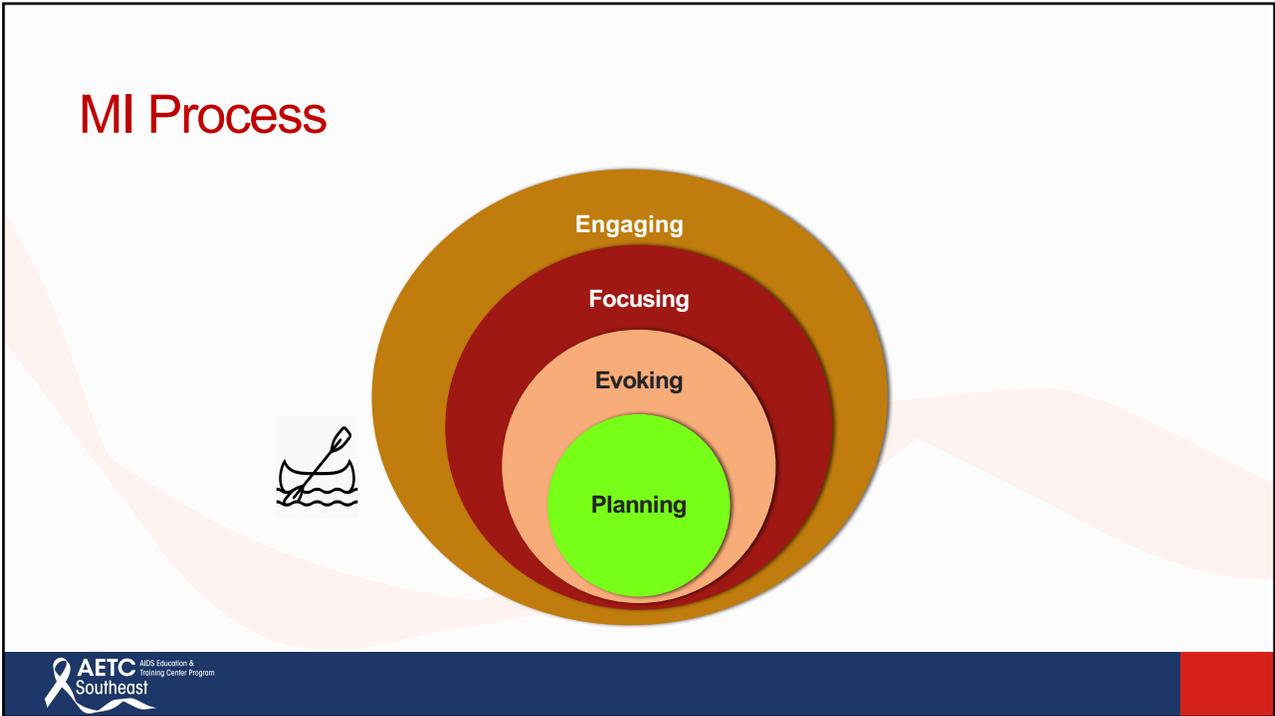
	Empathy
	Discrepancy
	with Sustained Talk
	Self-efficacy

27

Four Principles of MI

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

28



29



30

Building Rapport: Establishing relationships with patients

Cultural Humility	Social Support	Empowerment
Active Learning	Patient as Expert	Inclusive Language
Active Listening	Trust, Safety & Confidentiality	Empathy

31

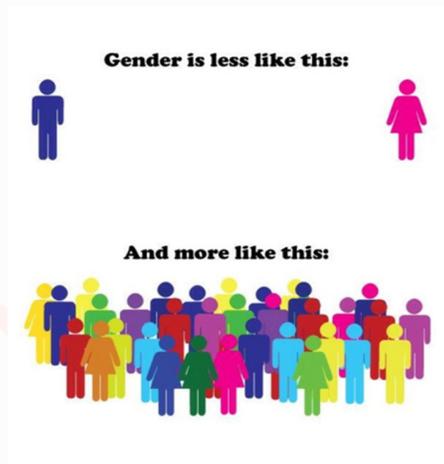


WORDS DO MATTER

 AETC Southeast ABS Education & Training Center Program Source: <https://pixabay.com/illustrations/feedback-confirming-businessmen-2990424/> accessed on 8/24/2020 (32)

32

Inclusive Language



- Pronouns
- Birth sex
- Gender identity
- Gender expression
- Sexual orientation
- Cisgender
- Non-binary, gender fluid

Gender Affirming Care

- Respectful
- Welcoming environment
- All gender bathrooms
- Printed forms; affirming language
- Customer service etiquette
- Pronouns
- Open to feedback
- Visible inclusion
- Education; follow-up
- Sexual behaviors



Word Cloud Activity #4

Write the first word that comes to your mind when you hear the word "old"

[35]

35



Word Cloud Activity #5

Write the first word that comes to your mind when you hear the word "elder."

[36]

36

Age Friendly Health Care Systems

Activity #6

Elderly is a common and acceptable term to describe older people who we care for in our health care systems.

- True
- False

37



Elder

Elder is a noun that refers to an older person who typically commands respect.

38

Nonverbal Messages

- Posture
- Equal positioning
- Facial expression
- Gestures



39

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**

40

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



Source: Modified from the *Collins Dictionary* accessed pm 8/24/2020

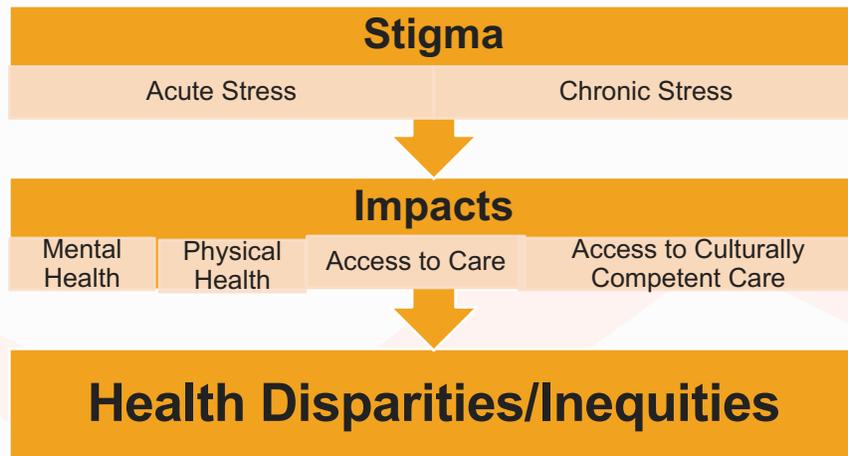
“CAPE” is the Spirit of MI



Active Learning: We remember...

- 10% of what we read
- 20% of what we hear
- 30% of what we see
- 50% of what we see and hear
- 70% of what we see, hear and say
- 90% of what we see, hear, say, and do

Stigma, Discrimination and Health



“Think of a Feeling” Activity in Pairs

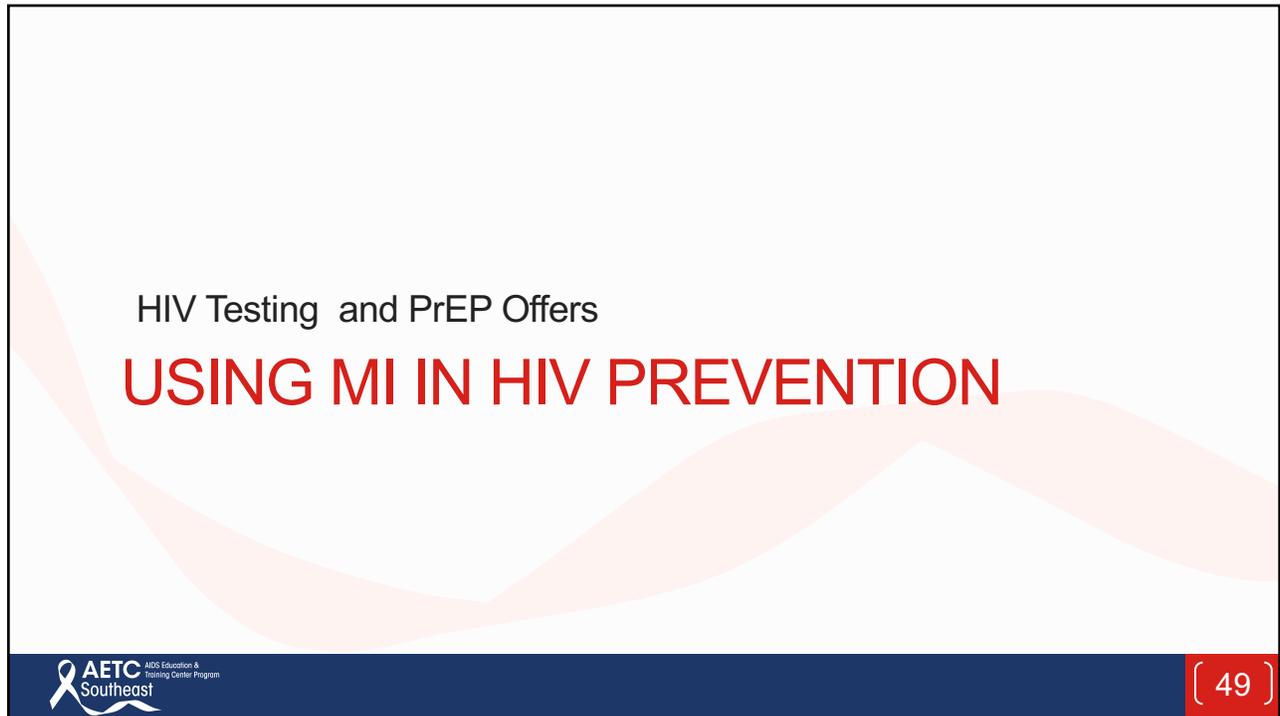
1. You will each go to a virtual room to meet with two additional people besides yourself to make for a team of three people. Give your team a name and write it on your activity sheet.
2. Each person in the triad will have a turn to “embody” their feeling word and it is the “helper’s” role to find out what the feeling is by using OARS and the MI process.
3. The third person is the observer and will debrief the experience by facilitating discussion and feedback about what was observed: the use of the OARS and the MI process. Discuss your feelings about playing your roles. Write down ways that MI was used to identify the feeling. What did the “helper” do once the feeling was named?
4. Use the Activity page given to you to write down your comments and your observations so we can debrief when we all get back to the main room. You have 20 minutes for this experience. I recommend 4 minutes for the helper to identify or get close to identifying the feeling of another with a 1-2 minute debrief after each session.
5. **Switch roles so that you each have a turn to be the “helper,” the “feeler” and the “observer.” There should be a total of 3 role plays.**

Debrief for “Think of a Feeling” Activity

What was the the most surprising thing you learned from this activity?

HIV Testing and PrEP Offers

USING MI IN HIV PREVENTION



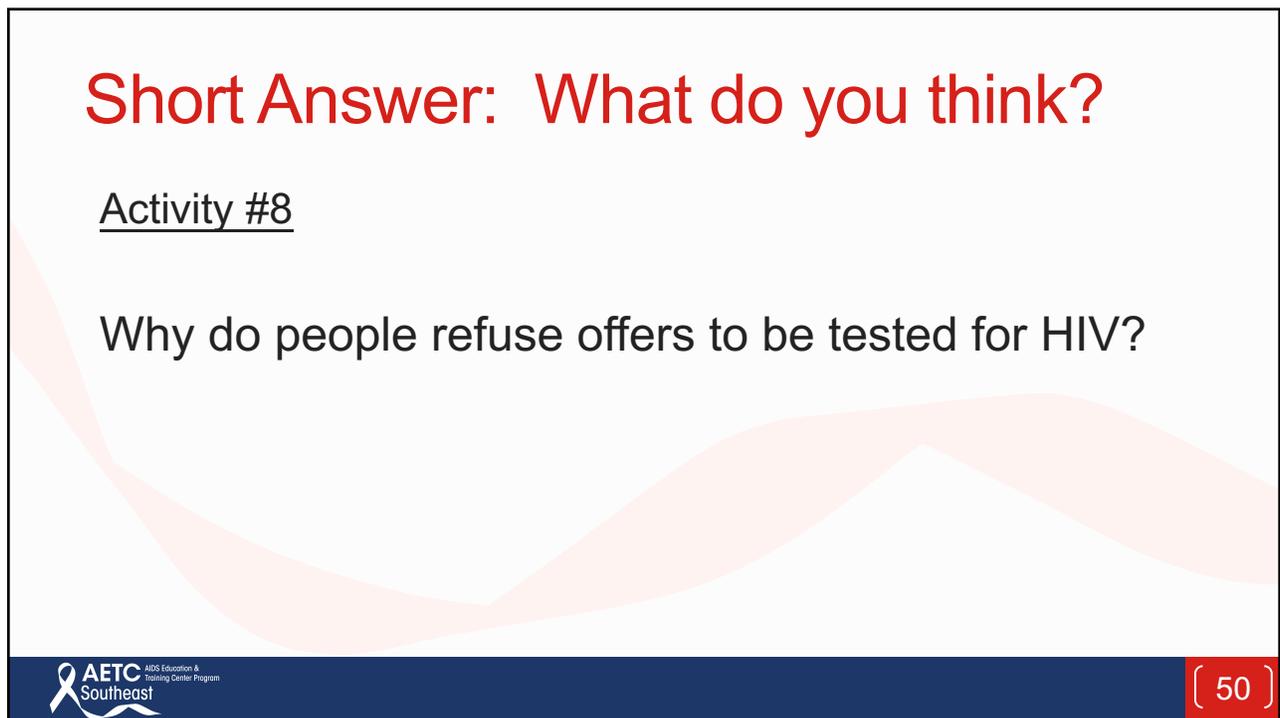
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49

Short Answer: What do you think?

Activity #8

Why do people refuse offers to be tested for HIV?



[50]

50

Why People Refuse HIV Test Offers?

Survey says:

1. If they test positive other people will find out.
2. Do not believe they can cope with knowing they have HIV.
3. I've had blood taken in hospital before.
4. I don't feel sick, so I don't need to be tested.
5. I use condoms almost all the time, so I don't need to be tested.
6. I haven't had sex recently, so I don't need to be tested.
7. My partner gets tested and they are negative, so I don't need to be tested.

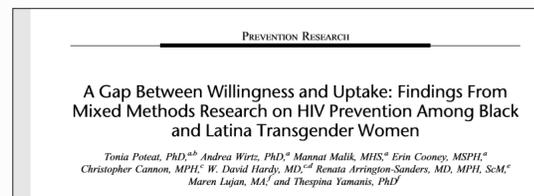
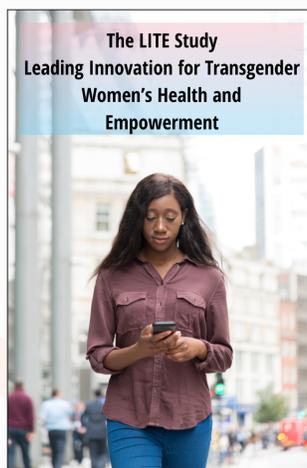


Source: modified from <https://www.avert.org> accessed on 8/24/2020

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51

Prevention: PrEP Offers



Sources: *Acquired Immune Deficiency Syndrome* Volume 82, Number 2, October 1, 2019 and Baseline characteristics and PrEP use among adults and youth June 3, 2019 accessed on 8/21/2020

[52]

52

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

Moving Past Judgement to Address Behaviors

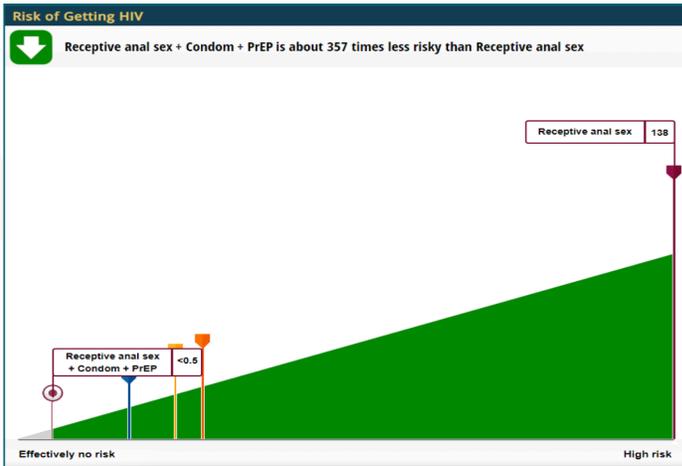
Healthcare Professionals:

- Positive
- Honest
- Person-centered
- Address the continuum of PrEP use **without bias**
- Offer practical tools

Programs:

- Convenient
- Evidence-based
- **Without bias**
- **Utilize the expertise of consumers/peers**
- Communicate sexual health prevention strategies, education and access to all community members

Discussing Sexual Health



- What is Risk?
- Sexual activity increases chances of getting HIV
- Every person can reduce or eliminate their chance of getting HIV

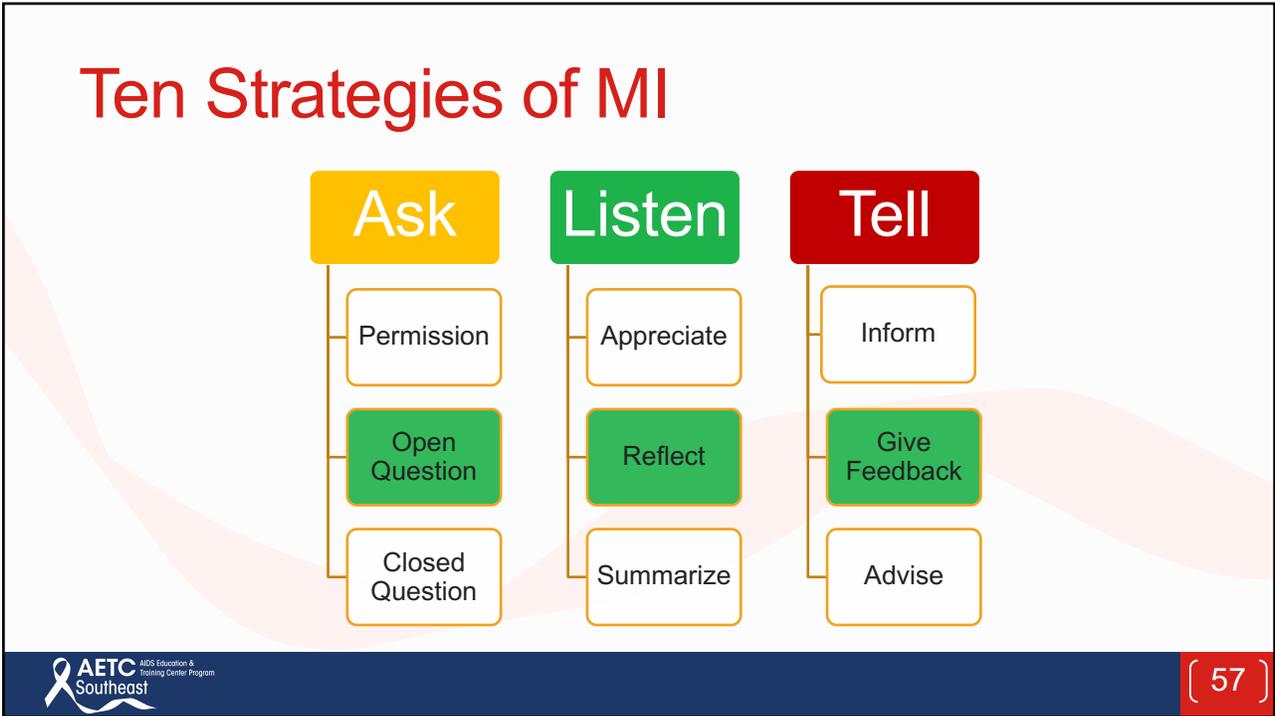


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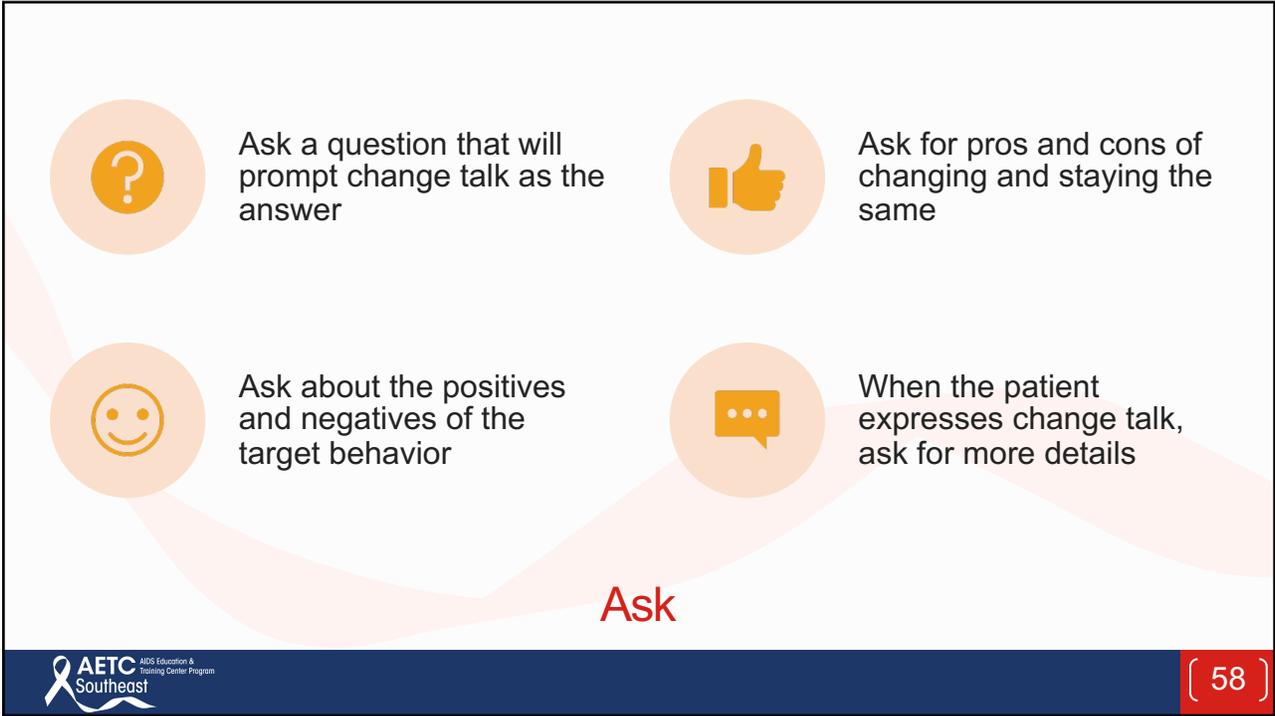
Motivational Interviewing



56



57



58

Activity #9 Video

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.



Image Source: <https://pixabay.com/photos/video-production-video-movie-film-4223885/> accessed on 8/25/20

59

59

Activity #9 Luis and HIV Prevention

1. Work in pairs in your virtual room for 10 minutes.
2. Each person take 5 minutes to play Luis or "Lisa".
3. Each person take 5 minutes to be the case manager.
4. Goal: Talk about HIV prevention and get a read on how Luis/Lisa thinks about HIV prevention strategies. What can they do? What do they say they cannot do?
5. Meet back for continuation of the video.

60

60

Luis and Motivational Interviewing Counseling Video Continued



61

Activity #10 Video

Background:

Andre/Andrea 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.



62

Activity #10

Andre and HIV Prevention

1. Work in pairs in your virtual room for 10 minutes.
2. Each person take 5 minutes to play Andre or “Andrea”.
3. Each person take 5 minutes to be the case manager.
4. Goal: Talk about HIV prevention and get a read on how Andre/Andrea thinks about HIV prevention strategies. What can they do? What do they say they cannot do?
5. Meet back for continuation of the video.

Andre and Motivational Interviewing Counseling Video Continued



Activity #11

What are your MI strengths right now?



[65]

65

Activity #12

What MI processes and tools do you want to strengthen?



[66]

66

Activity #13

What are the take-a-ways from this session for you?



[67]

67

Activity #14

What MI strategies and processes will you work on and develop over the next two weeks?



[68]

68

Next Session

- Review the core communication skills of reflections and summaries.
- Apply the MI process to linkage and retention in HIV care goals
- Practice using MI in HIV linkage and retention activities and patient interactions.

69

QA

70

Speaker Contact Information

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