

Motivational Interviewing in HIV Counseling and Testing

A Basic Training Manual for Community-Based Organizations



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June 2018

Adapted from Motivational Interviewing Training New Trainers Manual, MINT.
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We also owe the success of this study to Mr. Martin Choo, the General Manager of KLASS, who has been very supportive in the implementation of MI in their existing case management intervention for MSM population.

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Abbreviations

CERiA	Centre of Excellence for Research in AIDS
CMS	Case management specialist*
HIV	Human Immunodeficiency Virus
MI	Motivational Interviewing
MINT	Motivational Interviewing Training New Trainers Manual
MSM	Men who have sex with men
PWUD	People who use drugs
SW	Sex workers
TG	Transgender women
VCT	Voluntary counseling and testing for HIV
OARS	Open-ended questions, Affirming, Reflection, Summarizing

*In the report, the term 'case management specialist' and 'case worker' are used interchangeably

Introduction

Objectives

The main objective of this manual is to provide a simplified and practical guide to community partners who are interested to introduce the Brief Intervention using Motivational Interviewing (MI) approach in their existing programs for high risk populations. This manual has been used to train peer case workers for a World Bank-funded study which aims to increase HIV testing uptake and retention in men who have sex with men (MSM). The manual was culturally and linguistically adapted from “Motivational Interviewing Training New Trainers Manual, MINT”, published by Attribution-ShareAlike 4.0 International (CC BY-SA 4.0) <http://creativecommons.org/licenses/by-sa/4.0/> in 2014. This manual is not intended to replace the comprehensive MINT manual of MI but was developed with the aim of providing community-friendly guidance for community-based organizations to introduce and incorporate the basic principles of MI in their programs.

Why Motivational Interviewing?

MI is a directive, client-centered counseling method developed from experience of alcohol and drug addiction treatment. Listed as one of the best interventions by the US Centers of Disease Control and Prevention, MI has been proven to elicit behavioral change by helping clients to explore and resolve ambivalence across many clinical and non-clinical settings. Previous studies have shown that MI increases uptake of HIV testing and improves health outcomes among high risk populations who struggle with adherence to antiretroviral treatment, depression and risky sexual behaviours.¹⁻⁹ Particularly, in a randomized controlled trial, participants who received MI were twice as likely to undergo HIV counseling and testing compared to the those in the control group (49% versus 20%, $\chi^2=17.94$, $p<0.001$). In March 2017, the Centre of Excellence for Research in AIDS (CERiA) of Faculty of Medicine, University Malaya, embarked on a study to introduce and evaluate an MI approach into the existing HIV case management program or MSM in Malaysia. In this study, a total of 112 participants received the brief intervention using MI principles. After the brief intervention, 87 (77.7%) agreed and underwent HIV testing. Participants took a short survey before and after the brief intervention with MI. All specific concerns prior to HIV testing were significantly reduced after the brief intervention. At the post-MI survey, a majority of the participants (90%) agreed that they were satisfied with the MI intervention while 27% felt that they were being lectured and 9% felt pressured in the conversation. Furthermore, case workers from KLASS reported high levels of satisfaction in delivering MI as it helps build trust and rapport with their clients.

Formal training on MI by international organizations such as the Motivational Interviewing Network of Trainers (MINT) is costly and is designed for individuals with medical backgrounds such as doctors, nurses, psychiatrists, public health practitioners and epidemiologists. Together with members of the Department of Primary Care Research Group from the Faculty of Medicine, University of Malaya, the research team adapted the MINT training resources to create a simplified MI manual to train case workers using peer

facilitators. The manual has been further revised for the use of community partners and can be applied with other key populations such as Sex Workers (SW), Transgender women (TG) and people who use drugs (PWUD). This manual is designed for MI-trained case workers to train other case workers on the basic skills of MI. The activities included in the manual can be conducted in any private room with sufficient space for group activities.

The Manual Structure

The manual is structured with hand-outs and notes for both trainees (from page 9 to page 17) and facilitators (from page 18 to page 26). It consists of eight main activities with each activity designed based on MI principles and skills. The activities are designed to be interactive among trainees and facilitators, and use role play methodology to increase trainees' ability to learn and practice an MI approach with confidence. This manual highly recommends that for this training, the ratio of trainees to facilitators is 2:1 and participants should include not more than eight trainees to allow more time for role play activity to maximize the learning process. The recommended duration of the training session is 2.5 to 3 hours. For the convenience of the community partners, this manual has been prepared in English and the local language (Bahasa Malaysia) as many peer case workers are more comfortable communicating in the local language.

Monitoring and Evaluation

At the end of this manual, we have also included a sample flow chart of how MI can be incorporated into the existing interventions (Appendix I). However, this is only for reference and partners' organizations are encouraged to adapt and modify them to suit the current local setting. To ensure quality of MI delivery, we have suggested a list of qualitative indicators to be captured and this has been included in a simplified form for peer case workers for documentation and reporting. This will be very useful for monitoring and evaluation of the intervention. We would also recommend, if possible, that the MI session is conducted in a quiet and closed room where clients feel secure and comfortable to express their concerns. MI can be time-consuming for a person who has just learned it. In fact, the central idea of MI is to resolve ambivalence about HIV testing from the client's perspective. A client may be at the "pre-contemplation" stage and may not be ready for HIV testing and the counselor should not persuade clients to undergo testing. Instead, MI will first help case workers establish relationship with clients by creating trust and empathy for clients' needs.

Additional information

For further reading about MI, you may refer to books and online materials we have listed at the end of this manual. Several limitations of MI should be noted. First, MI is effective when the clients are in the "contemplation" stage of behavioral change. If the clients are in a "pre-contemplation" stage, it may take multiple counseling sessions before a client resolves ambivalence and affirms his/her motivation to go for HIV testing. Second, MI is an individual-level intervention and it does not address the barriers of HIV testing at the community and societal level, such as the stigma of HIV. Lastly, other individual factors such as drug addiction, lack of knowledge or empowerment may reduce the client's motivation to get HIV tested.

Trainee Section

ACTIVITY 1

Icebreaker

Group activity

1. Please could each person introduce themselves by giving their first name, and telling us something about themselves that nobody here knows. *(Something you are willing to reveal!)*
2. Why did we do this activity?
3. Did we learn anything surprising? Why were we surprised? Was it interesting?

What is your take home message?



ACTIVITY 2

Introduction to your practice

Activity in pairs

1. **A** interviews **B** about their work as a Case Management Specialist (CMS) for three minutes.
 - a. *What are you good at or comfortable with when you work as a CMS?*
 - b. *What tasks are you less comfortable with in your work as a CMS?*
 - c. *What do you hope to do better after this training?*
2. Then **A** summarizes what **B** has said in 30-60 seconds.
3. Then reverse roles.

What did it feel like to be interviewed?



Was there anything the interviewer did that made it easier to talk about this topic?



ACTIVITY 3

Non-verbal listening

Activity in pairs

1. **A** talks for 3-4 minutes on one of the following:
 - a. *What it was like growing up in my home*
 - b. *The good and not-so-good things about my years at secondary school*
 - c. *How I came to be doing this work*
 - d. *What I hope to do in the next ten years*
 - e. *Describe one of your parents or someone close to you*
 - f. *Ways in which I have changed over the years*

2. **B** listens, says nothing, not even “Uh-uh”, but shows non-verbally that he/she is listening.



It is useful to be aware of the importance and value of nonverbal (“passive”) listening skills.

ACTIVITY 4

Relating MI processes to personal experience

Activity in pairs

1. A is the 'client' and will talk to B.

Client **A**, think of a behavior you would like to change or think you should change: something you are considering but have not changed yet, something you are uncertain or ambivalent about; e.g. from the list below (obviously something you are willing to talk about).

- Always wear seat belt
- Never speak or text on handphone while driving
- Exercise for 30 mins 3 times per week
- Stop nagging partner/housemates about tidiness at home
- Not eating in front of the television
- Eat less fatty food (e.g. nasi lemak)
- Quit smoking
- Spend less time on Facebook/Twitter
- Drink less alcohol

2. B is the 'counselor': Your task is to persuade A to make this change:

- a. Explain why **A** should make this change
- b. Emphasize at least three benefits of the change
- c. Explain why it is important, perhaps tell **A** the dangers of not making the change
- d. Tell **A** how to make this change
- e. If **A** resists your arguments, go back over the steps above



How did **A** feel?



Persuasion (Negative Practice) is not what we are trying to learn. This exercise will help you to realize what persuasion feels like.

ACTIVITY 5

Taste of MI

By way of contrast, maybe in fresh pairs.

1. **A** the 'client', thinks of a behavior to change as above.
2. **B** the 'counselor', does not try to persuade **A** to make this change, does not give advice, but asks four questions and listens carefully to the answers

These are some of the examples of questions used in MI

- *Why do you want to change this?*
- *If you did decide to make this change, how would you do it in order to succeed?*
- *What three reasons would be most important for you?*
- *How important is this change for you, on a scale of 0-10 where 0 is not at all important and 10 is extremely important?*

3. Then **B** gives **A** a summary of A's motivation for this change.
4. **B** asks **A** a final question, "What do you think you will do?"



How did **A** feel?

ACTIVITY 6

Introduction to OARS*

Watch a YouTube video

Link: https://www.youtube.com/watch?v=_KNIPGV7Xyg



Based on the video presentation just now, which one do you think is more effective in changing the patient's behavior?



What skills did the counselor use?



*Open-ended questions, Affirming, Reflection, Summarizing

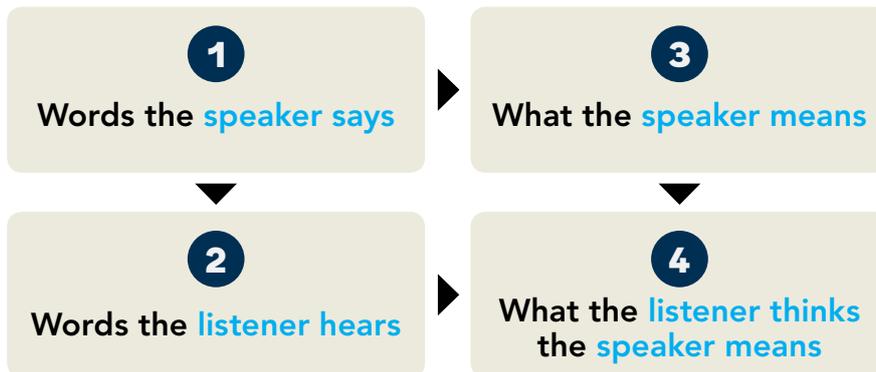
ACTIVITY 7

OARS* practice: Reflecting

Exercise in group of three

1. **A** says one sentence about themselves: "One thing I like about myself is that..."
2. **B** **C** asks a question about meaning: "Do you mean...?"
3. **A** can only answer "Yes" or "No" (may feel frustrated)
4. **B** **C** tries another question about meaning
5. When they seem to have exhausted the topic, rotate **A** **B** **C**

THOMAS GORDON MODEL OF LISTENING



Communication can go wrong because:

- a. The speaker does not say exactly what is meant
- b. The listener does not hear the words correctly
- c. The listener gives a different interpretation to what the words mean



The purpose of reflection is to make sure No. 4 matches with No. 2

*Open-ended questions, Affirming, Reflection, Summarizing

ACTIVITY 8

OARS* practice: Affirmations

Group activity

1. Affirming strengths of clients

This is a group activity. You need a flip chart.

- a. Think of a client you like.
 - State a characteristic of the client > flip chart.
 - What strength underlies this?
 - Compose an affirmation statement you could say to the client.
- b. Think of a client you find difficult. Repeat the process above.

Debrief



How can we see strengths in difficult clients? List strengths of clients. What do clients do to survive or thrive in difficult circumstances?

2. Personal compliments

Think of a time someone paid you a compliment.

What made it particularly meaningful for you?

*Open-ended questions, Affirming, Reflection, Summarizing

Facilitator Section

ACTIVITY 1**15 mins**

Icebreaker

Group activity

1. Please could each person introduce themselves by giving their first name, and telling us something about themselves that nobody here knows. (*Something you are willing to reveal!*)
2. Why did we do this activity?
3. Did we learn anything surprising? Why were we surprised? Was it interesting?

The point is: we tend to make assumptions about people. Part of MI is not to make assumptions, but to be curious, wanting to find out about clients.



This is a fun way to begin introductions and to teach one part of MI:

- remaining **CURIOUS**
- making **NO ASSUMPTIONS**

ACTIVITY 2



15 mins

Introduction to your practice

Activity in pairs

1. **A** interviews **B** about their work as a CMS for three minutes.
 - a. What are you good at or comfortable with when you work as a CMS?
 - b. What tasks are you less comfortable with in your work as a CMS?
 - c. What do you hope to do better after this training?
2. Then **A** summarizes what **B** has said in 30-60 seconds.
3. Then reverse roles.

Debrief

- What did it feel like to be interviewed?
- Was there anything the interviewer did that made it easier to talk about this topic?



Responses could be written on board or flip chart and linked to principles of MI.
What have you learned of MI principles from the first session that can be applied here?



This exercise is a way to learn more about each other and interactivity. It also focuses attention on what aspects of conversation facilitated exchange.

ACTIVITY 3**15 mins**

Non-verbal listening

Activity in pairs

1. **A** talks for 3-4 minutes on one of the following:
 - a. *What it was like growing up in my home*
 - b. *The good and not-so-good things about my years at secondary school*
 - c. *How I came to be doing this work*
 - d. *What I hope to do in the next ten years*
 - e. *Describe one of your parents or someone close to you*
 - f. *Ways in which I have changed over the years*
2. **B** listens, says nothing, not even "Uh-uh", but shows non-verbally that he/she is listening.

Debrief

What was this experience like for the speakers? For the listeners?



Ask listeners to indicate the kinds of things they might have said had it been permitted. The experience is often a mixture of pleasure and frustration, who would like interaction.



It is useful to be aware of the importance and value of nonverbal ("passive") listening skills.

BREAK

ACTIVITY 4 **30 mins**

Personalizing

Activity in pairs

1. A is the 'client' and will talk to B.

Client **A**, think of a behavior you would like to change or think you should change: something you are considering but have not changed yet, something you are uncertain or ambivalent about; e.g. from the list below (obviously something you are willing to talk about).

- Always wear seat belt
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2. B is the 'counselor': Your task is to persuade A to make this change:

- a. Explain why **A** should make this change
- b. Emphasize at least three benefits of the change
- c. Explain why it is important, perhaps tell **A** the dangers of not making the change
- d. Tell **A** how to make this change
- e. If **A** resists your arguments, go back over the steps above

**Debrief**How did **A** feel?

Persuasion (Negative Practice) is not what we are trying to learn. This exercise will help you to realize what persuasion feels like.

ACTIVITY 5
 **30 mins**

Taste of MI

By way of contrast, maybe in fresh pairs.

1. **A** the 'client', thinks of a behavior to change as above.
2. **B** the 'counselor', does not try to persuade **A** to make this change, does not give advice, but asks four questions and listens carefully to the answers

These are some of the examples of questions used in MI

- *Why do you want to change this?*
- *If you did decide to make this change, how would you do it in order to succeed?*
- *What three reasons would be most important for you?*
- *How important is this change for you, on a scale of 0-10 where 0 is not at all important and 10 is extremely important?*

3. Then **B** gives **A** a summary of A's motivation for this change.
4. **B** asks **A** a final question, "What do you think you will do?"



Debrief

How did **A** feel?

Persuasion & Confrontation

Reactance theory (Brehm 1966)



- *for every force pushing in one direction, there will be a counter-force moving people away from this position*
- *the counter force will be strongest when a negated position (or behavior) is perceived as important and as comprising a free behavior*



MI Definition

A person-centered, goal-oriented counseling method for helping people to change by working through ambivalence.

BREAK

ACTIVITY 6

 20 mins

Introduction to OARS*

Watch a YouTube video

Link: https://www.youtube.com/watch?v=_KNIPGV7Xyg



Purpose of this video presentation is to show participants a sample of how MI is conducted by using OARS skills. Also, to help participants to identify OARS skills in the video.

*Open-ended questions, Affirming, Reflection, Summarizing

ACTIVITY 7

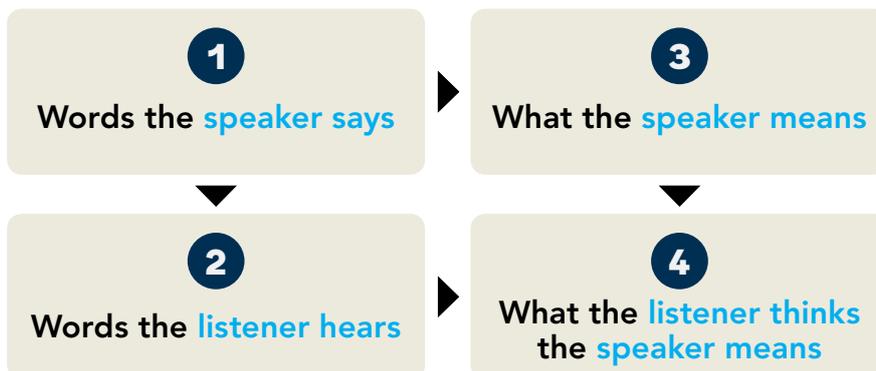
 20 mins

OARS* practice: Reflecting

Exercise in group of three

1. **A** says one sentence about themselves: "One thing I like about myself is that..."
2. **B** **C** asks a question about meaning: "Do you mean...?"
3. **A** can only answer "Yes" or "No" (may feel frustrated)
4. **B** **C** tries another question about meaning
5. When they seem to have exhausted the topic, rotate **A** **B** **C**

THOMAS GORDON MODEL OF LISTENING



Communication can go wrong because:

- a. The speaker does not say exactly what is meant
- b. The listener does not hear the words correctly
- c. The listener gives a different interpretation to what the words mean



The purpose of reflection is to make sure No. 4 matches with No. 2

Debrief

What did the participants learn?

Highlight how many different meanings a seemingly simple statement can have (the no of "yes") as well as the fact that many early guesses are wrong, which also happens during good reflective listening.



Common themes during debriefing

Satisfaction: The speaker felt good, understood

Frustration: It is frustrating to only be able to say "yes" or "no" because the speaker wants to say more

Fascination: It's amazing how easy it is to miss, and how things can be interpreted in many different ways

*Open-ended questions, Affirming, Reflection, Summarizing

ACTIVITY 8

(Optional)

OARS* practice: Affirmations

Group activity

1. Affirming strengths of clients

This is a group activity. You need a flip chart.

- a. Think of a client you like.
 - State a characteristic of the client > flip chart.
 - What strength underlies this?
 - Compose an affirmation statement you could say to the client.
- b. Think of a client you find difficult. Repeat the process above.

Debrief



How can we see strengths in difficult clients? List strengths of clients. What do clients do to survive or thrive in difficult circumstances?

2. Personal compliments

Think of a time someone paid you a compliment.

What made it particularly meaningful for you?



People have trouble offering affirmations, especially to their more 'difficult' clients. This exercise assist in shifting perspective and practice.

*Open-ended questions, Affirming, Reflection, Summarizing

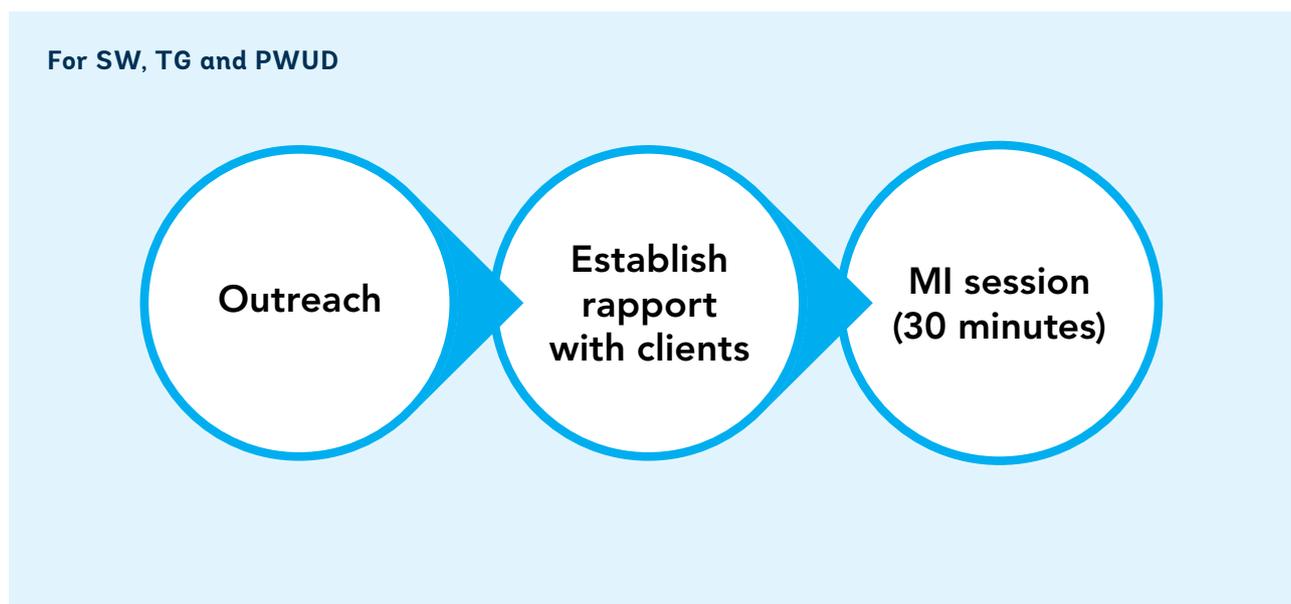
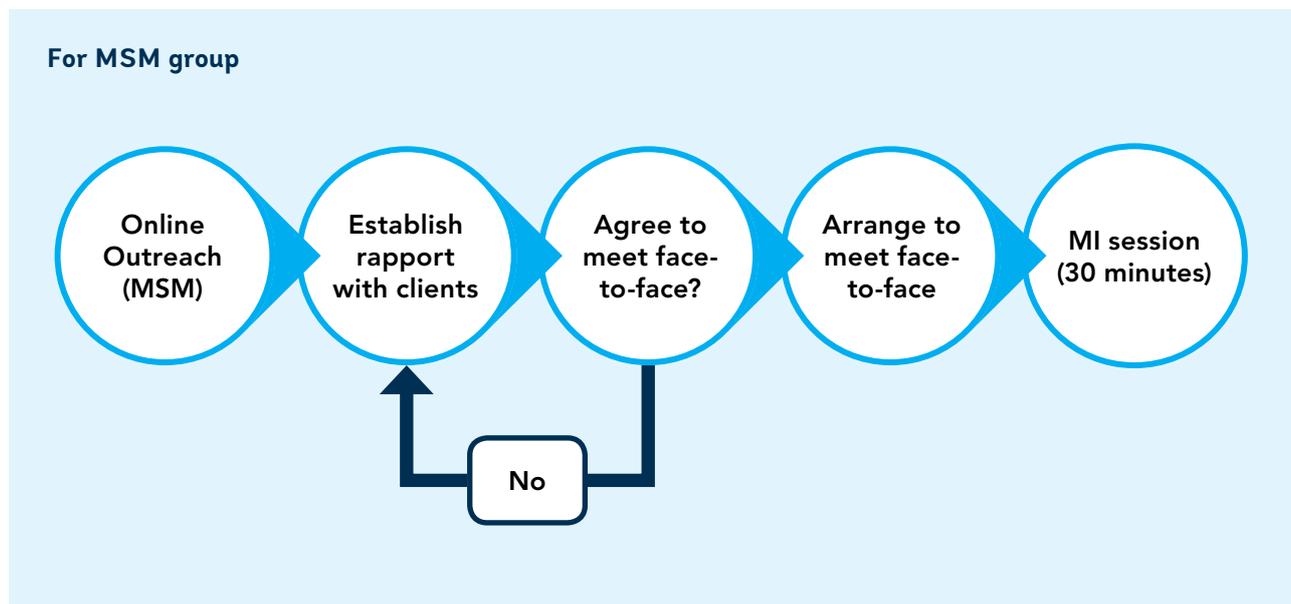
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Appendix

Appendix I: Flow chart of motivational interviewing

Before MI session (Phase 1)

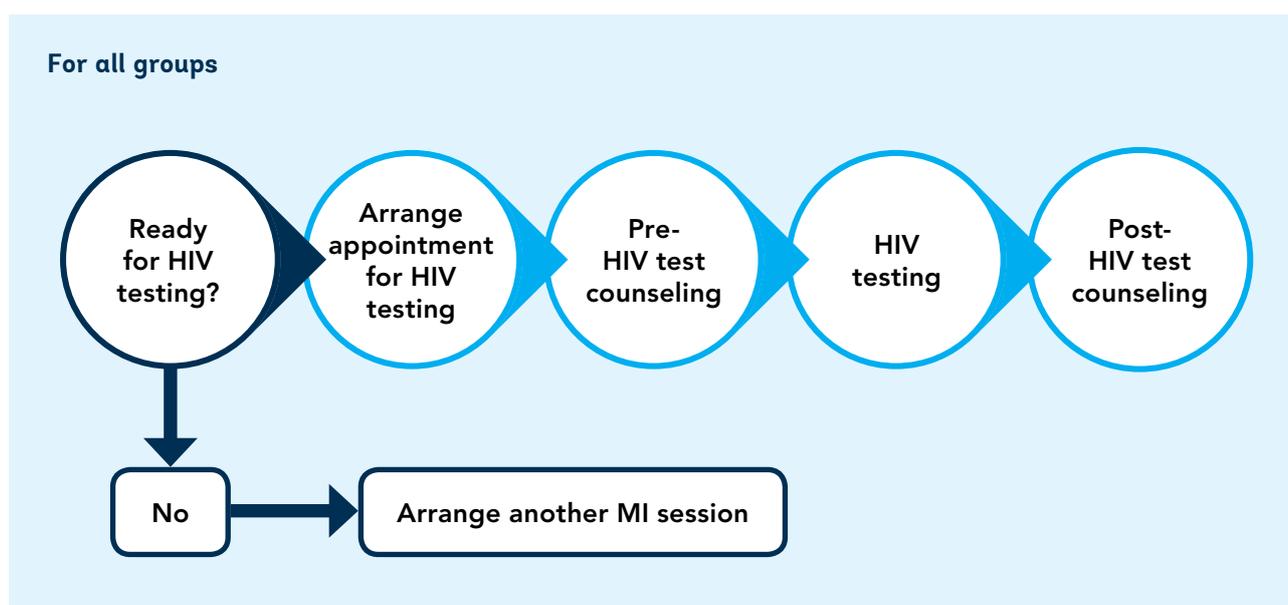


During MI Session (Phase 2)

Motivational Interviewing Self-Reflection for Case Workers

- Do I listen more than I talk? Or am I talking more than I listen?
- Do I keep myself sensitive and open to this person's issue, whatever they may be? Or am I talking about what I think the problem is?
- Do I invite this person to talk about and explore his/her own ideas for change? Or am I jumping to conclusions and possible solutions?
- Do I encourage this person to talk about his/her reasons for not changing? Or am I forcing him/her to talk only about change?
- Do I ask permission to give my feedback? Or am I presuming that my ideas are what he/she really needs to hear?
- Do I reassure this person that ambivalence to change is normal? Or am I telling him/her to take action and push ahead for a solution?
- Do I help this person identify successes and challenges from his/her past and relate them to the present change effort? Or am I encouraging him/her to ignore or get stuck on old stories?
- Do I seek to understand this person? Or am I spending a lot of time trying to convince him/her to understand me and my ideas?
- Do I remind myself that this person is capable of making his/her own choices? Or am I assuming he/she is not capable of making good choices?

After MI session (Phase 3)



Appendix II: Motivational interviewing indicators for VCT

Case Worker Name: _____

Client Code: _____ Date: _____

1. Describe the client's physical appearance or emotion.

2. What is the client's stage of change?

- Precontemplation
- Contemplation
- Preparation
- Action

3. What is the main concern of the client (which may or may not be related to HIV testing)?

4. Can the client identify the benefit of HIV testing and the risk of not testing for HIV?

- Yes No

If Yes, please provide details:

Advantages of HIV testing	Risks of not testing for HIV

5. In your opinion, what is the client's motivation for HIV testing?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

6. If client does not agree to test for HIV, provide date of follow-up call (after 3 days)

Appendix III: Further reading on motivational interviewing

1. Miller, W. R., & Rollnick, S. (2014). Motivational Interviewing Training New Trainers Manual. http://www.motivationalinterviewing.org/sites/default/files/tnt_manual_2014_d10_20150205.pdf
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