



8th International Conference on **HIV TREATMENT AND PREVENTION ADHERENCE**

jointly sponsored by



Postgraduate Institute
for Medicine

Brief Orientation to Motivational Interviewing and Resources for Further Training

Jeffrey T. Parsons, Ph.D.

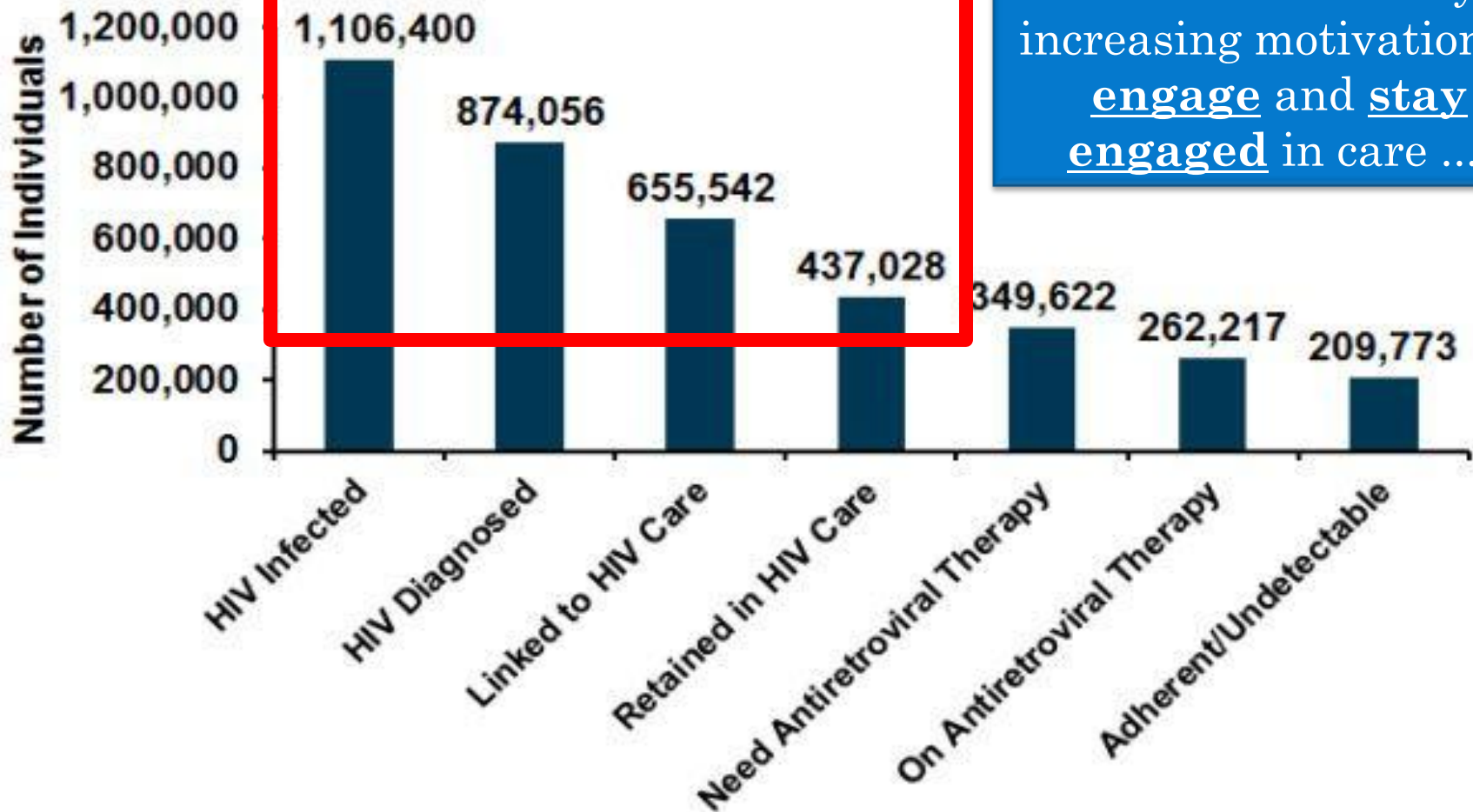
**Hunter College – CUNY
Center for HIV Educational
Studies & Training (CHEST)**



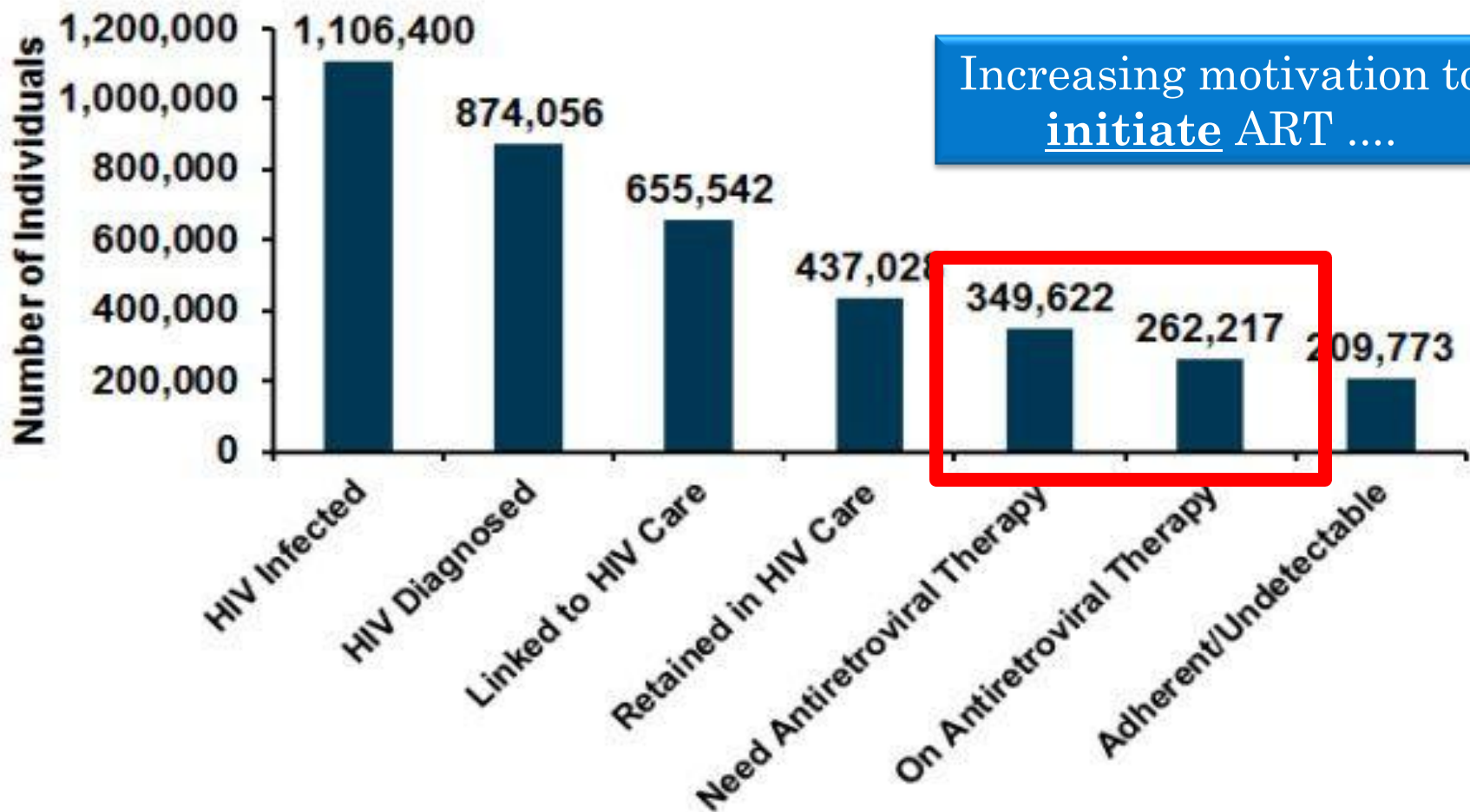
Plans for this morning

- What is MI?
- Does it work?
- Who can do it?
- How do you learn it?





These are gaps that we can strive to fill by increasing motivation to engage and stay engaged in care

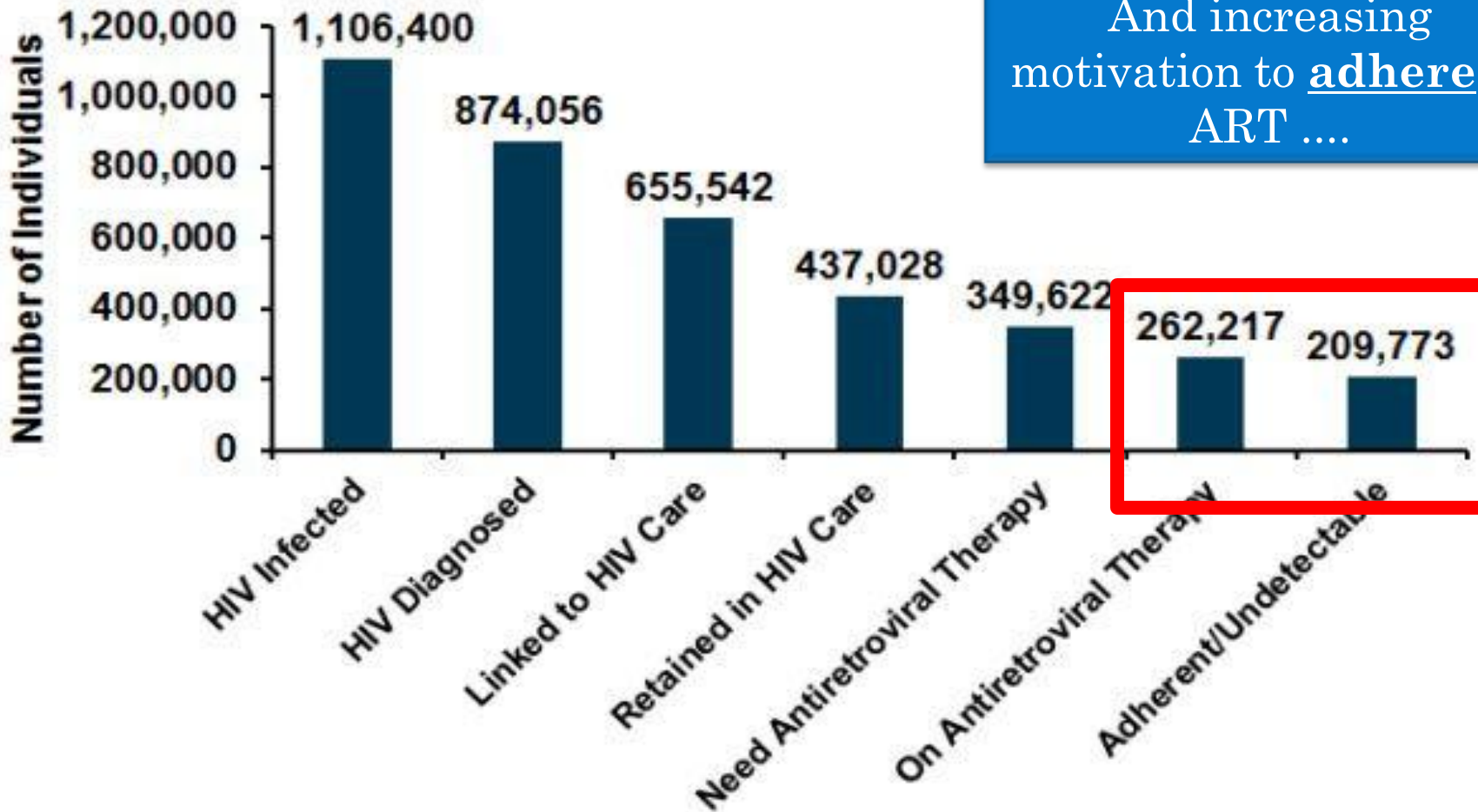


Increasing motivation to initiate ART ...



Gardner EM, McLees MP, Steiner JF, Del Rio C, Burman WJ. The spectrum of engagement in HIV care and its relevance to test-and-treat strategies for prevention of HIV infection. Clin Infect Dis. 2011;52:793-800.





And increasing motivation to adhere to ART ...



Gardner EM, McLees MP, Steiner JF, Del Rio C, Burman WJ. The spectrum of engagement in HIV care and its relevance to test-and-treat strategies for prevention of HIV infection. Clin Infect Dis. 2011;52:793-800.



What do you hear...

- How do your patients or participants react to learning they are HIV+?
- When they find out their status, what are their initial priorities?
- What challenges do those living with HIV face in engaging medical care generally?

What we hear...

- “My doctor doesn’t understand how much I’m dealing with.”
- “He doesn’t care if I have lipodistrophy. To him it’s just vanity, but to me - it’s my body.”
- “I’m not gonna tell her I’m using meth, because she’ll just see me as a substance user then.
- “I’m on three meds, but sometimes I sell my Norvir. I take the others though, so I think it’s fine. I don’t really feel like I need the Norvir.”
- “My doctor cares about me, but she is only focused on that number [viral load] and how long I might live. Is it really worth living if I have to feel like this?”



What I take from this...

- Most people living with HIV respect and value their providers.
- Most want, or wish, that they could talk about multiple challenges in their lives.
- Many feel ...
 - Afraid of being judged, scolded, or lectured
 - Afraid of letting their provider down
 - Frustrated about not being heard
 - Frustrated that their provider's priorities are different from their own

How MI might help...

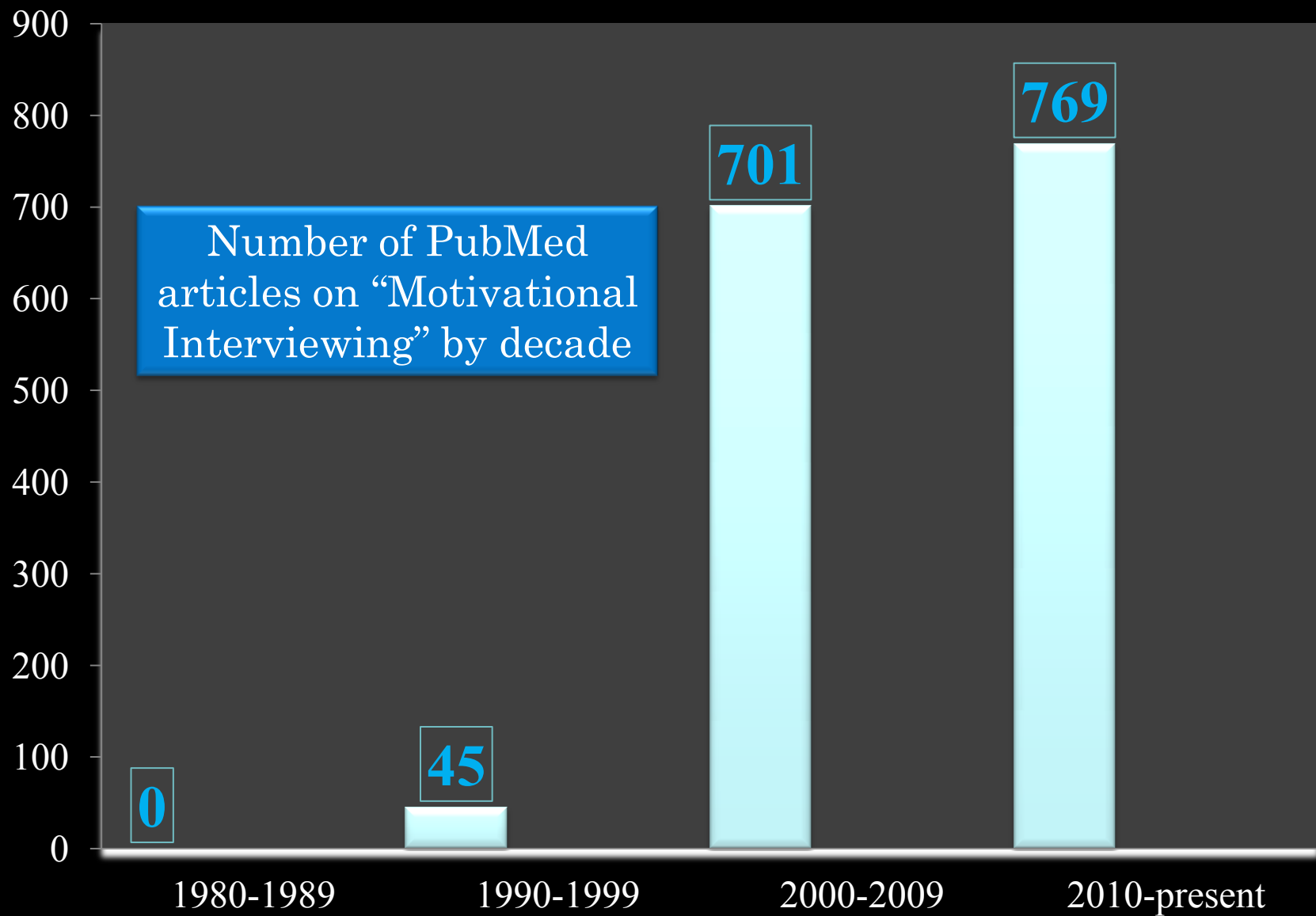
- MI is a style of engaging people that is really efficient at
 - Eliciting information
 - Demonstrating you are listening to the patient
 - Joining with patients to create mutual goals and plans
- You can use elements of this style without restructuring what you do or taking a lot of extra time.
- Through using MI, you may learn things you otherwise would not hear and enhance your patient's experience in the HIV care system.



What is MI?

MOTIVATION





What is MI?

- **Individuals are often less than “ready, willing, and able” to change, despite our desire to help them.**



What is MI?

- Individuals are often less than “ready, willing, and able” to change, despite our desire to help them.
- **Hesitancy about behavior change is normal.**



What is MI?

- Individuals are often less than “ready, willing, and able” to change, despite our desire to help them.
- Hesitancy about behavior change is normal
- **Even patients who seek treatment or change are ambivalent about it...**



What is MI?

Motivational Interviewing is a directive, client-centered style of interaction that enhances motivation for change by helping the patient clarify and resolve ambivalence about behavior change.

What does that *mean*?

What is MI?

Motivational Interviewing is a **directive**, client-centered style of interaction that enhances motivation for change by helping the patient clarify and resolve ambivalence about behavior change.

We focus the conversation on a target behavior.



What is MI?

Motivational Interviewing is a directive, **client-centered** style of interaction that enhances motivation for change by helping the patient clarify and resolve ambivalence about behavior change.

The patient's perspectives, values, and ideas about the target behavior are the core content.



What is MI?

Motivational Interviewing is a directive, client-centered style of interaction that **enhances motivation for change** by helping the patient clarify and resolve ambivalence about behavior change.

Motivation is a state, not a trait.
Our interaction may influence the patient's level of motivation in and outside the session.



What is MI?

Motivational Interviewing is a directive, client-centered style of interaction that enhances motivation for change by helping the patient **clarify and resolve ambivalence** about behavior change.

People often feel “two ways”
about the idea of change.

Amplify discrepancies between current
behavior and broader goals and values.



What is MI?

General Characteristics

- Incorporation of the patient's perspective
- Collaborative development of treatment plans
- Emphasis on patient choice
- When faced with resistance, you roll with it

What is MI?

What does it look like?

- Typically brief
- Although a lot is required for “proficiency” (more later), even small changes in how you approach patients can impact the nature of the relationship, their retention, and their behavior.

Does it work?



Does it work?

- Treatment Research shows that brief interactions can be as effective as longer ones, especially when messages are encouraging and tailored to address patient's concerns and needs.
- Several meta-analyses and systematic reviews regarding MI have mixed results.

Does it work?

2005 Meta-Analysis of 72 published MI interventions

- Alcohol (31) One study each:
- Drug Abuse (14) Gambling
- Smoking (6) Eating Disorders
- HIV Risk (5) Relationships
- Treatment Compliance (5)
- Water purification (4)
- Diet and exercise (4)



Hettema, J., Steele, J., & Miller, M.R. (2005). Motivational Interviewing. *Annual Review of Clinical Psychology*, 1, 91-111.



Does it work?

Meta-Analysis of 72 published MI interventions

Sample Characteristics (N = 14,267)

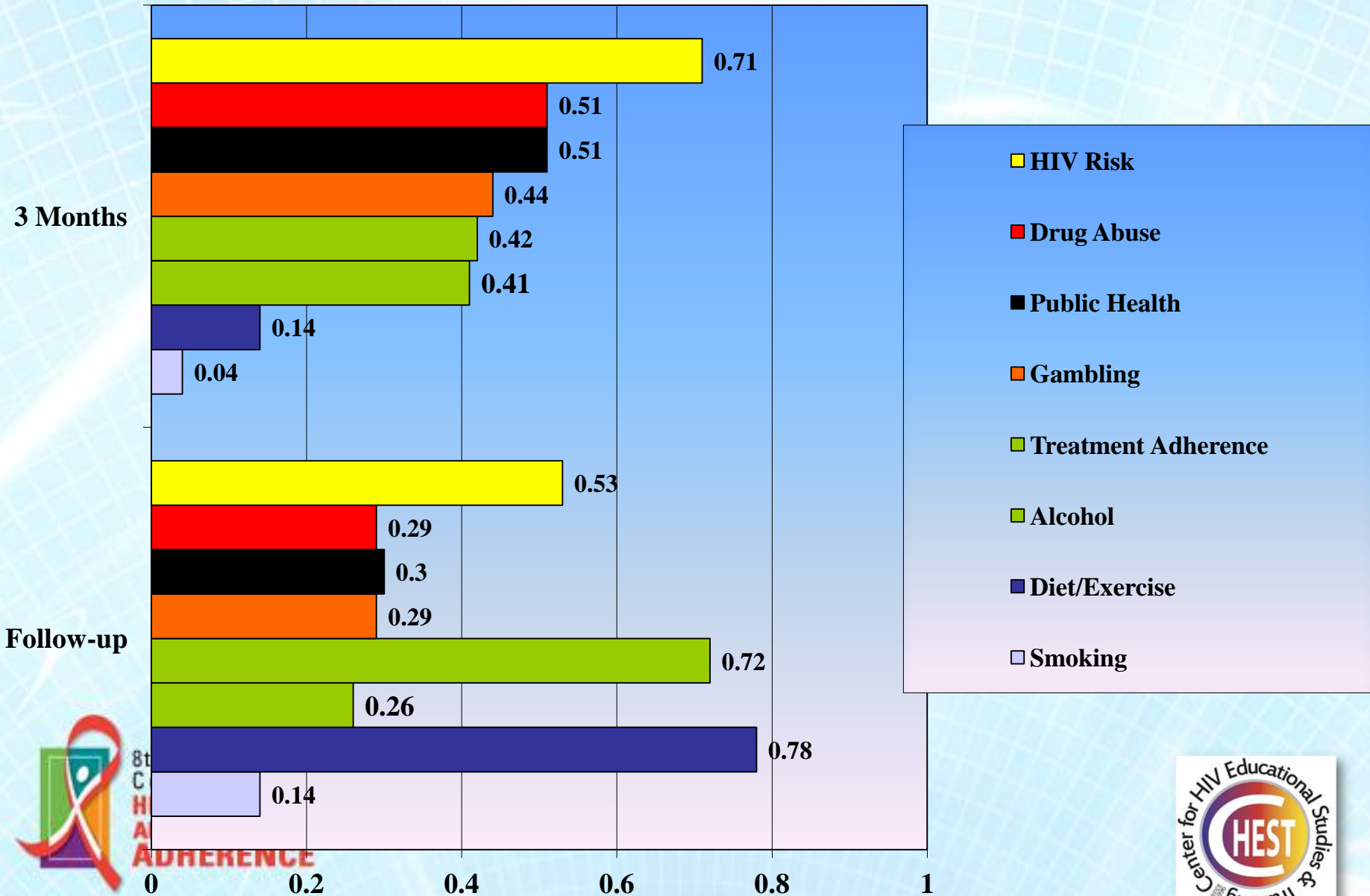
- N = 21 to 952 Mean = 198
- Males = 54.8% Range = 0 to 100%
- Mean Age = 34 Range = 16 to 62
- Ethnic minorities: 43% (n = 37)



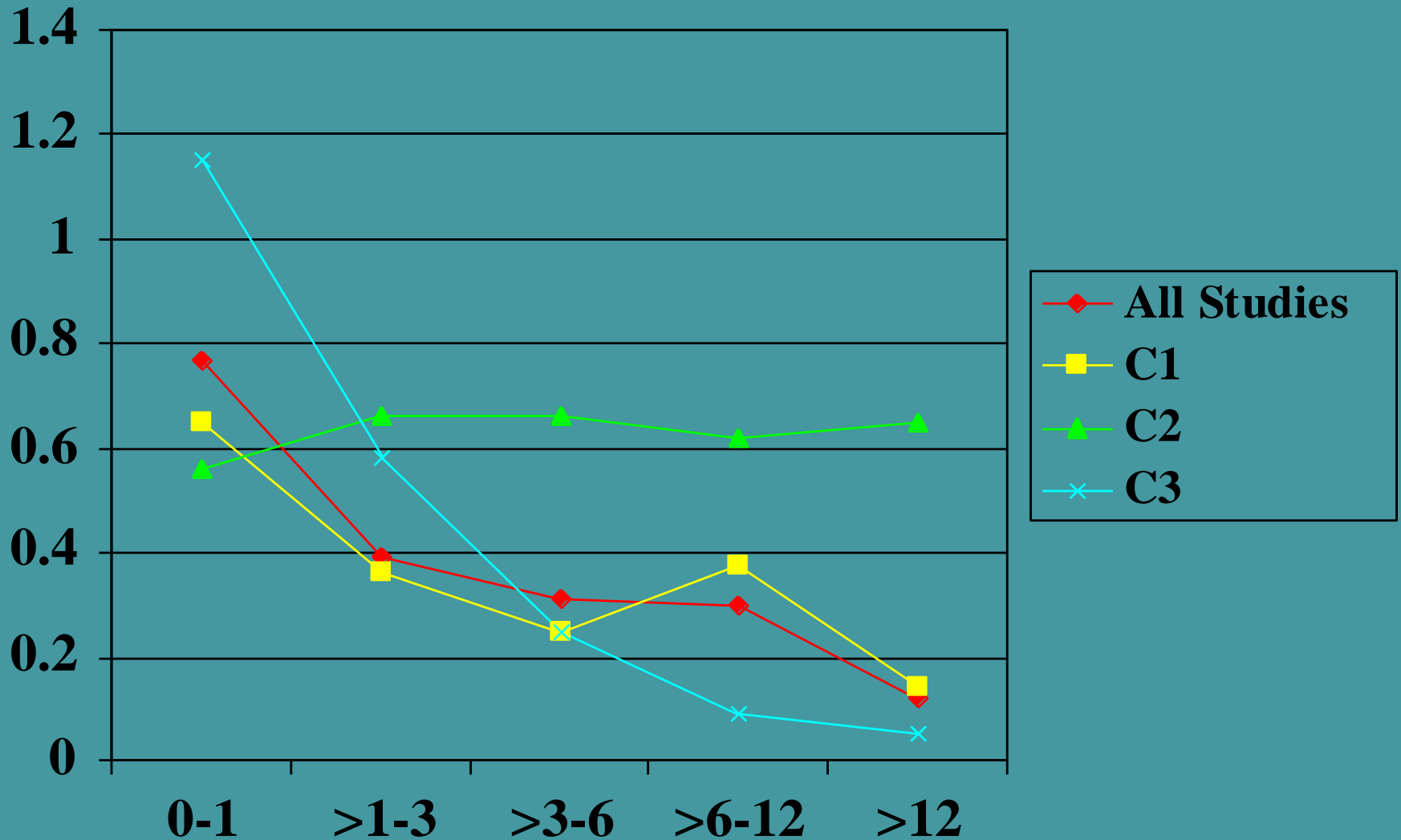
Hetteema, J., Steele, J., & Miller, M.R. (2005). Motivational Interviewing. *Annual Review of Clinical Psychology*, 1, 91-111.



Effect Size by Problem Area



Effect Size of MI Over Time



Does it work?

- Effects of MI appear early BUT
- They tend to diminish over one year of follow-up
 - Strong effect size at 0-1 months post-treatment (.77)
 - Small effect sizes at 4-6 (.31) and 6-12 months post-treatment (.30)
 - Weak effect sizes at > 12 months (.11)
- Except in additive studies that combine MI with other treatment or use MI in the context of on-going care
 - Strong effect sizes are maintained at > 12 months (.60)



Hetteema, J., Steele, J., & Miller, M.R. (2005). Motivational Interviewing. *Annual Review of Clinical Psychology*, 1, 91-111.



Does it work?

Sample Characteristics?

- Effects of MI did not differ by age, gender, or severity of problem
- Ethnicity did impact effect size
 - Minority samples $d = .79$
 - Non-Minority samples $d = .26$



Hetteema, J., Steele, J., & Miller, M.R. (2005). Motivational Interviewing. *Annual Review of Clinical Psychology*, 1, 91-111.



Does it work?

More recent Meta-Analyses and Reviews

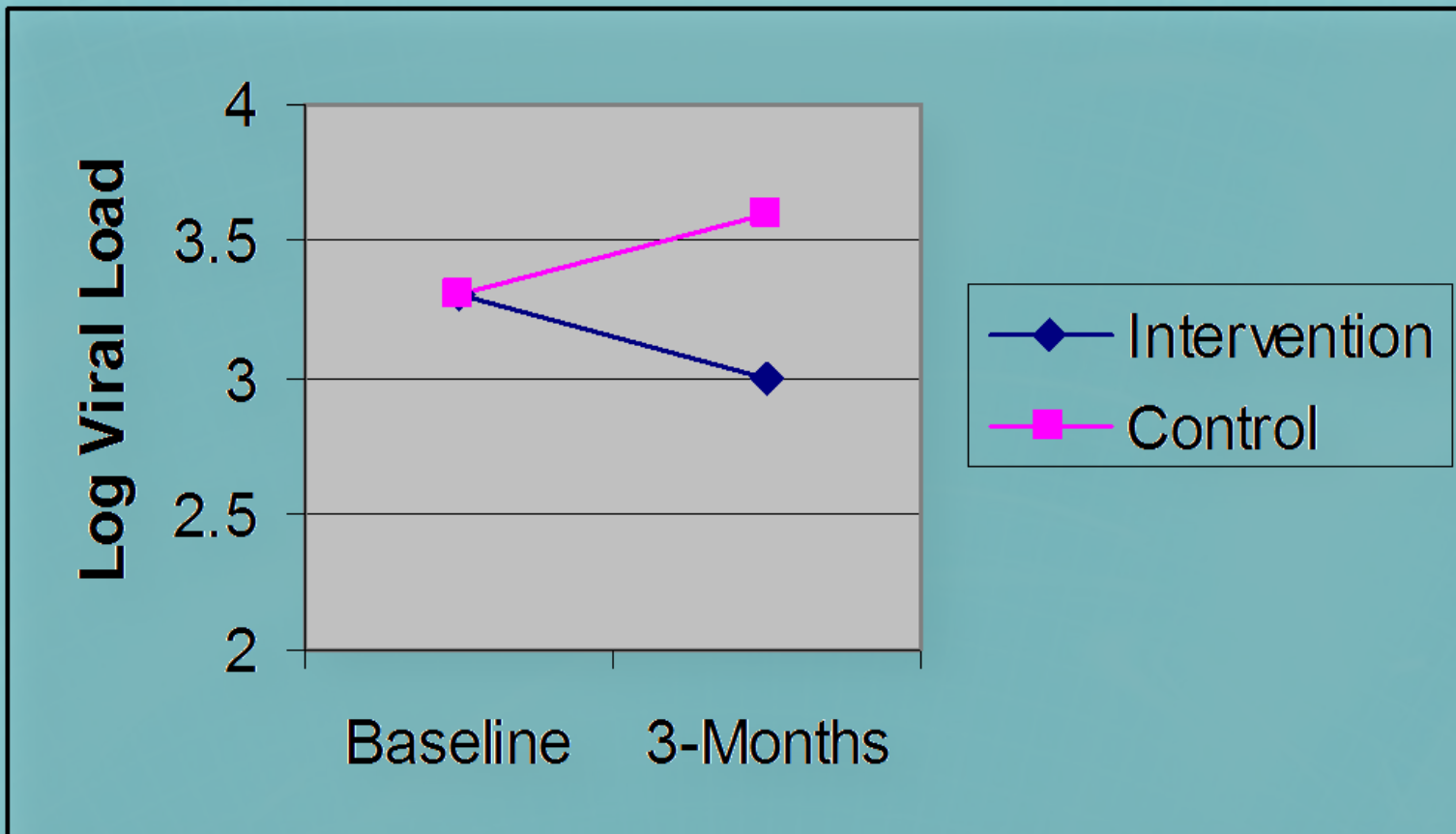
- 2012 systematic review – MI and ART Adherence
- Using Cochrane methods, only 5 RCTs retained for review
 - 3 showed significant differences
 - Only 1 showed significant differences in self-reported adherence, viral load, and CD4 counts



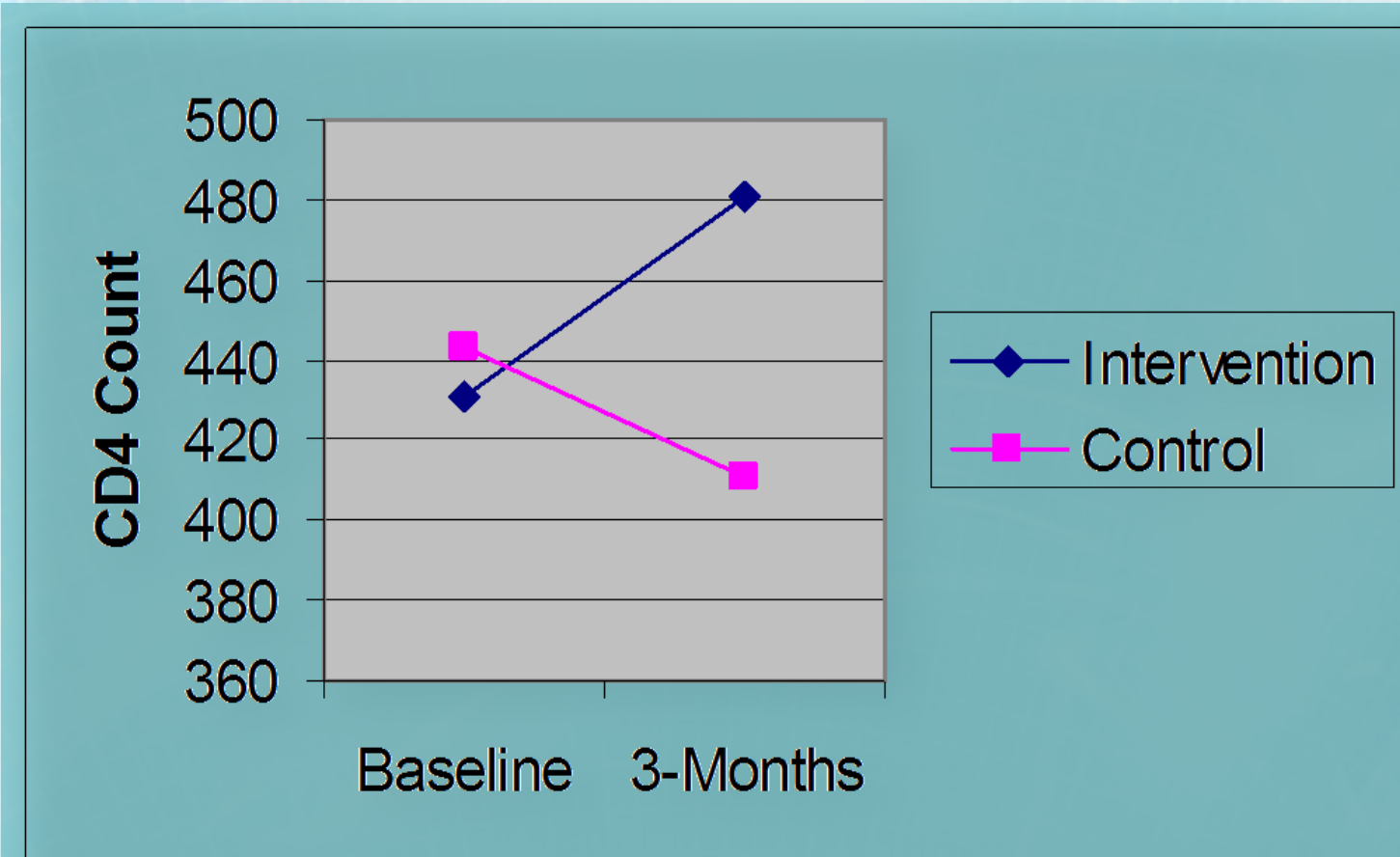
Hill, S., & Kavookjian, J. (2012). Motivational interviewing as a behavioral intervention to increase HAART adherence in patients who are HIV-positive: A Systematic review of the literature. AIDS Care, 24, 583-592.



MI for Adherence for HIV+ adults with alcohol use disorders



MI for Adherence for HIV+ adults with alcohol use disorders



Who can do it?



Who can do it?

- Often, RCTs employ specific highly-skilled interventionists for the study, trained in MI.
- Increasing body of research suggests a range of provider “types” can be trained to deliver high-quality MI.

Who can do it?

2005 Meta-Analysis - where was MI tested?

- Outpatient clinics (15)
- Inpatient facilities (11)
- Educational settings (6)
- Hospitals (5)
- Doctor's Offices (5)
- Prenatal clinics (3)
- Telephone (3)
- Emergency rooms (2)
- Halfway house (2)
- In home (1)
- Jail (1)
- Mixed (7)
- Unspecified (8)



Hetteema, J., Steele, J., & Miller, M.R. (2005). Motivational Interviewing. *Annual Review of Clinical Psychology*, 1, 91-111.



Who can do it?

2005 Meta-Analysis – who delivered MI?

- Paraprofessionals/students (8)
- Master's level (6)
- Psychologists (6)
- Nurses (3)
- Physicians (2)
- Dietician (1)
- Mixed (22)



Who can do it?

- Lundahl's 2010 meta-analysis tested the relationship between degree of practitioner (BA vs MA vs doctoral) and patient outcomes.
- No significant differences – suggesting versatility.



Lundahl, B. W., Kunz, C., Brownell, C., Tollefson, D., & Burke, B. (2010). A meta-Analysis of Motivational Interviewing: Twenty-five years of Empirical Studies. Research on Social Work Practice, 20, 137-160.



Who can do it?

- We conducted a study using MI to increase engagement in care among HIV+ youth.
- Youth received MI from either a Peer Outreach Worker, or from a Master's Trained Therapist.
- Tapes of sessions were coded (blind to type of provider) for fidelity to MI.



Naar-King, S., Outlaw, A., Green-Jones, M., Wright, K., & Parsons, J.T. (2009). Motivational interviewing by peer outreach workers; A Pilot randomized clinical trial to retain adolescents and young adults in HIV care. AIDS Care, 21, 868-873.



Who can do it?

- All youth showed significant improvements in engagement in care.
- Peer Outreach Workers scored significantly higher on two indicators of fidelity to MI than the Master's Trained Therapists.
- Youth who received MI from Peer Outreach Workers attended significantly more sessions.



Naar-King, S., Outlaw, A., Green-Jones, M., Wright, K., & Parsons, J.T. (2009). Motivational interviewing by peer outreach workers; A Pilot randomized clinical trial to retain adolescents and young adults in HIV care. AIDS Care, 21, 868-873.



Who can do it?

- We recently developed and pilot tested a computerized version of MI focused on HIV medication adherence for youth initiating ART.
- Would ask the youth questions about their motivation, and provide individualized feedback to facilitate movement through the stages of change, using MI techniques.



Naar-King, S., Outlawy, A.Y., Sarr, M., Parsons, J.T., et al (2013). Motivational Enhancement System for Adherence (MESA): Pilot randomized trial of a brief computer-delivered prevention intervention for youth initiating antiretroviral treatment. Journal of Pediatric Psychology, Epub ahead of print.



What's Important Importance to Me



On a scale of 1 to 5, where 1 is not at all important right now, and 5 is the most important thing in your life, how important is it to you to take your medication exactly as prescribed by your doctor?

- A** 1: Not at all or never important
- B** 2: A little bit or sometimes important
- C** 3: Pretty important or often important
- D** 4: Very important or usually important
- E** 5: Extremely or always important



repeat



previous



next



pause



stop

Questions
to finish in
section:

0

progress



8th International
Conference on
**HIV TREATMENT
AND PREVENTION
ADHERENCE**

**Naar-King, S., Outlawy, A.Y., Sarr, M., Parsons, J.T., et al (2013).
Motivational Enhancement System for Adherence (MESA): Pilot
randomized trial of a brief computer-delivered prevention
intervention for youth initiating antiretroviral treatment. Journal
of Pediatric Psychology, Epub ahead of print.**



My Reasons Why It's Important to Me



What is the biggest reason why you feel this way?

- | | | | |
|----------|---|----------|---|
| A | I want to prevent my viral load from increasing | G | My appearance will improve if I take my medication correctly |
| B | I don't want to worsen side effects of the medication by missing doses | H | Even though it might be hard, taking my medication is the right thing to do |
| C | I know my family and/or friends will be happy if I take my medication correctly | I | It will be harder to control my HIV if I don't take my medication exactly as prescribed |
| D | I don't want to develop a resistant strain of HIV | J | I don't want to transmit new strains of HIV to others |

Done

Internet



Naar-King, S., Outlawy, A.Y., Sarr, M., Parsons, J.T., et al (2013). Motivational Enhancement System for Adherence (MESA): Pilot randomized trial of a brief computer-delivered prevention intervention for youth initiating antiretroviral treatment. Journal of Pediatric Psychology, Epub ahead of print.



Who can do it?

	Intervention	Comparison Condition	Effect Size
VL Drop 3m	1.32	.90	.39
VL Drop 6m	1.85	1.60	.19
% <500 3m	19%	16%	.09
% <500 6m	52%	38%	.28
% adherence 3m	91%	88%	.12
% adherence 6m	95%	88%	.49

Naar-King, S., Outlawy, A.Y., Sarr, M., Parsons, J.T., et al (2013). Motivational Enhancement System for Adherence (MESA): Pilot randomized trial of a brief computer-delivered prevention intervention for youth initiating antiretroviral treatment. *Journal of Pediatric Psychology*, Epub ahead of print.



How do you learn it?



How do you learn it?

- If Peer Outreach Workers can do it, how hard can it be?
- If a computer can do it, how hard can it be?
- If a physician can do it, how hard can it be?

- Well



How do you learn it?

- 140 licensed substance abuse professionals (mostly social workers and counselors) randomly assigned to:
 - 2 day MI training only
 - Training plus practice feedback
 - Training plus individual coaching sessions
 - Training, feedback, and coaching
 - Waitlist of self-guided training



Miller, W.R., Yahne, C.E., Moyers, T.B., Martinez, J., & Pirritano, M. (2004). A Randomized trial of methods to help clinicians learn motivational interviewing. Journal of Consulting and Clinical Psychology, 72, 1050-1062.



How do you learn it?

- All participants provided an audiotape of a session with a client at baseline, post-training (standardized client), 4, 8, 12 months, which were coded for fidelity.
- All groups improved relative to the waitlist control group
- Marginal gains were made by those who received the training only; gains were lost at 4 month FU

How do you learn it?

- 3 groups that received training plus feedback, coaching, or both made significant gains which were maintained; MI inconsistent responses decreased
- No gains made at all by waitlist group at FU
- Only those who received training plus feedback and coaching showed differences in client response

How do you learn it?

- Self-guided training doesn't work
- Self-report of one's MI skills is not valid; Need for objective observers or reliable coding
- MI skills do improve after a 2-day initial training, but without feedback and/or coaching, the skills are not likely to be durable, and client outcomes are less likely.

How do you learn it?

- Why is it more difficult than it would appear?
- Common communication methods that become communication traps:
 - Question-Answer
 - Expert
 - Premature Focus
 - Taking Sides
 - Labeling

Conclusions



8th International
Conference on
**HIV TREATMENT
AND PREVENTION
ADHERENCE**



Conclusions

What is MI?

MOTIVATION



- MI is a brief form of counseling that recognizes people often feel two ways about making changes to their behavior.
- It helps patients to clarify and resolve their ambivalence about behavior change, so that they are motivated to make the decisions that are right for them.

Conclusions

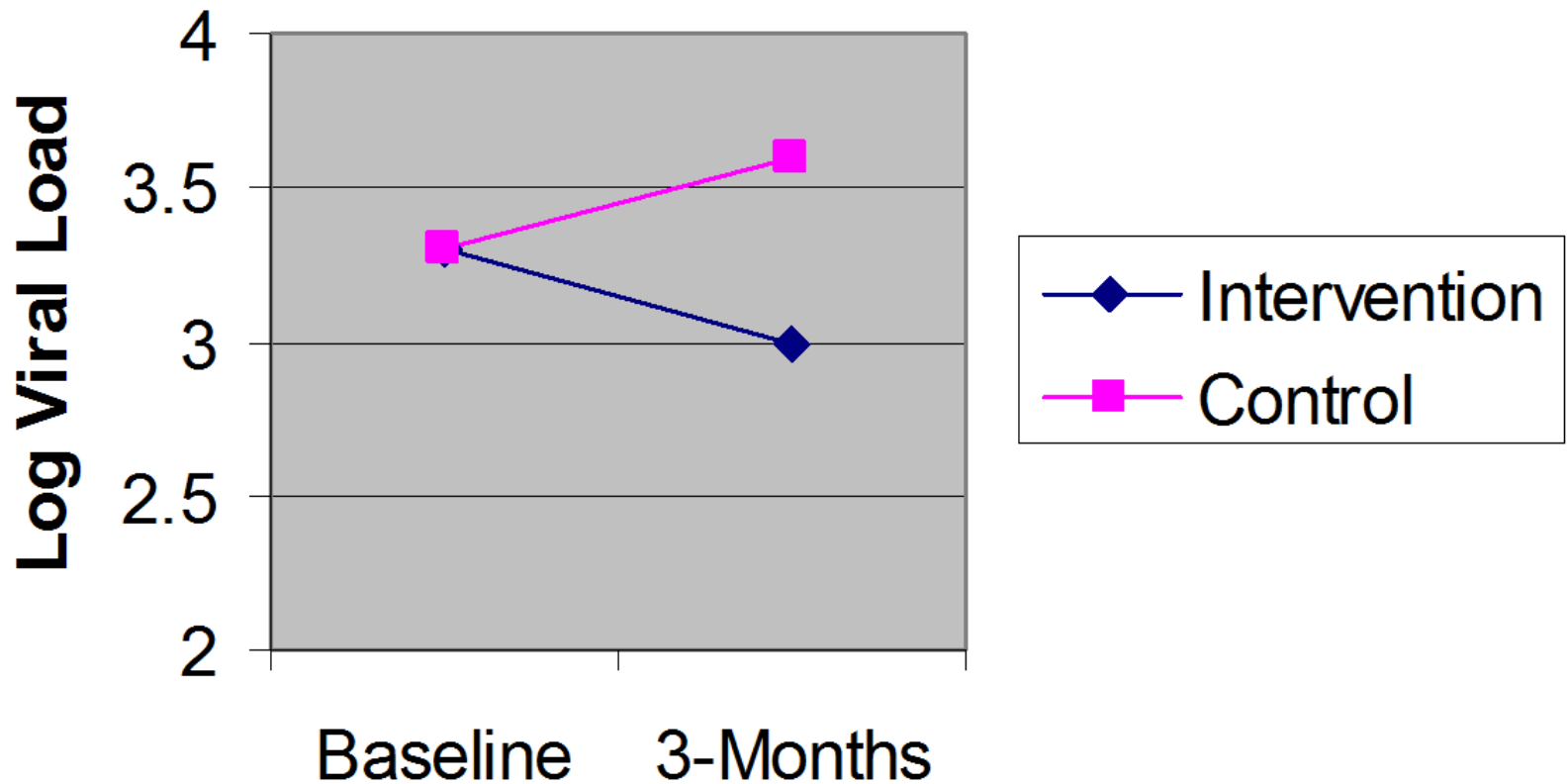
Does it work?



- Research has found mostly consistent positive effects of MI, especially when MI is incorporated into standard care and other forms of treatment
 - MI increases treatment retention and adherence
 - MI increases staff-perceived motivation
 - Effects can emerge quickly

Conclusions

Does it work?



Conclusions

Who can do it?



- MI can be incorporated into HIV clinic settings, and used to help engage people living with HIV in HIV care and promote ART adherence.
 - It can be delivered by all types of providers.
 - It can be delivered by well trained peers.
 - Preliminary evidence suggests it can be computerized.

Conclusions

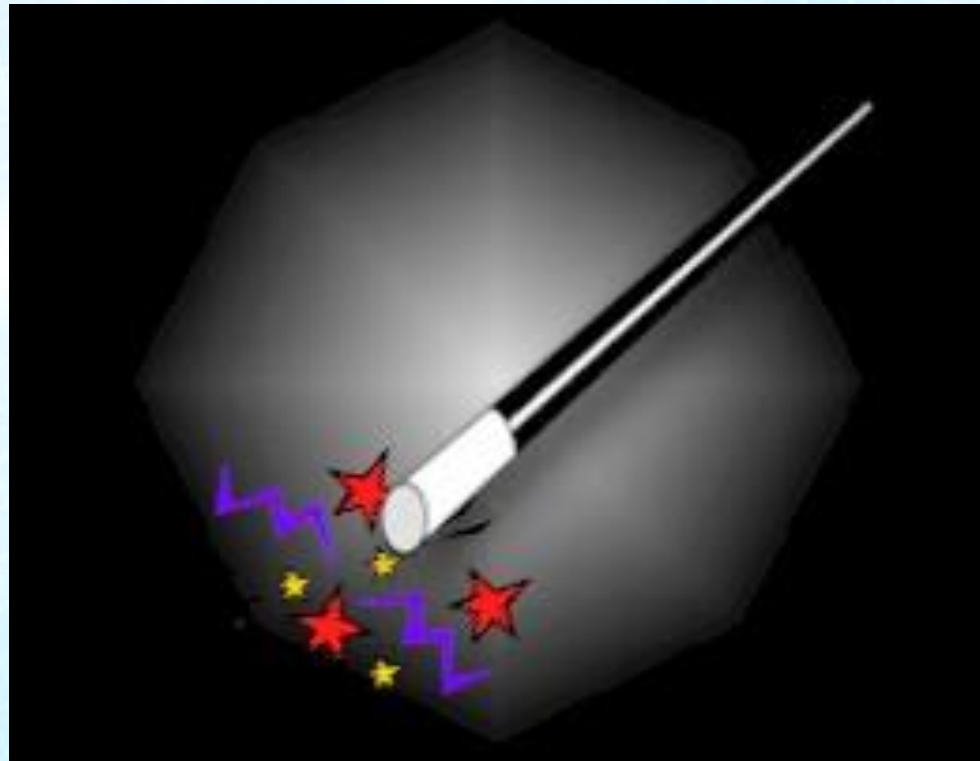
How do you learn it?



- Research suggests that an initial MI training will produce an increase in MI skills delivery.
- However, to maintain those skills, and to have the greatest impact on patient outcomes, additional feedback and coaching is necessary.

Conclusions

- MI is NOT a magic wand



Conclusions

- However, it can improve and increase patient engagement and retention in care, as well as help with initiation of ART and adherence.
- It may be best to think of MI as a package of tools you can use with your other tools in effectively working with patients.
- We have had success training entire clinic teams in the use of MI – it helps to maintain a consistent client-centered perspective across staff, and also provides opportunities for coaching and feedback.

Additional Resources

- Motivational Interviewing Network of Trainers (MINT)
 - www.motivationalinterviewing.org
- Guilford Book Series
 - http://www.guilford.com/cgi-bin/search.cgi?type=dir&pattern=pp/AMI_series



Thank you!

JParsons@chestnyc.org

