Utilizing Motivational Interviewing to Engage or Re-engage Clients in HIV Medical Care

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His Health

Presenters

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Agenda

1. His Health Background
2. Understanding Motivational Interviewing (MI)
3. Utilizing MI to reengage clients
His Health Background
His Health

• **His Health** is a united community of advocates and healthcare providers passionately committed to raising the standard of care for black gay men.

• We believe that shifting the HIV epidemic among black gay men is a **shared responsibility** for patients, providers, and administrators operating at every level of our nation’s health care systems.
His Heath will launch in the summer of 2016

For Providers, Patients, Consumers

- Identify, evaluate, and highlight promising care models that advance HIV care linkage and retention among Black MSM
- Design CME units to accelerate delivery of high quality HIV care for Black MSM patients
- Disseminate technical assistance (TA) and CME training to provider and patient audiences
His Health

• We recognize how stigma, discrimination and medical mistrust act as tremendous barriers to good health for many black gay men.

• To restore trust, we must break down silos and foster better communication between black gay men and care practitioners.

• To grow strong, we must work together.
The Damien Center / Brothers United

Linkage to Care (L2C) Program Overview
L2C Overview

• L2C provides *individualized, long-term, one-on-one support for central Indiana’s highest needs clients living with HIV*

• 3.5 year research project supported by John’s Hopkins University

• Began in 2013 through joint funding from AIDS United and The Health Foundation of Indianapolis, Indiana AIDS Fund

• Partnership with Brothers United, Women in Motion, and Indiana Latino Institute

• Re-engaged **187 people** in HIV medical care and supportive services

• Average health status of clients at enrollment:
  • 216 cells/µL CD4 Count and 52,000 RNA copies/mL Viral Load

• Average current health status of clients:
  • 528 cells/µL CD4 Count and 10 RNA copies/mL Viral Load
L2C Overview

Damien L2C/National HIV Treatment Cascade

- **100%** Enrolled
- **82%** Linked to Care
- **66%** Retained in Care
- **37%** Prescribed HAART
- **33%** Suppressed Viral Load
- **70.60%** Damien L2C Treatment Cascade
- **25%** National HIV Treatment Cascade
L2C Demographics

**Race**
- Black: 49%
- White: 31%
- Hispanic: 12%
- Multi-Racial: 7%
- Other: 1%

**Sex**
- Male: 60%
- Female: 23%
- MtF: 7%
- Other: 13%

**Age**
- 18-19: 3%
- 20-24: 24%
- 25-29: 20%
- 30-30: 25%
- 40-49: 17%
- 50+: 11%
L2C Demographics

Income

- $0-4,999
- $5,000-9,999
- $10,000-14,999
- $15,000-19,999
- $20,000-29,999
- $30,000-39,000

Education

- Less than High School
- High School Diploma or GED
- Some College or Technical School
- College or Higher Education

Presentation title
Client Centered  
+  
Strength Based  
+  
Barrier Elimination  
=  
Strong Linkage to Care
Motivational Interviewing is a client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.
Core Elements of Motivational Interviewing

**Client-Centered:**
Semi-directive counseling style used to elicit behavior change. Helps clients explore and resolve ambivalence.

**Motivation-Based:**
A method that works on facilitating and engaging *innate motivation* within the client.

**Client Readiness:**
Recognizes and accepts the fact that clients who need to make changes in their lives approach counseling at different levels of readiness to change their behavior.
Principles for Motivational Interviewing

• **R** – Resist the righting reflex
  • Removes judgement
  • Puts the client in the center or their care

• **U** – Understand Your Client’s Motivation
  • Family, partner, children, friends
  • Legacy

• **L** – Listen to your client
  • Practice those active listening skills

• **E** – Empower Your Client
  • Goal-Setting Document
Essential Motivational Interviewing Skills

- Ask open-ended questions
- Provide affirmations
- Use Reflective Listening
- Periodically provide summary statement
Reflective Listening

• Start from the obvious position that each client knows more about him or herself than you ever will – Acknowledge that clients are the experts of their experience.

• We can see blind spots that clients cannot – but they know far more about factors that have influenced their lives than we do.

• If we want to know these things, clients must tell us and we must listen (though that still doesn’t mean that we will eventually understand their experience).

• What you think a person means, may not be what they mean.
  • You must ask clarifying questions
  • Repeat back: “So, you feel…..” “It sounds like you…..”
Deepening Reflections

So, I’m not too worried, but it’s been over a year since I’ve had a syphilis test.

**Paraphrase**: Moves well beyond the client’s words and presents information in a new light

**Amplify**: Overstates what the client has said, often increasing the intensity by pressing on the absolute or resistant element

**Double-Sided**: Reflects both parts of the client’s ambivalence

**Affective**: Addresses the emotion either expressed or implied
It’s important to ask the right questions, at the right time, in the right way!!!
Open-Ended Questions

Short-reply, information gathering questions are necessary during client contacts.

Yet, open-ended questions are the ‘meat’ of the information-gathering process.
  • Watch out not to be too vague or too broad.

How you ask questions will elicit different responses.

Did you drink alcohol this week?
How often and how much did you drink?
When you decide to drink, tell me about the circumstances?
Key Questions

There comes a point when the focus will shift from building motivation to asking for commitment to change.....

What’s the next step?
What do you think you will do now?
So, how will you proceed?
What do you plan on doing to prepare for our next meeting?

Again, resist the righting reflex – try to avoid the tendency to fix a ‘wrong’ choice
Affirmations and Summaries

• Your role is to instill hope and the belief that the client can indeed change
• Be genuine
• Use affirmations
  • A way of reorienting the client to the resources he or she has available
• How you ask questions will elicit different responses
• Summarize what you hear
  • Assist clients in organizing their experiences and goals
  • Assist you in ensuring you are retaining and understanding information
Recognizing and Reinforcing Change Talk

• **Represents statements about change**
  
  Client statements that indicate they have the desire or ability to change, see benefits of change, observe the difficulties of their current situation, are committed to change, or are taking steps to change.

• **Linked to a specific behavior or set of behaviors**
  
  Focused on a particular and attainable goal

• Typically phrased in present tense
  
  • Talking about past behaviors does not indicate a readiness to change
  
  • Watch for statements to build on like:
    
    • Desire to Change Statements: “I wish things were different”
    
    • Ability to Change Statements: “Well, I did stay clean and sober for a year once”
    
    • Reasons for change statement: “I guess I wouldn’t have to think about it if I used a condom
    
    • Need to Change Statement: “I Can’t go on with the behaviors I’ve been doing”
Meet Daniel...
Who is Daniel???

- 26 Years Old
- Black, Gay, Male
- Referred to linkage after hospitalization – CD4 of 10 – Pneumonia
- Experienced homelessness as a teen
- Contracted HIV while incarcerated “I wanted to die.”
- Currently homeless - Substance user
- Recently lost his mother – Sees no reason to live
Major Challenges and Ambivalences

- Does not see a reason to live
- Does not see a reason to go to the doctor
- Does not see a reason for starting HAART
- Does not view substance use as an issue
- Does not want to address mental health concerns
- Seemingly very little motivation at all
How do you motivate Daniel?

• “I feel as though I have no reason to live”
  • So it sounds to me like you’re having a very difficult time right now and you’re not sure how to move forward? Is that correct?
  
  • What is usually going through your mind when you start to feel really sad? What triggers your sadness?
    • When I think about my mother ….  
    • What do you miss about your mother?

  • She knew about my HIV. I could talk to her about anything.
  • She would make sure I took my medication Your mother provided you with some emotional support, which is important…. Who else in your life can provide you with that support?
What might motivate Daniel to reengage in medical care?

- Who else in your life provides you with some emotional support?
  “Cousin, Candy, his neighbors, his two sisters, his nieces”

- How do you think these people would feel if you went away?
  “They would be sad… Hurt…. Especially my siblings”

- It seems like your mother was crucial in you taking your medication because she saw how important it was…. What would your mother think of you being off your medications?
  • “She would be sooooo mad at me and disappointed. She’d probably slap me up side the head……”

- What do you think would disappoint her? How is it important for you to make her proud?
  • “I want to make her proud, but I’m not strong enough. Sometimes it would just be easier to join her. I’ll go to the doctor to see if I’m okay, but I don’t know if I’m ready for medication.”
Daniel starts attending appointments with his care coordinator and is connected to a medical provider.

Daniel attends his first medical appointment, but does not attend his follow-up appointment where he will learn his lab results and choose an HAART regimen.

Daniel makes his follow-up appointment three weeks later after feeling very ill (vomiting, weight loss, diarrhea).

“This is the worst pain I’ve ever been in… This was worse than last time”

Can you tell me what happened last time?

“When I felt sick like this and went to the hospital… I don’t want to die like this….”

What do we do to avoid you feeling this way again?

“I need to start taking my medication again…..”

Daniel attends his next visit and is prescribed medication.
Daniel’s story continues

- Daniel continues to struggle with adherence over the next 6 months

- Continue to provide motivational interviewing throughout

- Work with David to help identify realistic, attainable goals (create a written plan)

- Help Daniel through motivational interviewing to address other factors (mental health counseling, substance use treatment)

- Help Daniel remember his motivations, family, making his mother proud, not feeling the pain of a slow death
Questions?
Thank you!

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