# Motivational Interviewing for HIV Clinicians: Supporting Behavior Change

## What is Motivational interviewing?

Motivational Interviewing (MI) is a conversation style to help people constructively talk about reducing health risks and changing behavior. MI is designed to enhance the patient's own motivation to change using strategies that are empathic and non-confrontational. Originally developed by William Miller, Steven Rollnick, and colleagues, they describe how "MI is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion."[1] The guiding helping style of MI draws out the patient's own strengths and desires to help them make changes to improve their health.

## How can Motivational Interviewing be helpful for HIV/AIDS treatment providers?

A multitude of interacting and interrelated factors result in diminished motivation and desire to successfully engage in behavior change for people living with HIV/AIDS (PLWHA) and individuals experiencing difficulties as a result of substance use disorders (SUD). One important aspect of effective treatment is retaining patients in care. Retention is important as research shows that individuals who are able to be retained in care have lower mortality and high viral suppression.[2] Based on this criteria, the Centers for Disease Control found that, in 2014, only 66% of PLWH were appropriately and adequately linked to care with only 37% of individuals retained in care and on antiretroviral therapy (ART).[3]

When patients are treated with respect and given opportunities to ask questions and get questions answered, the patient is more likely to feel that they are a part of a collaborative treatment team and be more likely to remain in care.[3]

## What is the evidence for using Motivational Interviewing?

MI has demonstrated efficacy for a number of targeted health behaviors, including medication adherence and reductions in risk behaviors associated with long-term or chronic illnesses including substance use disorders and HIV.[4] The recommended practice is to integrate MI with other evidence-based practices, but MI has been shown to be effective as a standalone intervention in promoting behavior change independent of gender, age (above 15) and across socioeconomic statuses or race/ethnicities.[5] Specifically, MI has demonstrated improvements in CD4 counts and medication adherence among co-occurring alcohol use population in as little as eight sessions.[6]

## The Spirit of Motivational Interviewing Facilitates Engagement, Retention, and Behavior Change

The four components of spirit of MI are essential to support retention and behavior change. This spirit includes four components: acceptance, compassion, partnership, and evocation.[1]

- **Acceptance**. One major facilitator to engaging individuals is ensuring they are treated with respect. Acceptance means being willing to listen and empathize with the patient. Acceptance of the patient's readiness to change is also very important to adjust your strategies to effectively support behavior change.
- **Partnership** involves embracing a collaborative approach to the conversation with the patient to respect their autonomy. Partnership acknowledges that the patient ultimately gets to choose what they are willing to do. The goal is to guide patients to make their own choices and take ownership of their health. A key aspect of MI that is important for working with patients of color is to emphasize autonomy and self-determination.[7]

- **Compassion** involves genuinely believing the patient can be successful in accomplishing his or her own goals.
- **Evocation** is the process of drawing out the patient's experiences. The provider should evoke the individual's goals, their reasons for change, and ultimately evoke how they would like to make this change.

**The MI Skills Help Facilitate a Conversation to Evoke Change**

While embracing the spirit of MI, the core skills that help facilitate these change-focused conversations are **Open-ended questions, Affirmations, Reflective Listening, and Summaries**. We call these skills the **"O.A.R.S."**

- **Open-ended questions** are questions that do not typically lead to a one word answer. We want to use these questions strategically to evoke reasons for change and resolve ambivalence.
- **Affirmations** highlight the patient's strengths, skills, or efforts they are making. It provides positive reinforcement to instill hope and persistence.
- **Reflections** repeat back an individual's statements. Reflections help to demonstrate empathy and compassion. Reflections can also highlight ambivalence and reasons to change.
- **Summaries** help to remind the individual of key portions of the conversations and can be used to link different ideas together.

Ultimately, MI is a conversation style rather than a structured intervention. By embracing the spirit of MI and utilizing the "O.A.R.S.," the goal is to have collaborative conversation to resolve ambivalence towards change.[1] Change originates when an individual is provided an opportunity to consider their own motivations within an atmosphere of compassion and acceptance. Because of its wide array of applications, there are opportunities to incorporate MI across the HIV care continuum: engagement, retention, and viral suppression.

**References**


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*This fact sheet was prepared and reviewed by: Grant Hovik, MA and Beth Rutkowski, MPH – Pacific Southwest Addiction Technology Transfer Center/UCLA Integrated Substance Abuse Programs; and Maya Talisa Gil-Cantu, MPH, Sandra Cuevas, and Tom Donohoe, MBA – Pacific AIDS Education and Training Center/Charles Drew University of Medicine and Science/UCLA Department of Family Medicine.*