Motivational Enhancement for HIV-Related Behaviors

An Implementation Toolkit

Acknowledgments

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Healthy Choices Overview

Purpose

This toolkit provides an overview of the Healthy Choices intervention to explain what is necessary for intervention delivery with high quality and fidelity.

Goal of Healthy Choices

- To improve adherence to antiretroviral treatment and alcohol use
- To address other health behaviors in persons living with HIV for which self-management is relevant, such as, retention in care, substance use and sexual activity
- To provide developmentally tailored strategies to engage young people

Target Population

- The intervention has been particularly successful with young people living with HIV (ages 16-24) but may be delivered to older adults.

Description

Healthy Choices is an evidence-informed intervention.[1-8] Adapted from Motivational Enhancement Therapy (MET), Healthy Choices is comprised of four 30-45 minute sessions that can be led by paraprofessional staff or other provider types to encourage antiretroviral treatment adherence and reductions in alcohol use and other substance use for youth living with HIV. Healthy Choices has also been shown to improve sexual risk behaviors and depression. The sessions are delivered over 3 months, typically week 1, week 2, week 8 and week 12. Other target behaviors relevant to self-management may also be addressed. The intervention is based on Tailored Motivational Interviewing (TMI). Motivational Interviewing (MI) is "a collaborative conversation style for strengthening a person's own motivation and commitment to change".[1,2] Motivational Interviewing conversational style may also be thought of as guiding a person to change, rather than directing them to follow change. Healthy Choices is based on TMI, MI tailored with communication science studies of HIV clinic interactions to address target behaviors for persons living with HIV.

Background

Motivational Interviewing arose from a blend of science and practice. The developers identified strategies that worked in the addictions field, and then developed a theory to support its mechanisms.[1,2] This theory emphasizes a relational component that is focused on empathy and the interpersonal spirit of MI, and a technical component that focuses on eliciting and reinforcing client "change talk." Brief interventions are recommended as developmentally appropriate for targeting alcohol use in youth[3] and Motivational Enhancement Therapy, is a leading brief, effective alcohol intervention in SAMHSA's registry of evidenced-based programs and practices that combines MI, education, and personalized feedback. This 4-session, 12-week intervention was adapted to target multiple behaviors, including ART adherence and substance use, in youth living with HIV in the original *Healthy Choices* trial.[4] Healthy Choices is the only intervention (to our knowledge) to demonstrate improvements in HIV viral load, alcohol use and other substance use, condom use, and depression in youth living with HIV (ages 16-24) in a full-scale, multi-site randomized trial.[5-8]

Duration

- Healthy Choices is comprised of four 30 minutes sessions delivered over 3 months. Ideally sessions are delivered at week 1, week 2, week 8 and week 12 but timing can vary based on client need and organizational context. Sessions in home-based or in office settings. Prior to the session, participants should complete the ASSIST (a substance use screener) and a self-report measure of adherence. The last available viral load should be obtained from clinic records.

Settings

- Community-based organizations or AIDS Service Organizations that have well- established linkage and referral systems to HIV primary care and provide ongoing services to PLWH
- Primary care medical facilities that employ peers for service provision.

Staffing

Staffing depends on the unique structure of each organization, but should include the following:

- Providers may come from many disciplines with a special focus on paraprofessional staff trained in professionalism for community health workers, HIV- specific information, and outreach
- Providers must have administrative supervision from the local organization to ensure adherence to the program requirements
- Training and ongoing coaching is provided from members of the Motivational Interviewing Network of Trainers licensed to deliver Healthy Choices
    - Non-network members local to the organization may co-facilitate the initial training workshop if they achieve advanced competency on the MI Coach Rating Scale or expert competency on the Motivational Interviewing Treatment Integrity scale. They may provide ongoing coaching if they complete a 5-session coaching program.

Implementation Steps

1. Develop a plan to reach target population and obtain viral load, adherence, and substance abuse screening measures.
2. Complete initial workshop and ongoing MI training for providers, which includes the following:
    - 15 hour initial workshop (in person typically over 2.5 days) with a focus on experiential training for trainees
    - Submission of recordings of role play sessions for coding with the MI Coach Rating Scale and a checklist of session components with follow-up coaching by trainer (by phone or video conference). Note that a coaching program is available to train local supervisors if preferred.
        - Subsequent to training, four role play recordings (one for each session) are submitted for coding with the MI Coach Rating and a checklist of session components. Individual coaching sessions with trainer (by phone or video conference) are completed in between each submission so that coding can guide the coaching session.
        - If trainees are not reaching intermediate competency on the MI Coach Rating Scale and 80% of session components on the checklist, additional coaching sessions may be required.
        - On a quarterly basis, trainees will submit a recording of Session 1 or Session 2 for coding and coaching. Role play sessions may be accepted if recordings are not possible.
        - Annual booster sessions are highly recommended to continue to achieve outcomes.
        - Trainees may need safety training if doing community and home-based work and paperwork training per agency standards.

Sample Agenda

Healthy Choices
Training Workshop

Agenda

Day 1

- Module 1: Introduction to MI
  - Section 1: Overview
  - Section 2: Approaches to Behavior Change
- Module 2: MI Spirit
  - Section 1: MI Spirit Definitions
  - Section 2: MI Spirit Videos
  - Section 3: Communication Styles
- Module 3: Managing Counter Change Talk and Discord
  - Section 1: Skills to Support Autonomy – Skills 1 & 2
  - Section 2: Counter Change Talk
  - Section 3: Stop, Drop, and Roll

Day 2

- Module 4: Recognizing and Reinforcing Change Talk
  - Section 1: Recognizing Change Talk
  - Section 2: Reinforcing Change Talk with Reflections – Skill 3
- Module 5: Eliciting Change Talk with Open Questions – Skill 4
  - Section 1: Open Questions to Ask for Elaboration
  - Section 2: Open Questions to Elicit New Change Talk
- Module 6: MI Processes
  - Section 1: Engaging
  - Section 2: Focusing
  - Section 3: Evoking
  - Section 4: Planning

Day 3

- Module 7: Practice and The Road Ahead
  - Section 1: Session 1
    - Manual Review
    - Demonstration
    - Practice
  - Section 2: Session 2
    - Manual Review
    - Demonstration
    - Practice
  - Section 3: Session 3 & 4
  - Section 4: Next Steps

MI Coach Rating Scale

Item	Definition
1. The provider cultivates empathy and compassion with client.	The provider understands or makes an effort to grasp the client's perspective and feelings, and conveys that understanding to the client.
2. The provider fosters collaboration with client.	The provider negotiates with client and avoids an authoritarian stance. A metaphor for collaboration is dancing instead of wrestling.
3. The provider supports autonomy of client.	The provider emphasizes client's freedom of choice and conveys an understanding that the critical variables for change are within the client and cannot be imposed by others.
4. The provider works to evoke client's ideas and motivations for change.	The provider conveys an understanding that motivation for change, and the ability to move toward that change, reside mostly within the client and therefore focuses efforts to elicit and expand it within the therapeutic interaction.
5. The provider balances the client's agenda with focusing on the target behaviors.	The provider maintains appropriate focus on a specific target behavior or concerns directly tied to it while still addressing the client's concerns.
6. The provider demonstrates reflective listening skills.	The frequency of reflective statements in balance with questions.
7. The provider uses reflections strategically.	The quality of the reflections - low quality reflections are inaccurate, lengthy, or unclear. High quality reflections are used to express empathy, develop discrepancy, reinforce change talk, reduce resistance, and generally strategically increase motivation.
8. The provider reinforces strengths and positive behavior change with affirmations/affirming reflections.	The provider affirms personal qualities or efforts made by the client that promote productive change or that the client might harness in future change efforts.
9. The provider uses summaries effectively.	Summaries are used to pull together points from two or more prior client statements. At least two different ideas must be conveyed, as opposed to two reflections of the same idea. Summaries are a way to express active listening and reflect back to the client the "story." Summaries are also used to structure the session as well as to guide clients in the direction of change.
10. The provider asks questions in an open-ended way.	An open question is one that allows a wide range of possible answers. Closed ended questions may be answered with a one word response. Multiple choice questions are considered open particularly with clients who struggle with open and more abstract questions.
11. The provider solicits feedback from client.	The provider asks clients for their response to information, recommendations, feedback, etc. This is analogous to the Ask-Tell-Ask or Elicit-Provide-Elicit strategy in Motivational Interviewing.
12. Provider manages counter change talk/ sustain talk and discord.	The provider responds to discord and sustain talk (i.e., counter change talk) either reflectively or strategically. Client may make statements against change either directly about the target behaviors, about engaging in the treatment program or discord in the relationship. Discord refers to tension between the client and provider (wrestling).

Main Intervention Components

Session Outline For Healthy Choices Intervention

HEALTHY CHOICES
SESSION 1

1. **Engaging: Introductions** (5 minutes)
   a. Confidentiality and audio taping
   b. Deliver opening statement describing the purpose of the sessions, highlighting client choice about any change

2. **Engaging: Elicit Client's View of Program** (5 Minutes)
   a. Elicit client's view of the proposed format and offer information when necessary with Ask-Tell-Ask
   b. Use open questions, reflections and summaries to build rapport and reinforce change talk
   c. Summarize discussion

3. **Focusing the Conversation on a Target Behavior** (5-10 minutes)
   a. Explain the potential target behaviors of focus (medication adherence or alcohol and other substance use) and ask which subject they would like to discuss first
   b. Elicit view of chosen target behavior (Open Questions & Reflections)
   c. Summarize client's view regarding target behavior

4. **Evoking: Strengthening Motivation** (5-10 minutes)
    a. Elicit permission and offer personalized feedback for chosen behavior (Ask-Tell-Ask-Reflect)
    b. Use strategies to elicit and reinforce change talk
    c. Summarize & ask the 'Key Question' ('where do you want to go from here?)
    d. Based upon client's readiness to change, use strategies to elicit change talk and move towards a commitment to engagement in sessions and/or to possible behavior change.

5. **Planning** (for engagement in future sessions and/or change) (10 minutes)
    a. Ask for permission to discuss a plan for next steps and offer choice of written or verbal. If no behavior change plan, consider change plan for continued attendance of sessions and/or maintenance of positive behaviors
    b. Continue to reinforce change talk and commitment language and listen for the re-emergence of ambivalence
    c. Provide information/menu of options if needed
    d. Develop if-then plans to address possible barriers
    e. Summarize

6. **Final Summary and Final Tasks** (5 minutes)
    a. Summarize what has transpired in first session
    b. Copy change plan and offer original change plan and feedback form to client

HEALTHY CHOICES
SESSION 2

1. **Engagement** (5 minutes)
    a. Welcome, opening statement highlighting change talk from session 1
    b. A review of change plan from session 1

2. **Focusing** (5 minutes)
    a. Agenda setting in collaboration with client, introduce 2nd target behavior
    b. Elicit client perspective on second target behavior (Open Questions and Reflections) and develop a focus for the session
    c. Reinforce naturally occurring change talk
    d. Focus discussion on links between behaviors as appropriate
    e. Summarize client's view re: target behavior

3. **Evoking: Strengthening Motivation to Change** (10 minutes)
    a. Deliver personalized feedback for 2nd behavior with permission
    b. If relevant and with permission, provide information about the general connection between adherence and substance use for most people and elicit client perspective on how this relates to them
    c. Based upon client's readiness to change, use strategies to elicit change talk and move towards a commitment to continued engagement in sessions and/or to possible behavior change.

4. **Planning** (for continued engagement in sessions, change, and/or maintenance of positive behaviors) (10 minutes)
    a. Ask for permission to discuss a plan for next steps and offer choice of written or verbal. If no behavior change plan, consider change plan for continued attendance of sessions and/or maintenance of positive behaviors
    b. Continue to reinforce change talk and commitment language and listen for the re-emergence of ambivalence
    c. Provide information/menu of options if needed
    d. Develop if-then plans to address possible barriers
    e. Summarize

5. **Summary and Final Tasks** (5 minutes)
    a. Summarize what has transpired over the previous two sessions
    b. Remind client there will be a break before sessions resume
    c. Copy change plan and offer original change plan and feedback form to client

Sessions 1 and 2 are ideally one week apart. Sessions 3 and 4 are ideally one month apart (weeks 6 to 8 for session 3 and weeks 10 to 12 for session 4). Unlike Sessions 1 and 2, the final two sessions do not have as much structure. Instead, the focus is on using MI skills to either continue to build motivation for change or to reinforce changes, revise the change plan as needed, connect the youth to follow-up services in the clinic or community, and discuss termination and maintenance of changes.

In general, the two sessions follow the outline below:

Engaging

- Welcome and opening statement
- A review of change plan from earlier sessions
- Elicit information about current target behaviors
- Reflect and affirm change attempts

  SUMMARIZE

Focusing

- Focus on one or both target behaviors
- Focus on maintenance of any changes
- Focus on any new client concerns

  SUMMARIZE

Evoking

- Elicit change talk and reinforce change talk and commitment
- Use strategies to evoke confidence such as reviewing past success, past strengths, identifying social support
- Connecting values and goals

  SUMMARIZE

Planning

- Discuss revising change plan (if necessary)
- Include linkage to other clinic and other services as part of the plan
- Confirm if-then plans

  FINAL SUMMARY

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