



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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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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Motivational Interviewing to Support Medication Adherence and Viral Suppression



At the conclusion of Session 3 participants will be able to:

- Explain the term “MI fidelity” and strategies to support fidelity.
- Name the two different types of reflections used in MI conversations and give three examples of each.
- Demonstrate the use of a variety of reflections in talking to an individual about antiretroviral adherence.
- Identify and role play MI strategies that are best suited for each stage of change. demonstrated by an individual who is non-adherent to their prescribed ARV regimen.
- Discuss the use of U=U as part of a motivational interviewing conversation.
- Describe the MI documentation process and give examples of how the process supports collaboration between clinical team members to improve patient health outcomes.

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My MI IQ! Module 3 Quiz

1. “What does having HIV mean to you?” is an example of a simple reflection.
2. “I think I can take my HIV medication” indicates a patient is in the contemplation stage of the Transtheoretical Model of Change
3. Motivational Interviewing is characterized as an exchange of expertise.

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My MI IQ! Module 3 Quiz

1. "What does your HIV mean to you?" is an example of a simple reflection.
FALSE
2. "I think I can take my HIV medication" indicates a patient is in the contemplation stage of the Transtheoretical Model of Change.
TRUE
3. Motivational Interviewing is characterized as an exchange of expertise.
TRUE

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Motivational Interviewing



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Identification Readiness to Change

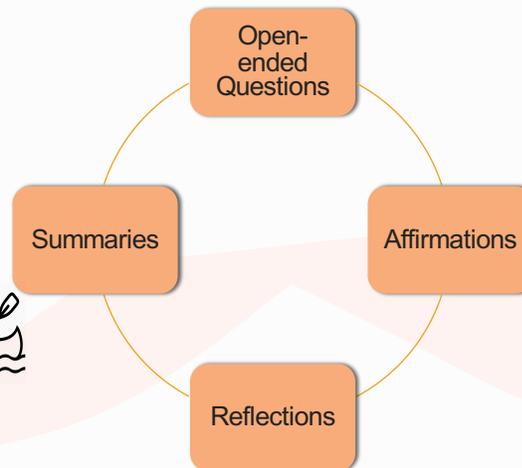


Guiding Principles of MI

- **R: Resist the Righting Reflex**
 - Increases commitment to sustained talk
 - Verbalizing arguments reinforces them
- **U: Understand the Patient's Motivations**
 - Reasons for change **MUST** be patient's reasons, not ours
 - Ask why, don't tell them why they should
- **L: Listen to the Patient**
 - Behavior change answers lie within the patient
 - Attempt to understand
- **E: Empower the Patient**
 - Help patients explore how they can make changes
 - Use their ideas, input, resources

OARS: Core Communication Skills

- Open-ended questions
- Affirmations
- Reflections
- Summaries



Affirmations

Purpose: Build feelings of self-efficacy and empowerment

- “It takes courage to face such difficult problems.”
- “This is hard work you are doing.”
- “Your anger is understandable.”
- “You’ve had a rough time and your ability to be resilient through all this is remarkable.”

Giving Affirmations

Do This	Say This
Use affirmative and positive language.	"I'm really glad you brought that up."
Emphasize past successes.	"You are clearly a very resourceful person."
Reframe behaviors or concerns as evidence of strengths.	"So many people avoid seeking help. It says a lot about you that you are willing to take this step."
Ask questions to prompt the patient to give themselves affirmations.	"What have you noticed about yourself since we started working together?"



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Reflections



EXPRESS INTEREST,
EMPATHY, AND
UNDERSTANDING



EXPRESS
ACCEPTANCE



ENCOURAGE
GREATER
EXPLORATION



CREATE
MOMENTUM



GENTLY
CHALLENGE
POSITIONS



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Motivational Interviewing



MI Pyramid



The MI Pyramid is a three-tiered structure. The bottom tier is labeled 'Spirit', the middle tier is 'Principles', and the top tier is 'Strategies'. Two red arrows point horizontally towards the 'Strategies' tier from the left and right sides.

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12 Strategies of MI

Ask	Listen	Inform
Permission	Appreciate	Inform
Open Question	Reflect	Give Feedback
Closed Question	Summarize	Advise

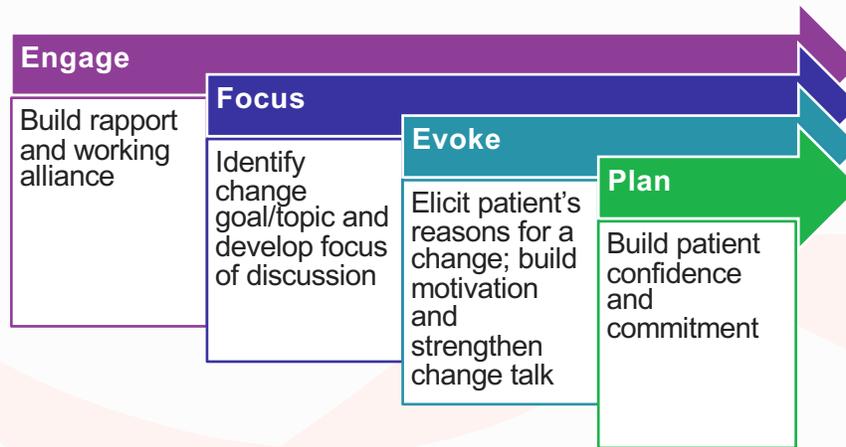


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MI Process



Polling Question

On average how many minutes do you typically have for a patient encounter?

HIV Care Continuum HIV Self-Management

Essential Elements of HIV Self-management

- Learn about disease
- Develop effective communication skills
- Develop skills: Action-planning, decision-making, problem solving, record keeping
- Seek expert medical care and advice when needed
- Use family and/or peer support and community resources
- Maintain emotional and psychological balance
- Practice health-enhancing behaviors

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Use MI to Support Engagement in Care and ARV Adherence

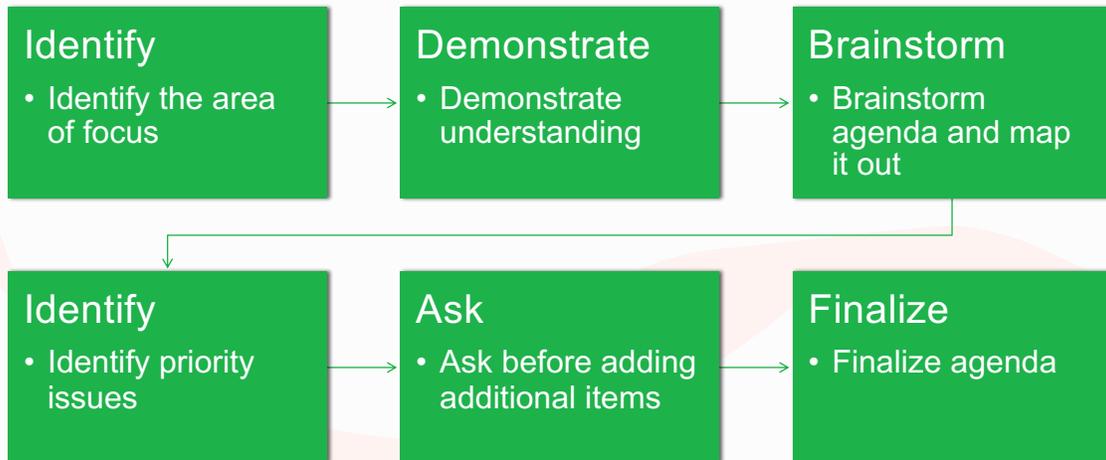
Partner with patient to address these goals at each virtual, telephonic and in-person clinic visit

Goals

- Explore barriers and management strategies with the patient
- Empower patients to identify steps to manage their HIV in their own social and cultural context.

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Developing a Collaborative Agenda



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Core Communication Skills

Need to balance these skills; be flexible

Ask

- To understand client's concerns
- Find out where the person wants to go
- Learn more about the client; look for strengths and resilience

Listen

- To understand the meaning of the problem and what the person wants to do and how they want to "be"
- Provide reflections to engage and evoke deeper thinking

Inform

- With permission, provide information/education
- Talk about options & see what makes sense to the patient

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Asking

Example 1: Policing Bad Behavior

HCP: I need to ask you something very important. Have you been taking your medication regularly?

PT: Yes, uhm, well...sometimes I forget.

Example 2: More Helpful Guiding Question

HCP: You're working on taking your meds. What would be most helpful for us to talk about today?

PT: It's been really hard. I try, but I keep forgetting....

Ask

Permission

Open Question

Closed Question

Asking

DARN!

- **Desire.** “What do you want, like, wish, hope, etc.?”
- **Ability.** “What is possible? What can or could you do? What are you able to do?”
- **Reasons.** “How would taking your HIV medication help you? What would be some specific benefits/risks?”
- **Need.** “How important is it to you to take your HIV medication every day as prescribed by your provider? How much assistance do you think you will need to do this?”

Listening for Change Talk

1. "I'll start taking the medication tomorrow and see what happens."
2. "I hate that I have to take another medication. My provider says I need more than 1 pill to treat my HIV. I just don't like the idea of it."
3. "The doctor told me I am HIV-positive. I had no idea. I felt fine."
4. "I'll take the HIV medicine, but there are always people coming and going in my apartment and it's nobody's business that I have HIV."

Listen

- Appreciate
- Reflect
- Summarize


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Listening for Change Talk

 Desire (preference for change)	<i>I want to...; I wish...; I would like to...</i>
 Ability (capability)	<i>I could...; I can...; I might be able to...</i>
 Reasons (arguments for change)	<i>I would probably feel better if...;</i>
 Need (feeling obliged to)	<i>I ought to...; I have to...; I really should...;</i>
 Commitment (statements about likelihood)	<i>I am going to...; I will...; I intend to...;</i>
 Taking steps (action taken)	<i>I actually went out and...; This week I started...</i>


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Listening for Change Talk

1. "I've been having low energy since the last time I was here, but I guess that will pass."
2. "It just feels so pointless to make changes now that I have HIV and AIDS."
3. "I don't know. The doctor says I have HIV, but I feel fine."
4. "I picked up the prescription and took it for a few days, but it made me feel "off" so I stopped taking it."

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Listening for Sustained Talk

Sustained
Talk

Change
Talk

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Listening for Sustained Talk

1. "I can't start taking the HIV medication. I'm worried about side effects."
2. "I hate that I have to take another medication. My provider says I need more than 1 pill to treat my HIV. I just don't like the idea of it."
3. "I know it's important to take the HIV medication every day, but I don't know what's happening moment to moment. Nothing in my life is planned."
4. "If people see me taking some pills, they will think I'm sick and then people will start talking...."

Listen

Appreciate

Reflect

Summarize

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Listening for Change and Sustained Talk

1. "If my partner finds out I'm positive they could do something awful. I need to lay low on taking medicine even though I know it would be good for me."
2. "I've been positive for more than 5 years now. The virus has already caused me a lot of damage, I'm guessing. What do my labs say?"
3. "I should have taken my HIV medication more regular like. Do you have a back door out of this place? I hooked up with someone that I think I saw downstairs."

Listen

Appreciate

Reflect

Summarize

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Learn, Practice and Improve: Activity Sheet #1



Change Talk Tracker

Change Goal:

Type of change talk	Number of times observed		Comments
	Change	Sustain	
D esire to change			
A bility to change			
R easons for change			
N eeds for change			
C ommitment to change			
A ction to change			
T aking			
S teps to change			

Other Comments:

Jesse Berg, LMSW, MINT www.intrinsicchange.com

Activity #1 Video



Choosing What to Reflect

Reflect sustained talk

- Avoid the “righting reflex” as patient may talk against change and only reinforce status quo
- Allow patient to back away from maintaining the status quo; encourage them to be curious

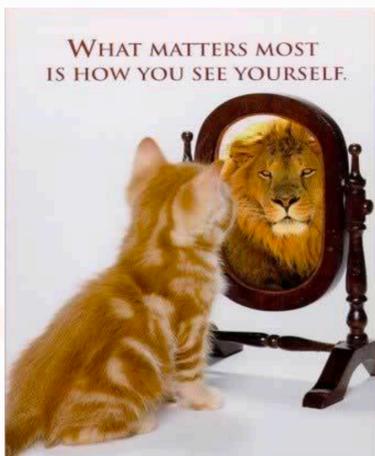
Reflect change talk

Reflect discrepancies to work through ambivalence

- Allow patient to express own motivations for change
- Best if they hear themselves expressing and exploring reasons to change
- No one else’s reasons for doing something are as good as the ones we believe ourselves

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Forming Reflections



Form

- Form a hypothesis of what the speaker means

Make

- Make a statement rather than ask a question

Voice

- Voice inflection goes down at end of statement rather than up

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Reflection Sentence Stems

- “It sounds like...
- “You’re wondering..
- “You....
- “That makes me think...
- “If I understand you correctly...



Reflective Listening Strategies



Repeating

- Simply repeating an element of what patient said

Rephrasing

- Substitutes synonyms or slight re-phrases while keeping same elements

Paraphrasing

- Infers meaning and adds to/extends what has already been said

Using Complex Reflections



Double-sided

Presents both sides of patient's ambivalence for him/her to think about



Reflection of feeling

Emphasizes emotional dimension



Amplified

Extends what the patient has said to make point more strongly (& hopefully cause patient to back down a bit)

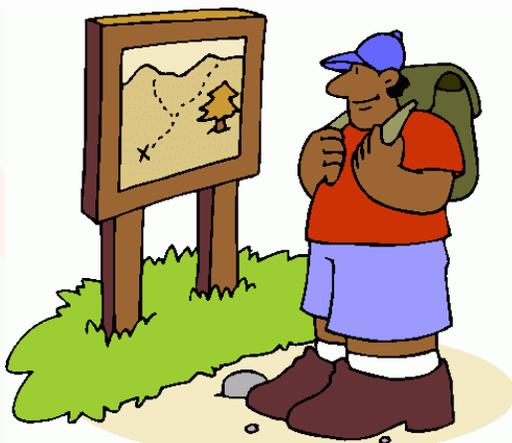


Minimizing

Diminishes what was said to make point seem insignificant & causes patient to explain why it is, in fact, important

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Reflective Listening Example 1



"I'm not too worried. I'm feeling fine. But it has been several months since I've taken my HIV meds."

Non-reflective responses?

Reflective responses?

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Reflective Listening Example 2

“I’ve been stressed lately. I keep trying things other than drinking (alcohol) to help myself feel better, but nothing works better than drinking.”

Non-reflective responses?

Reflective responses?

Core Communication Strategies



ASKING



LISTENING



INFORMING

Informing within a Relationship

“A relationship, even if it lasts only a few minutes, lies at the heart of informing”

S l o w d o w n t o g o f a s t e r

It's a person, not an information receptacle

Consider the patient's broader priorities

Positive messages DO matter

Consider the amount of information

Deliver information with care

Informing Within MI

Ask permission

- “May I make a suggestion?”
- “Would you like to know some things other patients have tried?”

What if you can't accept a “no”?

Announcing

- Be honest about fact you have to tell them something

First choice

- “Do you want me to tell you now or is there something you would like to discuss first?”

Preface information

- “This may or may not be a major concern to you at this time, but....”

Informing Within MI



Offer choices



Talk about what others do or try to do: e.g. to become virally suppressed (U=U)



Beware the “righting reflex”

Very little evidence that making people feel bad, scared, ashamed, humiliated leads to change



Informing Strategies

Chunk – check – chunk
Elicit – provide - elicit

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Three Communication Styles

Following

- *“I will listen to your experience & won’t change or push you”*
- Client leads, HCP willing and able to listen

Directing

- *“I know how you can solve this problem. I know what you should do”*
- HCP taking charge, telling client what to do
- Not optimal dealing with lifestyle & behavior change issues

Guiding

- *“I can help you solve this for yourself”*
- Enlightening, motivating, supporting

3 styles often intermixed; shifting styles as appropriate to client and situation

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Informing Strategy: Chunk-Check-Chunk



HCP: It's very important you take your medicines properly [chunk]. Have you been taking them every day? [check; closed question]

PT: Well, it's difficult, but I am starting to feel better.

HCP: You have to take them every day & not miss any [chunk]. Are you doing that? [check]

PT: Yes, but it's hard. If he sees me, he'll figure out what is going on and I can't risk that.

HCP: Maybe you could go into the bathroom to take them [chunk].

Informing Strategy: Elicit-Provide-Elicit

HCP: How are you feeling about taking your meds? [elicit; open question]

PT: Ok. I take them like you said.

HCP: Many people find it hard to take them all the time [provide; what others do]. What works for you [elicit; open ended]

PT: Well, I try to take them when he's away, but it's not easy on the weekend.

HCP: It must be hard for you to keep this secret and take the meds [listening]

PT: That's right. But I can't tell him now. Is it really a big deal if I miss a few?



Elicit-Provide-Elicit (continued)



HCP: *Actually, that is a problem [provide w/permission]. You don't feel ready to tell him [listening, reflecting resistance]*

PT: No, not now. Maybe later. But I do want to try to take my meds.

HCP: *I wonder, how you can manage, then, to take your meds as you need to? [elicit change talk]*

PT: Well, I guess I could keep a couple in my pocket or put them in a vitamin jar or something.

HCP: *Those sound like good ideas. Can I tell you what some others have also tried? [reinforces change talk; asks permission to provide; talks about what others do]*

Reflective Listening Example 3

Pushback

- *You're wrong!*
- *You don't understand what it is like for me...*
- *Yes, but..*
- *That will never work for me...*

Reflection Options

Yes, you're right this information doesn't quite fit for you.

- Help me understand where you are coming from.
- Help me understand what does fit for you.
- This feels overwhelming and you don't feel you can do much about it.
- You're feeling hopeless and this all seems so very overwhelming.



If there were some ways on solving this health challenge, what ideas might you have?



I wonder what possibilities might be available for someone in your situation? If you had a friend that was facing the same situation you are, what would you tell them?

Follow-up with a Question


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Learn, Practice and Improve: Activity Sheet #2





Change Talk Tracker

Change Goal:

Type of change talk	Number of times observed		Comments
	Change	Sustain	
D Desire to change			
A Ability to change			
R Reasons for change			
N Needs for change			
C Commitment to change			
A Activation to change			
T Taking			
S Steps to change			

Other Comments:

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Source: Jesse Berg, LMSW, MINT at www.intrinsicchange.com
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Integrated Care and MI



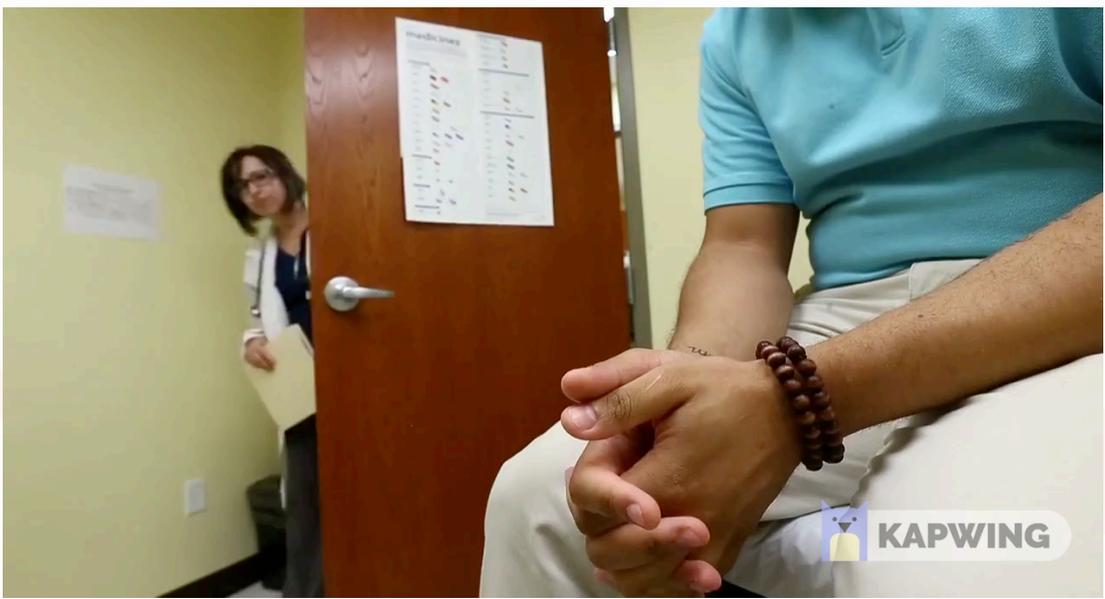
 KAPWING

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Source: Prism Health North Texas on 9/21/2020 at <https://drive.google.com/file/d/1zBWOTJMOcXIP1K7yGxjXGY4sYQzv7gKT/view?usp=sharing>

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 KAPWING

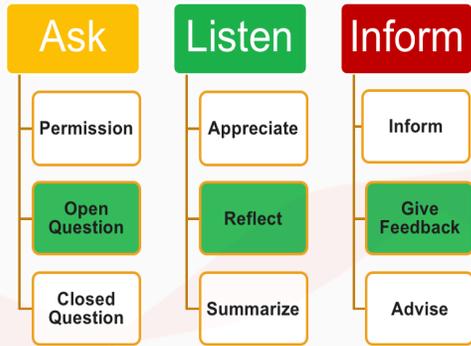
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Source: Prism Health North Texas on 9/21/2020 at https://drive.google.com/file/d/11YbPu-5Up1eM5dC8wqQZpx_IeANlagQs/view?usp=sharing

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Discussion



How do these skills and principles compare to what you have already found helpful and not helpful in promoting behavior change?

Which do you rely on most?

What are barriers you encounter?

What do you think you might try to do more?

More about Asking

Using a ruler: The Readiness Scale

“How much do you want to...?”

“How important is it for you to take the HIV medication?”

“How confident are you that you can take the medication every day?”

0 1 2 3 4 5 6 7 8 9 10

Not important
Not confident

Very important
Very confident

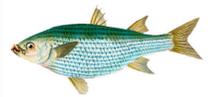
“On a scale from 1 to 10, where 0 is ‘not at all’ and 10 is ‘very much’, where are you right now?”

Readiness: Importance and Confidence



Source: Mreadinessruler_405p_largeview.jpg from Case Western Reserve University Center for Evidence-based Practice

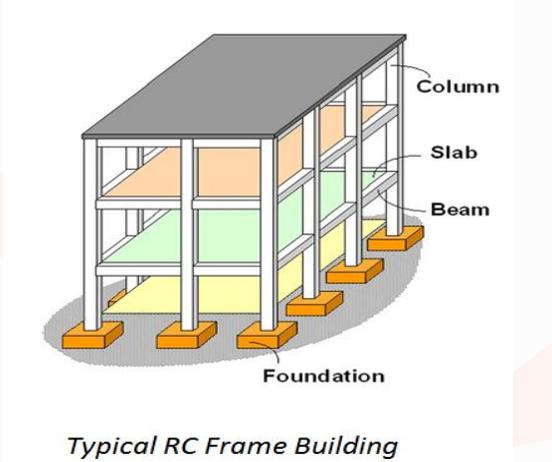
Collect Gather



Reinforce

Focus On What Has Been Said

OARS



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Link

Bring Together Information Discussed

OARS



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Summary

"Let me stop and summarize what we've just talked about. You're not sure that you want to be here, and you really only came because your partner insisted on it.

At the same time, you've had some nagging thoughts of your own about what's been happening, including how tired you've been feeling and how you haven't been interested in your usual activities.

Did I miss anything? (Pause). I'm wondering what you make of all these things."

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Closing the Conversation



Summarize or Have the Patient Summarize



Identify surprises, new information and ideas



Capitalize on any shifts



Recall readiness ruler measures when appropriate

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Putting It All Together



- Role play activity
- Two volunteer actors:
Healthcare Professional and the Patient
- Script reading and group feedback

Case Study Script Activity 3

MI Conversation Role Play Activity 3

Healthcare Professional	Patient	Change(C)or Sustained(S) Talk	Open-ended? √	Affirmation √	Reflection S-Simple C-Complex
Welcome. I'm glad to see you. What's been going on for you so far today?	Ah...hey. Actually, I almost didn't come in. I think I saw someone I know in the parking lot.				
I'm really glad you told me this. It showed a lot of courage coming here. I know when I saw you last you told me that your biggest fear is having someone who knows you learn that you are HIV-positive. What did you do to be successful in your goal to meet with me when you were faced with such worry?	I guess I waited a bit. I saw them drive away. I almost walked away from the building, but then I thought...wow, you really need this appointment man. This worker (you) was pretty cool and I could really use the help right now.				

Healthcare Professional	Patient	Change(C)or Sustained(S) Talk	Open-ended?	Affirmation	Reflection S-Simple C-Complex
			√	√	
You took a really big step when you walked through that door today. How would it be if we started to talk about what brought you in today...HIV and your health?	Well, okay, I guess...				
How do you feel about your health right now?	I've had a couple of treatments for syphilis and gonorrhea in the past year. I've not been feeling great...kind of tired. Not much energy.				
What do you think about that?	I don't know, I guess it makes me feel afraid.				
Afraid.	Yes, you know...worried that maybe something bad is happening inside of me.				



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Healthcare Professional	Patient	Change(C)or Sustained(S) Talk	Open-ended?	Affirmation	Reflection S-Simple C-Complex
			√	√	
What kinds of "bad things" come to mind for you?	I'm only 29 years old. I wonder if the HIV is starting to make me sick. Is it too late to start medication? I've been positive for almost 2 years. And now with the new COVID-19...I'm worried.				
So, you are possibly feeling the effects of the HIV on your body and this is starting to really worry you. You wonder if you were to go on HIV medication now if you would feel better and maybe do better.	Yes, that's right. I didn't realize that I would start to feel poorly so soon...tired and all. Maybe I made a mistake not taking the HIV medication sooner.				
If you had known back then what you are feeling now you may have made a different choice about taking HIV medication.	Yeah, that's it. No one really told me. I've been having a lot of fun, but something has to be different going forward.				
You think it's time to make a change in your plan about treating your HIV.	Guess that's it. I don't think I can tell my current partner about my status either...his last partner was positive, but luckily, he didn't get HIV from him.				



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Healthcare Professional	Patient	Change(C)or Sustained(S) Talk	Open-ended? ✓	Affirmation ✓	Reflection S-Simple C-Complex
I can see that you have a lot on your mind right now and I want to give you time to discuss all your concerns, but I wonder what you think would be most helpful to you right now?	I know I need to see one of the medical providers and probably start on HIV meds. I guess I should start there. What do you think?				
Your immediate plan sounds like a good one. It is never too late to start on HIV medication. What do you think about seeing a provider today while you are here in the clinic? How long can you stay?	I can stay for a while. This is important. I told my partner I would be home late. No one is waiting on me.				



Healthcare Professional	Patient	Change(C)or Sustained(S) Talk	Open-ended? ✓	Affirmation ✓	Reflection S-Simple C-Complex
Tell me, honestly, how important starting on HIV medication is to you right now?	Pretty important I'd say.				
On a scale of 0-10 with 0 being not important at all and 10 being of high importance what number would you say?	I'm an 8, no... I'm a 9.				
9 you say, that is extremely high, almost off the scale. Tell me why you didn't pick the number 7?	Because I've really got to do this for me. I don't want my life to go downhill at 29. There's more I want to do.				
You came here today with worry that your health is declining and with a plan to do something about it. You even faced and managed to overcome one of your biggest fears related to disclosure and people finding out about you having HIV. You are a 9 and highly ready to start taking HIV medication and you really want it to work so you can feel better and have a healthier future. Did I get all of this right?	You did and I really want to start taking HIV medication as soon as possible. I might need to talk to more about my partner and how I should handle things with him. He wants to get off of PrEP, but I don't think he should do that.				



Healthcare Professional	Patient	Change(C)or Sustained(S) Talk	Open-ended? ✓	Affirmation ✓	Reflection S-Simple C-Complex
<p>Absolutely, let's make good use of your time while you are here. You are bringing up a very important issue as it relates to your partner and you. It sounds like you are concerned about his health as well. I will let the provider know you are with me in my office so he can call us when he is free to see you about starting on HIV medication today. We will talk more about your concern for your partner while you wait to see the provider.</p>	<p>Yeah, that works for me. Thanks.</p>				

Documentation

Critical Elements to Document

- Patient goals
- Patient strengths
- Patient concerns
- ??

Chart Documentation	
Coaching Session 2	

MI Fidelity



Full implementation of MI (or any other evidence-based practice) requires two things:

1. Demonstrate fidelity of practice by delivering MI as it is intended to be delivered
2. Integrate MI into every day, routine practice

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Module 3 Session Summary and Questions

Motivational Interviewing as

- Process
- Partnership
- Expanding skills you already have
- Emphasizing flexibility
- Putting ultimate responsibility in the patient's hands

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