

Conversations with Changemakers: The Practice of Motivational Interviewing

Sonya O. Brown-Boyne, MACP, LMHC
South Florida AETC Faculty

Objectives:

1. To describe and demonstrate the spirit of motivational interviewing (MI) and its four processes (engaging, focusing, evoking, planning)
2. To have a working knowledge of how Motivational Interviewing helps to reduce barriers to care and treatment
3. To be able to practically apply the concepts of Motivational Interviewing to care and treatment

POLLING QUESTION

How much do you know about Motivational Interviewing?

0 none at all

1 “not enough”

2 “just enough”

3 “quite a bit”

4 “I could be standing there!”

OBJECTIVE 1:

To describe and demonstrate the spirit of motivational interviewing (MI) and its four processes (engaging, focusing, evoking, planning)

OBJECTIVE 1: TO DESCRIBE AND DEMONSTRATE THE SPIRIT OF MOTIVATIONAL INTERVIEWING (MI) AND ITS FOUR PROCESSES (ENGAGING, FOCUSING, EVOKING, PLANNING)

MOTIVATIONAL INTERVIEWING



OBJECTIVE 1: TO DESCRIBE AND DEMONSTRATE THE SPIRIT OF MOTIVATIONAL INTERVIEWING (MI) AND ITS FOUR PROCESSES (ENGAGING, FOCUSING, EVOKING, PLANNING)

MI BASIC ASSUMPTIONS

1. Ambivalence about [change] is normal and constitutes an important motivational obstacle in recovery.
2. Ambivalence can be resolved by working with your client's intrinsic motivations and values.
3. The alliance between you and your client is a collaborative partnership to which you each bring important expertise.
4. An empathic, supportive, yet directive, counseling style provides conditions under which change can occur.

Center for Substance Abuse Treatment. Enhancing Motivation for Change in Substance Abuse Treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 1999. (Treatment Improvement Protocol (TIP) Series, No. 35.) Chapter 3—Motivational Interviewing as a Counseling Style.

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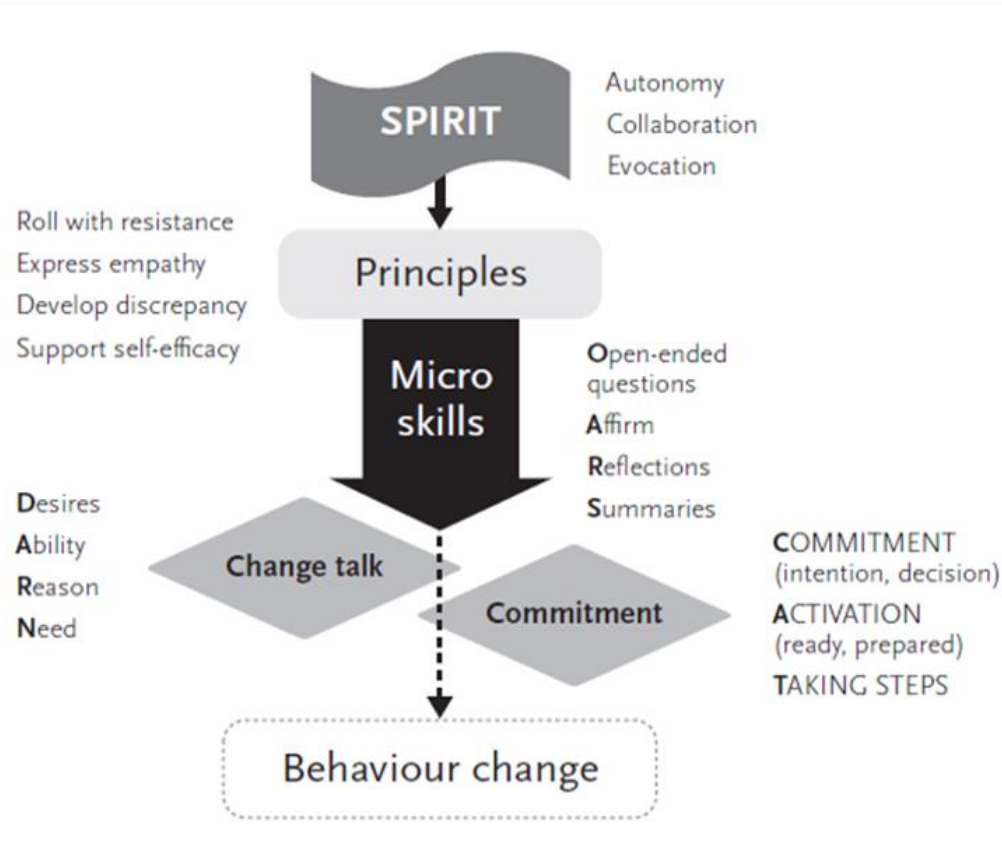
MI GENERAL PRINCIPLES

1. Express empathy through reflective listening.
2. Develop discrepancy between clients' goals or values and their current behavior.
3. Avoid argument and direct confrontation.
4. Adjust to client resistance rather than opposing it directly.
5. Support self-efficacy and optimism.

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MI FRAMEWORK



Retrieved February 12, 2018 from <http://coping.us/motivationalinterviewing/overviewofmi.html>

OBJECTIVE 2:

To have a working knowledge of how
Motivational Interviewing helps to reduce
barriers to care and treatment

OBJECTIVE 2: TO HAVE A WORKING KNOWLEDGE OF HOW MOTIVATIONAL INTERVIEWING HELPS TO REDUCE BARRIERS TO CARE AND TREATMENT

“Research shows that MI is effective in supporting patients in changing various lifestyle behaviors including reducing substance use, increasing treatment engagement, and making improvements in dietary habits and chronic disease management.”

WHY?

Teaching Motivational Interviewing to Primary Care Staff in the Veterans Health Administration. Michael A. Cucciare, Nicole Ketrosier, Paula Wilbourne, Amanda M. Midboe, Ruth Cronkite, Steven M. Berg-Smith, John Chardos. J Gen Intern Med. 2012 Aug; 27(8): 953–961. Published online 2012 Feb 28. doi: 10.1007/s11606-012-2016-6
PMCID: PMC3403134

OBJECTIVE 2: TO HAVE A WORKING KNOWLEDGE OF HOW MOTIVATIONAL INTERVIEWING HELPS TO REDUCE BARRIERS TO CARE AND TREATMENT

WHY MI WORKS

A total of eight themes were identified as facilitators or barriers for retention in HIV care intervention: (

Hall, B. J., Sou, K. L., Beanland, R., Lacky, M., Tso, L. S., Ma, Q., Doherty, M., & Tucker, J. D. (2017). Barriers and Facilitators to Interventions Improving Retention in HIV Care: A Qualitative Evidence Meta-Synthesis. *AIDS and behavior*, 21(6), 1755–1767. <https://doi.org/10.1007/s10461-016-1537-0>

OBJECTIVE 2: TO HAVE A WORKING KNOWLEDGE OF HOW MOTIVATIONAL INTERVIEWING HELPS TO REDUCE BARRIERS TO CARE AND TREATMENT

Barriers & Facilitators

- 1) Stigma and discrimination
- 2) Fear of HIV status disclosure
- 3) task shifting to lay health workers
- 4) Human resource and institutional challenges
- 5) Mobile Health (mHealth)
- 6) Family and friend support
- 7) Intensive case management
- 8) Relationships with caregivers

Why MI Works

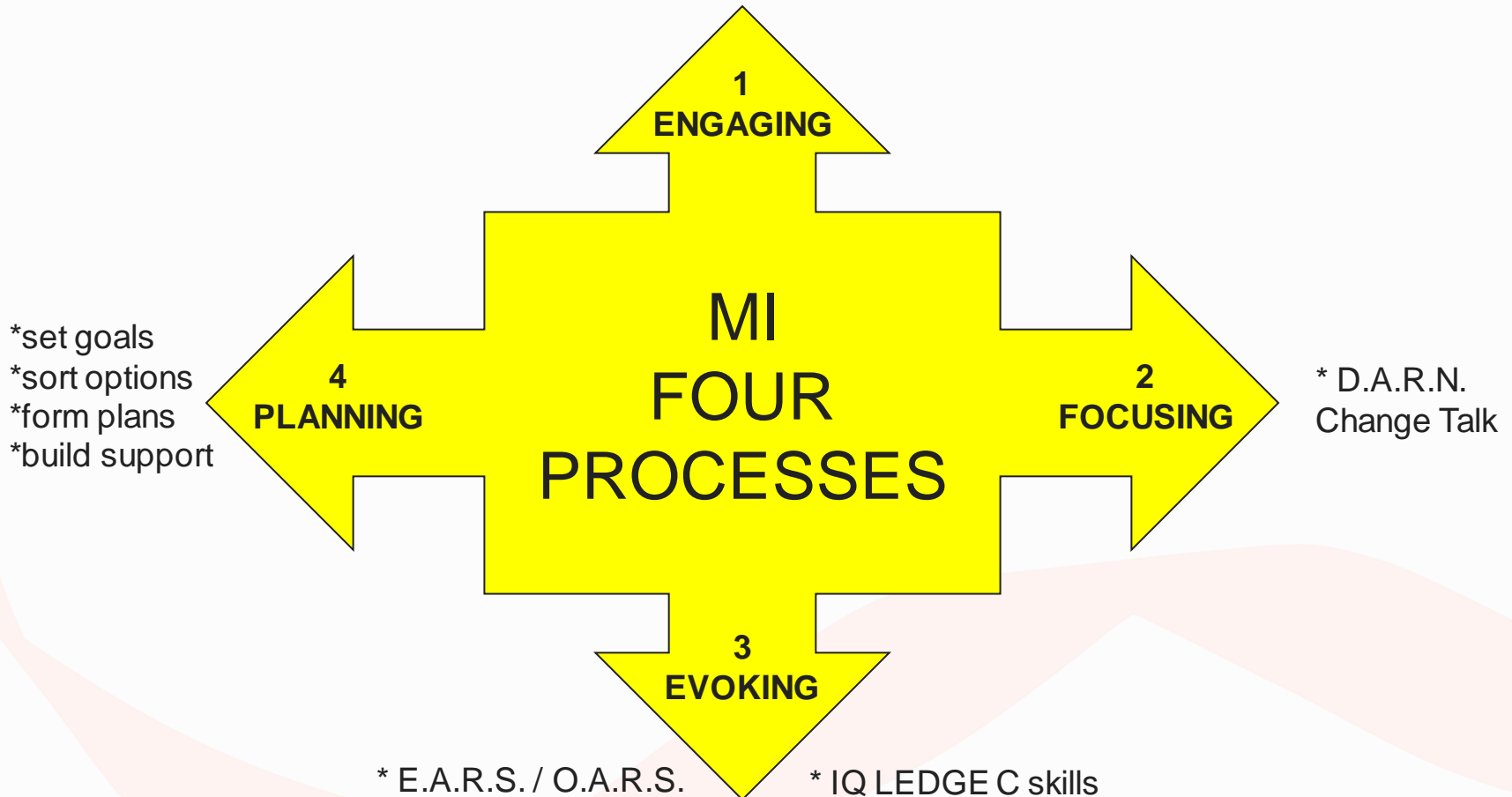
- ✓ Client-Centered
- ✓ Motivation-Based
- ✓ Based on Client Readiness

OBJECTIVE 3:

To be able to practically apply the concepts of Motivational Interviewing to care and treatment

OBJECTIVE 2: TO HAVE A WORKING KNOWLEDGE OF HOW MOTIVATIONAL INTERVIEWING HELPS TO REDUCE BARRIERS TO CARE AND TREATMENT

- * Develop rapport
- * Reduce resistance/defensiveness
- * Resolve some ambivalence about your role
- * Use reflective listening



OBJECTIVE 3: TO BE ABLE TO PRACTICALLY APPLY THE CONCEPTS OF MOTIVATIONAL INTERVIEWING TO CARE AND TREATMENT

MI STAGES OF CHANGE



OBJECTIVE 3: TO BE ABLE TO PRACTICALLY APPLY THE CONCEPTS OF MOTIVATIONAL INTERVIEWING TO CARE AND TREATMENT

USE “STAGE OF CHANGE” TO REDUCE BARRIERS

CLIENT: Precontemplation Stage



YOU:

- **Assess conviction/ confidence**
- **Provide feedback (measurement, ie lab, and meaning of symptoms)**

OBJECTIVE 3: TO BE ABLE TO PRACTICALLY APPLY THE CONCEPTS OF MOTIVATIONAL INTERVIEWING TO CARE AND TREATMENT

USE “STAGE OF CHANGE” TO REDUCE BARRIERS

CLIENT: Contemplation Stage



YOU

- Avoid argumentation
- Roll with resistance
- Express empathy
- Augment discrepancy
- Help the client become the change agent

OBJECTIVE 3: TO BE ABLE TO PRACTICALLY APPLY THE CONCEPTS OF MOTIVATIONAL INTERVIEWING TO CARE AND TREATMENT

USE “STAGE OF CHANGE” TO REDUCE BARRIERS

CLIENT: Preparation Stage



YOU

- Provide a menu of choices
- Support self-efficacy
- Advise
- Reinforce change

OBJECTIVE 3: TO BE ABLE TO PRACTICALLY APPLY THE CONCEPTS OF MOTIVATIONAL INTERVIEWING TO CARE AND TREATMENT

USE “STAGE OF CHANGE” TO REDUCE BARRIERS

CLIENT: Action Stage



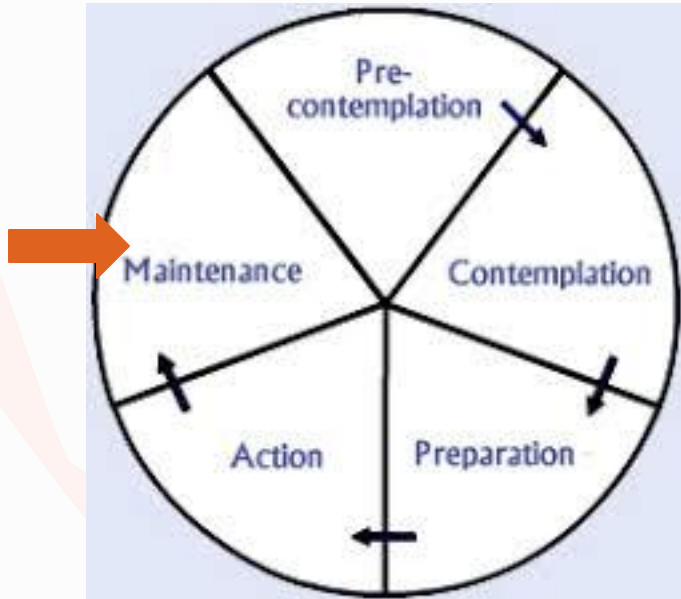
YOU

- Help identify and use strategies for change

OBJECTIVE 3: TO BE ABLE TO PRACTICALLY APPLY THE CONCEPTS OF MOTIVATIONAL INTERVIEWING TO CARE AND TREATMENT

USE “STAGE OF CHANGE” TO REDUCE BARRIERS

CLIENT: Maintenance Stage



YOU

- Celebrate and support the changes

POLLING QUESTION

What do you think about "Relapse" being included as the 6th Stage of Change?

OBJECTIVE 3: TO BE ABLE TO PRACTICALLY APPLY THE CONCEPTS OF MOTIVATIONAL INTERVIEWING TO CARE AND TREATMENT

USE “STAGE OF CHANGE” TO REDUCE BARRIERS

CLIENT: Relapse Stage



YOU

- Help renew process of contemplation, determination, and action

Q & A

Resources

Barriers and facilitators to patient retention in HIV care Baligh R. Yehia, Leslie Stewart, Florence Momplaisir, Aaloke Mody, Carol W. Holtzman, Lisa M. Jacobs, Janet Hines, Karam Mounzer, Karen Glanz, Joshua P. Metlay, and Judy A. Shea. *BMC Infectious Diseases* (2015) 15:246 DOI 10.1186/s12879-015-0990-0

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https://cdpsdocs.state.co.us/epic/epicwebsite/resources/mi_communities_of_practice/4_processes/4_processes.pdf

Motivational interviewing techniques Facilitating behaviour change in the general practice setting. Kate Hall, Tania Gibbie, Dan I Lubman. Reprinted From *Australian Family Physician* Vol. 41, No. 9, September 2012.

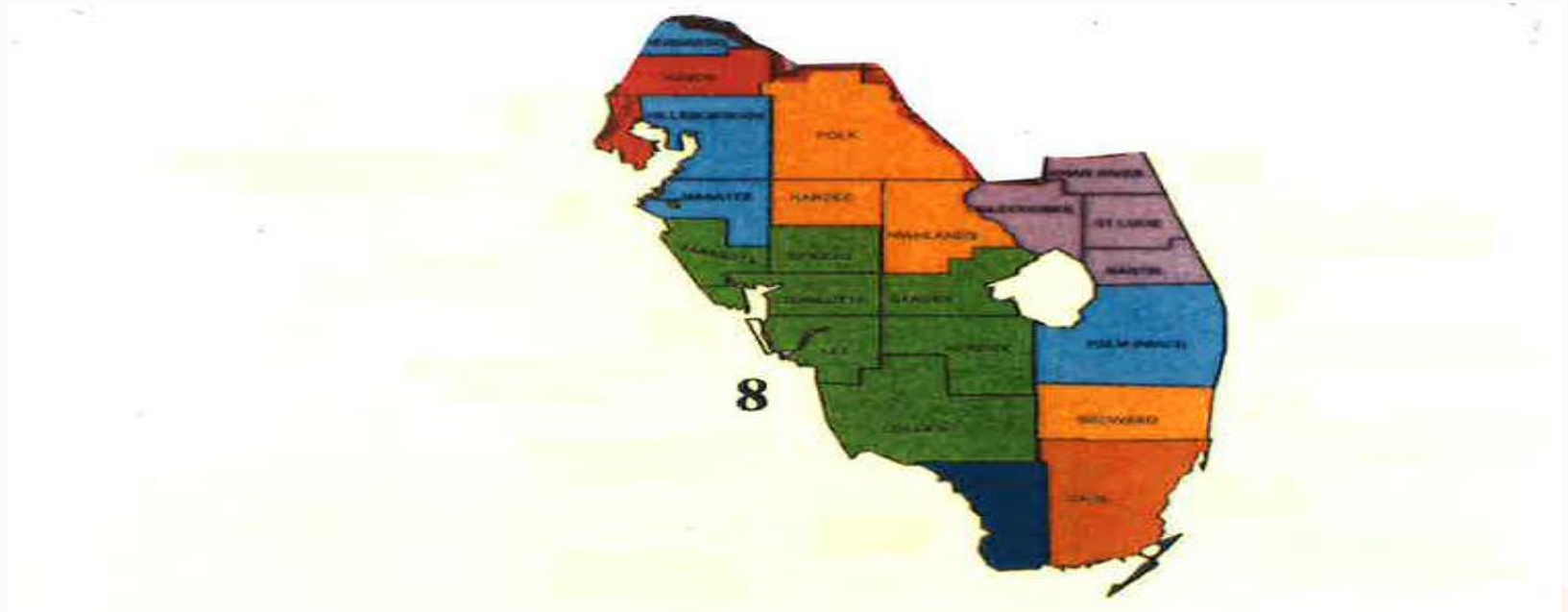
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The AIDS Education and Training Center (AETC) Program is the training arm of the Ryan White HIV/AIDS Program. The AETC Program is a national network of leading HIV experts who provide locally based, tailored education, clinical consultation and technical assistance to healthcare professionals and healthcare organizations to integrate high quality, comprehensive care for those living with or affected by HIV.

Florida Counties



The U.S. Department of Health and Human Services (DHHS) has released updated versions of its antiretroviral treatment guidelines for adults and adolescents, and for children with HIV. The new adult guidelines include revised recommendations for first-line antiretroviral therapy (ART) as well as management of treatment-experienced patients. The revised pediatric guidelines include a discussion of very early treatment for HIV-infected infants.

References

HHS Panel on Antiretroviral Guidelines for Adults and Adolescents.

[*Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents.*](#) Updated April 8, 2015.

DHHS Panel on Antiretroviral Therapy and Medical Management of HIV-Infected Children. [*Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection.*](#) Updated March 5, 2015.

TRAINING OPPORTUNITIES

Preceptorships

An intensive clinical training program offered to healthcare providers in Florida who have an interest in learning more about the diagnosis and management of HIV/AIDS, opportunistic infections, and co-morbid conditions. Each preceptorship is structured to meet the unique needs of the individual participant based on his or her previous experience, geographic location, and time available. Experience 4 to 240 hours of clinical training at adult, pediatric, obstetric, and/or family practice clinics where care is provided to HIV-infected patients. All training provided is consistent with current guidelines from the Department of Health and Human Services or other nationally recognized guidelines when available.

Clinical Consultation

Individual and group clinical consultations are offered. Individual clinical case consultation is provided on the diagnosis, prevention, and treatment of HIV/AIDS and related conditions. These consultations take place by telephone, email or face-to-face meetings. Group clinical consultation with case-based discussions include information on pharmacology, clinical antiretroviral therapy updates, drug-drug interactions, and antiretroviral resistance.

**FOR MORE INFORMATION, PLEASE
VISIT:**

<http://hivaidsinstitute.med.miami.edu/partners/se-aetc>

National HIV/AIDS Clinicians' Consultation Center UCSF – San Francisco General Hospital

Warmline

National HIV/AIDS Telephone Consultation Service
Consultation on all aspects of HIV testing and clinical care
Monday - Friday
9 am – 8 pm EST
Voicemail 24 hours a day, 7 days a week

PEPline

National Clinicians' Post-Exposure Prophylaxis Hotline
Recommendations on managing occupational exposures to HIV and hepatitis B & C
9 am - 2 am EST, 7 days a week

Perinatal HIV Hotline

National Perinatal HIV Consultation & Referral Service
Advice on testing and care of HIV-infected pregnant women and their infants
Referral to HIV specialists and regional resources
24 hours a day, 7 days a week

HRSA AIDS ETC Program & Community Based Programs, HIV/AIDS Bureau
& Centers for Disease Control and Prevention (CDC)

www.nccc.ucsf.edu

Need Additional Information?

Contact the South FL SE AIDS Education and Training Center

Franklin Monjarrez, Program Manager:

fbm20@med.miami.edu

Tivisay Gonzalez, Program Coordinator:

tgonzalez1@med.miami.edu

Thank you!