

### IN TIMES OF AN EXISTING NEW NORMAL

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### First 3 Words Do You See...

G G R S Ν н W D н Q R G О 0 Μ S BR С О О G F

## WORLDVIEW PERSPECTIVE

"I often make the mistake of thinking that something that is obvious to me is just as obvious to everyone else." ~Chimamanda Ngozi Adichie







This is my year



A CHECK-IN WITH US...



# Poll Question

What/Who is helping you continue your fight as a SuperHero in your community?





If you don't love yourself, it's impossible for you to love others. You can't give away what you don't have.

Joyce Meyer

www.idlehearts.com

# Breakout Activity

In Groups of 4-5 participants:

Introduce yourself (name, location of where you reside, and health dept/agency affiliated with)

What have been challenges to client/community engagement pre-COVID?

What are current challenges to client/community engagement during COVID?

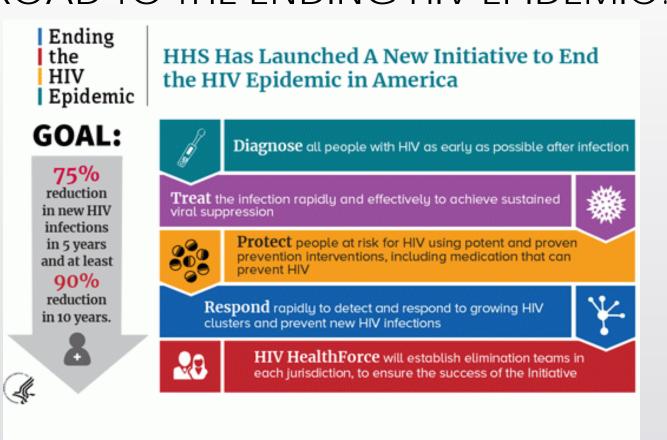
What are you doing to elicit support in navigating challenges w/ client/community engagement?



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- Explore opportunities to leverage relationship dynamics between DIS providers and focused communities within the current new norm of COVID and virtual shift;
- 2. Identify MI techniques that are responsive individual/community cultural norms;
- Discuss natural motivations and values that supports individuals overcoming ambivalence toward engaging in HIV care and prevention services; and
- 4. Demonstrate empathetic, supportive, and directive approach for behavior change to occur.

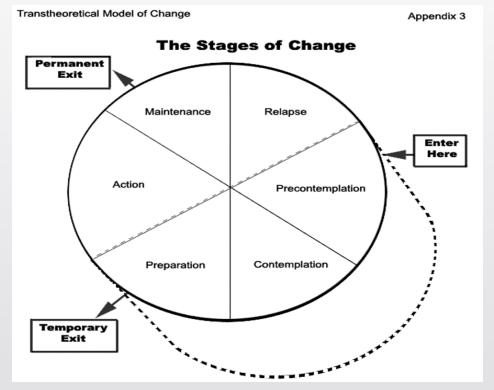
## THE ROAD TO THE ENDING HIV EPIDEMIC...



# WHAT DOES THAT LOOK LIKE for US as DIS PROVIDERS?



## AND THE WAY WE SUPPORT IS A PROCESS...



Prochaska & Di Clemente: Transtheoretical Model of Behavior Change

## PEOPLE FIRST, MUST...

IDENTIFY WHAT'S NEEDED TO CHANGE/IDEAL SELF

IDENTIFY WHAT IS WORKING AGAINST THE NEED TO CHANGE/THE IDEAL SELF

REFLECT ON WHAT MOTIVATES THE DESIRE TO CHANGE

CONSIDER WHAT ENHANCES THE CONFIDENCE TO CHANGE

DECIDE, GIVE IT A TRY & DOING IT

DUST OFF & TRY AGAIN (THAT'S OKAY!)



## MOTIVATIONAL INTERVIEWING...

A collaborative conversation with the aim of understanding and empowering an individual's motivation for change. Its principles and strategies may be used to help the dynamics between providers and focused populations; helping providers' feel more confident when supporting an individual through an engagement of care, including addressing life challenges and barriers.

### U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

# PEOPLE HAVE GOOD INTENTIONS W/ LIMITED CAPACITY...

**SO RATHER THAN ASKING:** Why is someone not motivated to change?

**ASK:** What motivates someone's willingness to change?

Less Assuming, More Asking...

## BECAUSE...

• Willing: The importance of Change

• Able: Confidence for Change

• Ready: A Matter of Priorities



## SUPPORTING AROUND AMBIVALENCE

Ambivalence ...is not always noncommitment. It is sometimes a part of the process of change.

OURIMRECOVERY

concurrent and conflicting attitudes or feelings toward an action.

It's a natural human process...

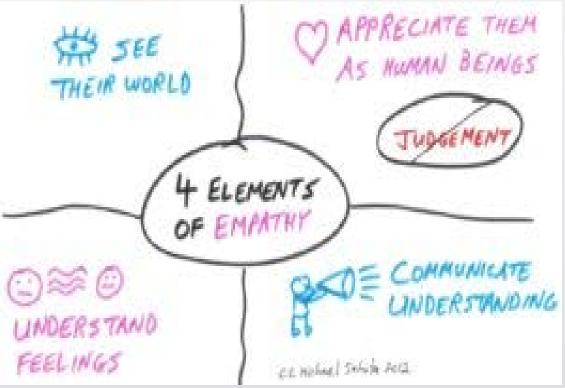
## Utilizing the 4 MI Principles...



## EXPRESS EMPATHY

Empathy relays compassion and understanding and it involves seeing the world through the client/individual eyes.

Expressing empathy is important because when a client/indvidual feels understood, they are more likely to share and engage in the process of examining their behaviors



## DEVELOP DISCREPANCY

Pros.

Cons

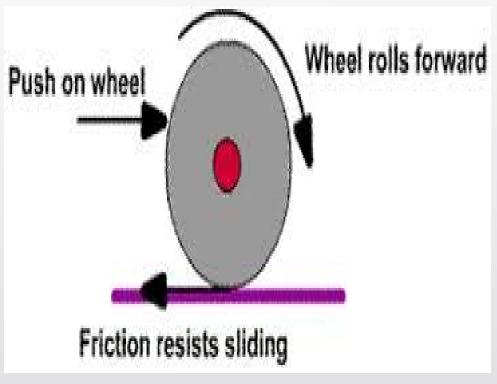
Clarify important goals for the client/individual.	Change	
Create and amplify in the client/individual's mind a discrepancy between their current behavior and their life goals	No Change	

## ROLL WITH RESISTANCE

"Rolling with Resistance" is a key technique which recognizes that simply attacking or confronting someone directly does not always work - it may drive people deeper into their shell or lead them to be highly defensive or confrontational themself.

### Resistance is normal

http://www.waystationinc.org/MotiveInter/03-0600.htm



### SUPPORT SELF-EFFICACY

Self-efficacy is the belief we have in our abilities and competencies.

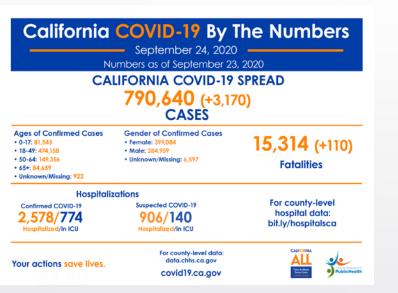
Instill hope in your client/patient by highlighting that there is no "right way" to change.

Help a client/patient develop a belief that he or she can make a change

Explore barriers that may be contributing to low confidence in making a change.

Self-efficacy sources of Information







### California Unemployment Rate







At least 30 percent of people in every metropolitan statistical area (MSA) cannot afford local rents; that share is 60 percent in some areas

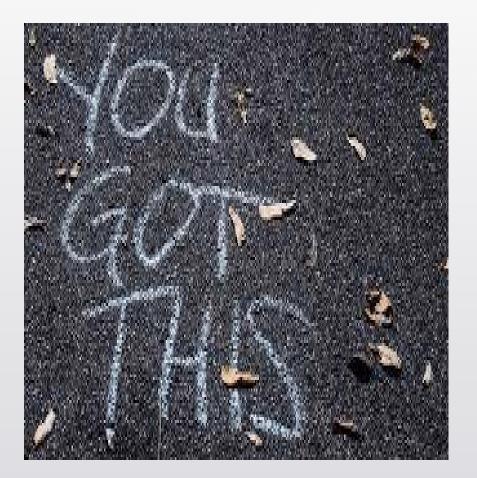
Households in MSA unable to afford rent





1 Number of households in MSA unable to afford the local cost of rent, as a share of the total number of households in MSA. NOTE: Shaded regions represent 98% of state population; unshaded regions represent 2% of state population and lacked sufficient data for analysis.

## THE USE OF OARS...





Miller and Rolinick, 2012

### OPEN QUESTIONS



- Open questions invite others to "tell their story" in their own words without leading themin a specific direction. Open questions should be used often in conversation but not exclusively. Of course, when asking open questions, you must be willing to listen to the person's response.
- Example: What do you think you will lose if you give up \_\_\_?

https://www.homelesshub.ca/resource/motivational-interviewingopen-questions-affirmation-reflective-listening-and-summary

### **AFFIRMATIONS**



- Affirmations are important supportive statements to help clients/patients increase their confidence in their ability to change. These statements are intended to make the client/patient feel supported by the practitioner, regardless of the status of their behavioral changes and attempts to change.
- Example: "You're a strong person, a real survivor."

https://sbirt.publichealthcloud.com/resources/images/MI%20Strategy %20-%20Affirmations.pdf

### REFLECTIONS

### Why reflect?

- Reflective Listening deepens our understanding
   of the person
- Demonstrates active listening, empathy and MI Spirit
- Keeps the person focused on change which
   results in a higher likelihood of change occurring
   Minconorce exclusion
- Reflections are defined as statements of understanding (Miller & Rollnick, 2103). Utilizing reflections and reflective listening involves the practitioner listening to the patient's statements and the provider then making a statement that is a reasonable guess at the meaning of what the client has said (Miller & Rollnick, 2013: Rosengren, 2009).
- Can assist in eliciting change talk.

https://sbirt.publichealthcloud.com/resources/images/MI%20Strategy %20-%20Affirmations.pdf

### SUMMARIES



- Reflections that pull together bigger pieces of meaning.
- Build an affirmative story about them and their goals.
- Ask "what else?" to check for more of their story.
- Use a linking summary to connect the past and future.
- Use a transitional summary to segue to the next thing.
- Good summaries help clients see their forest for their trees.

- Summaries are special applications of reflective listening. They can be used throughout a conversation but are particularly helpful at transition points. To ensure that there is clear communication between the speaker and listener.
- Example: Here is what I've heard. Tell me if I've missed anything...

https://www.homelesshub.ca/resource/motivational-interviewing-open-questions-affirmation-reflective-listening-and-summary#:~:text=Summaries%20are%20special%20applications%20of,encounter%20is%20nearing%20an%20end.

### AS PROVIDERS, Lister WE HAVE TO BE Colla WILLING TO... Evoc



Listen Collaboration Evocation Autonomy



EVERYONE HAS A STORY AND WANT THEIR STORY HEARD...IT HELPS TO PROVIDE A SENSE OF BELONGING TO AND VALIDATION.

AND AS PROVIDERS WE CAN BE THEIR CHAMPIONS...

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## BREAKOUT ACTIVITY!

- In groups of four: client, provider, monitor, & observer
- Client opens up with, "One thing in my life (or about myself) that I would like to change..." This instruction is to start with a topic about which the person already has some desire to change, and therefore soliciting change talk should be both easier and natural.
- The provider's task is to use OARS to evoke change talk (e.g. desire, ability, reasons, need, important, confidence, and commitment to change).
- Observer will look for how the provider uses OARS, eliciting change-talk from the client.
- Monitor will observe the time, that each role plan is no longer than 3mins and 1min for debrief.
- Debrief and rotate roles
- Continue until each member of the group has had an opportunity to play each role.



- Motivation elicited from the client, not imposed from without
- Client's task, not the counselor's, to articulate + resolve ambivalence
- Persuasion is not an effective method for resolving ambivalence
- Readiness to change not a client trait, but a fluctuating product of interpersonal interaction
- The therapeutic relationship is a partnership rather than expert/recipient roles



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