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# Overcoming Ambivalence with Motivational Interviewing



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California Prevention Training Center  
June 30, 2021

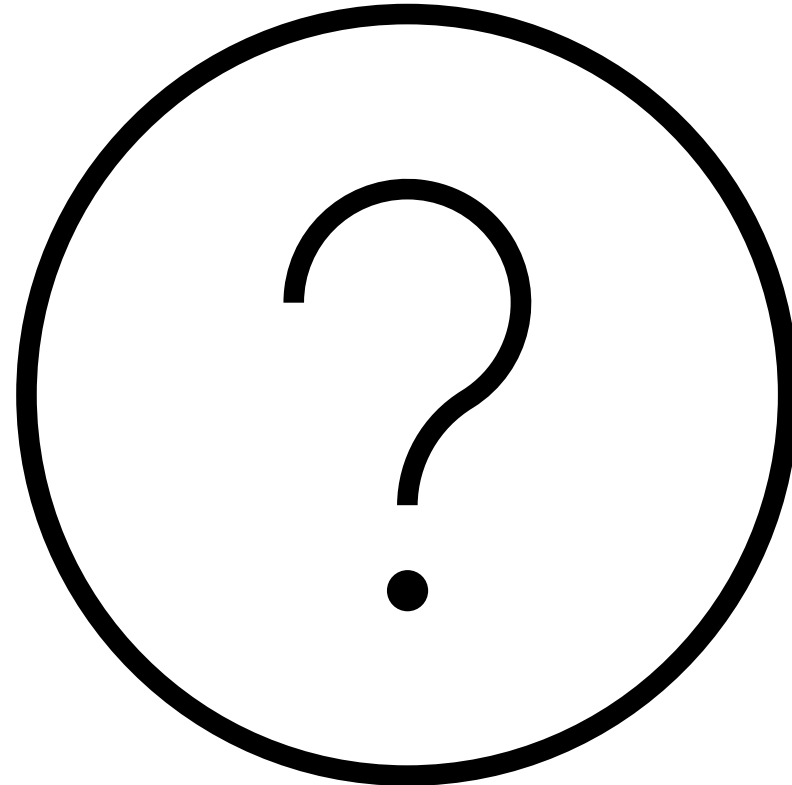
# Learning Objectives

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1. Understanding of Motivational Interviewing and the “Spirit of MI”
2. Listening for Ambivalence (Change Talk vs. Sustain Talk)
3. Utilize MI skills to help clients recognize and move beyond ambivalence.

# Poll Question 1

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# Until There's A Cure Bracelet

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The bracelet was created in 1993 by two mothers who were concerned about the effects of HIV/AIDS on their children. The Foundation was the first non-profit to create and sell a bracelet to raise money for a cause.

# Poll Question 2

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# Something You Tried to Change - activity

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## In breakout groups of 3 share:

- 1 thing that you've tried to change that is really important to you? (going to back school, exercising, starting a family, weight loss, leaving a relationship etc.)
- Were you able to or unable to make the change? And was it difficult or easy.
- You have 2 mins per person (7 mins total)

# Why is Change Hard?

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# Ambivalence

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**Ambivalence** is a state of mind in which a person has co-existing but conflicting feelings about something.

It is a fundamental and **NORMAL** part of the change process.

**AMBIVALENCE**

DEFINITELY/MAYBE

STAY/GO

LOVE/HATE

YES/NO



# Our Goal is to Help Clients Recognize their Ambivalence GAP

When what they say is not what they do

Things which are important to them

Taking PrEP, reducing HIV risk, enjoying sexual intimacy without the fear of HIV transmission or acquisition, long-term monogamous relationship.

**GAP**

Current behaviors or choices which don't support their goal

Sex with partner(s) of unknown status, un-barriered sex, not taking PrEP as prescribed, unaware of actual risk factors or behaviors

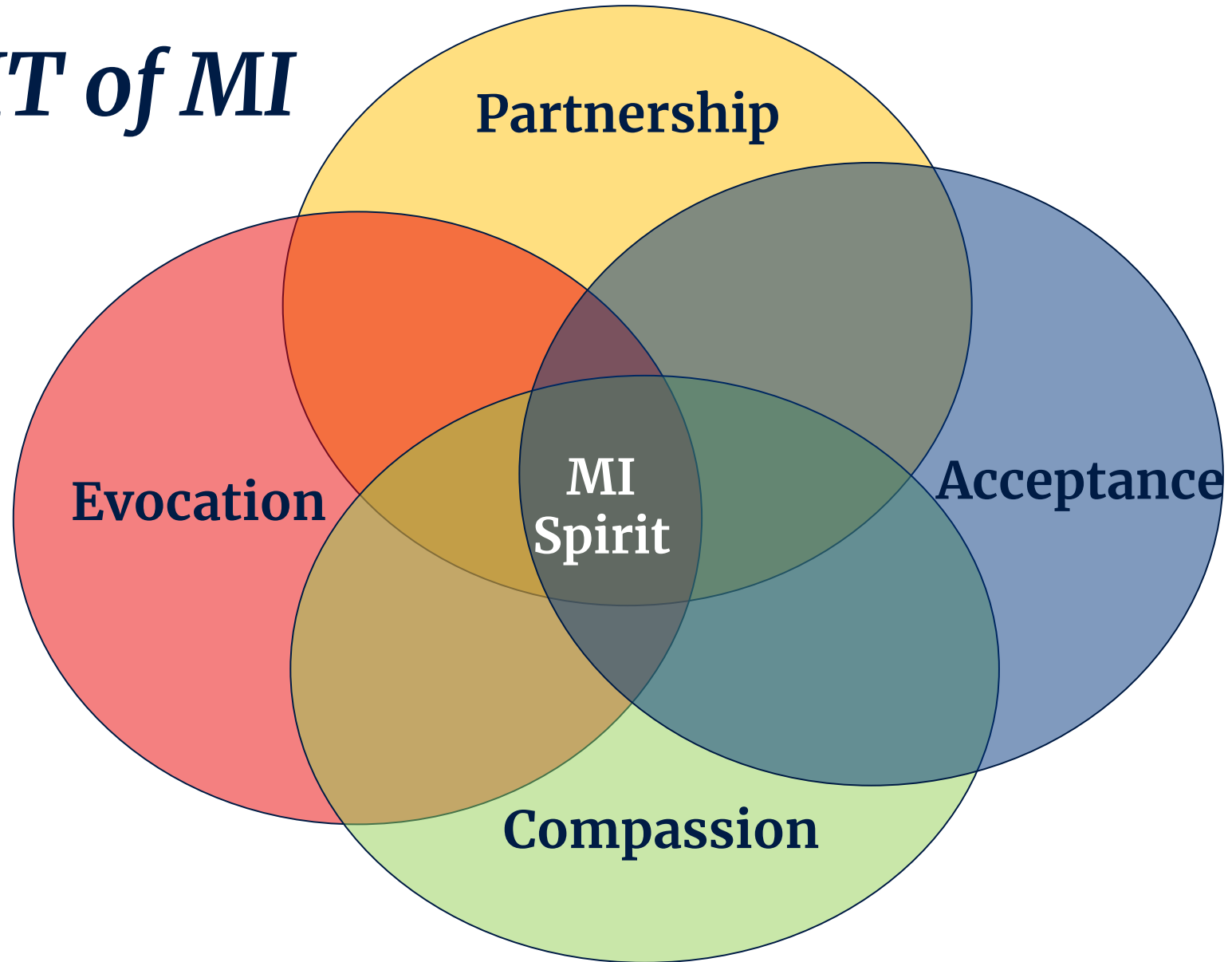
***Change happens when a client recognizes the **GAP** between present behavior and what they want.***

# Motivational Interviewing

Motivational interviewing is a counseling method that helps people resolve ambivalent feelings and insecurities to find the internal motivation they need to change their behavior. It is a practical, empathetic, and short-term process that takes into consideration how difficult it is to make life changes.

# *The SPIRIT of MI*

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# Spirit of MI in dialog form

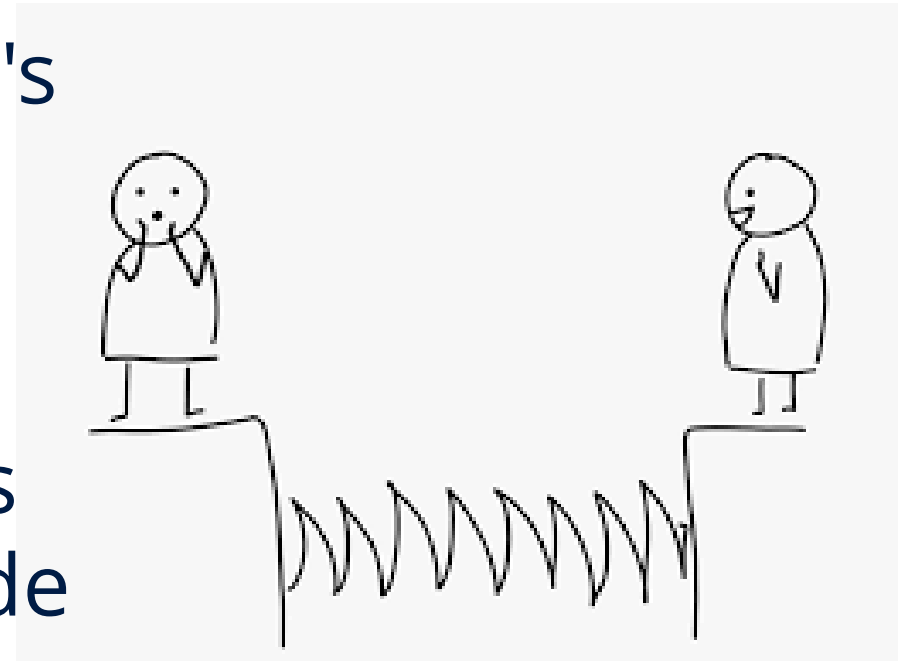
I'd like to help you (***Compassion***) and talk this through with you; (***Partnership***) you are a valuable person, and I will refrain from judging you (***Acceptance***) instead, I'd like to listen and find out what you think will work well for you to accommodate change (***Evocation***).



June 30, 2021

# Developing Discrepancy

Building awareness and creating a gap in the difference between one's current behavior and a desired different outcome or behavior. It seeks to, with respect and compassion, highlight the person's behaviors in front of them to decide what, if anything, to do about them.

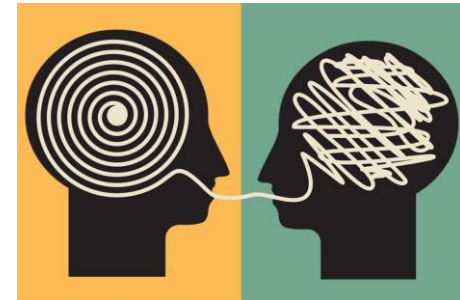


# Change Talk vs. Sustain

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**Change talk** refers to clients' statements about their desire, ability, reasons and need for **change**, whereas commitment language represents a more assertive declaration about commitment/actions to **change**.

- *"I need to do something about my risk of HIV"*
- *"I suppose I could try to use condoms more"*



**Sustain talk** represents the other side of a person's ambivalence about changing. It can be an expression of the client's desire for the way things are, feeling unable to change, having reasons for keeping things the same or needing to keep things the way they are.

- *"I don't think I'm ready to take meds everyday"*
- *"...but I've always tested negative"*

# Listen for Change Talk

<b>Desire</b>	I want/wish/prefer to
<b>Ability</b>	I can, could, able, possible
<b>Reason</b>	Why do it? What would be good?
<b>Need</b>	Important, have to, matter, got to
<b>Commitment</b>	I will/ am going to – signals behavior change

# Asking for Permission

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When we start an MI conversation, it's important that we ask the client's permission - to start a conversation, follow-up on something the client has said or to share information. It communicates respect for clients. Also, clients are more likely to discuss changing when asked, than when being lectured or being told to change

## Examples of Asking Permission:

"Do you mind if we talk about [insert behavior]?"

"Can we talk a bit about your [insert behavior]?"

"May I share some additional information about ...?"

"It's okay if I follow-up with something you said about....?"





# OARS APPROACH TO MOTIVATIONAL INTERVIEWING



OPEN-ENDED QUESTIONS



AFFIRMATION



REFLECTION



SUMMARIZING

# Filiberto

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Filiberto is a 19-year-old Latinx gay male and although he has tested negative three times within the last 9 months, he doesn't see himself at risk." He has learned about PrEP, but he doesn't think he could take it everyday. He also is afraid that his family will learn that he is gay if they see him taking it. He has three buddies that he has sex with regularly but has never discussed HIV status with either of them. He is aware that his buddies have other sexual partners besides him, which is the reason he tests frequently.

# Using Change Rulers - Filiberto

## IMPORTANCE

On a scale of 1-10, how important is it for you to \_\_\_\_\_?



## CONFIDENCE

On a scale of 1-10, how confident are you that you can do it?



*“What makes you a 5 instead of a 3 or 4?”*

*“What would it take for you to go from a 5 to a 7?”*

# Miguel

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Miguel is a 48-year-old gay man. His partner, Vincent is 52-year-old and has been living with HIV for 30 years. Miguel and Vincent have been in a monogamous relationship for the last 7 years. Vincent has been recently pressuring Miguel to have condomless sex. Miguel has always used condoms with all his partners regardless of their HIV status. He remembers the earlier days of HIV and doesn't take any chances when it comes to protecting himself. He wants to please his partner and doesn't want to lose him.

# Decisional Balance Sheet - Miguel

<b>Benefits of NOT Changing</b>	<b>Benefits of Changing</b>
<ul style="list-style-type: none"> <li>• Doesn't have to deal with his perceived risk of HIV.</li> <li>• Maintains his strategy of using condoms</li> <li>• May not have to live in fear of being exposed to HIV</li> <li>• Wouldn't have to take meds daily</li> </ul>	<ul style="list-style-type: none"> <li>• Partner wouldn't pressure him about condomless sex</li> <li>• He would please his partner</li> <li>• May not have to worry about HIV if he was on PrEP</li> </ul>
<b>Costs of Changing</b>	<b>Costs of NOT Changing</b>
<ul style="list-style-type: none"> <li>• Might put himself at risk for HIV</li> <li>• perceived risk of HIV.</li> <li>• Would stop using condom during sex</li> <li>• Wouldn't learn about other prevention methods other than condoms</li> </ul>	<ul style="list-style-type: none"> <li>• His partner may continue to pressure him about condomless sex.</li> <li>• He would not be pleasing his partner</li> <li>• There may be repercussions with his relationship</li> </ul>

- End with positives -> right hand side
- Could be an ongoing list

# Cecilia

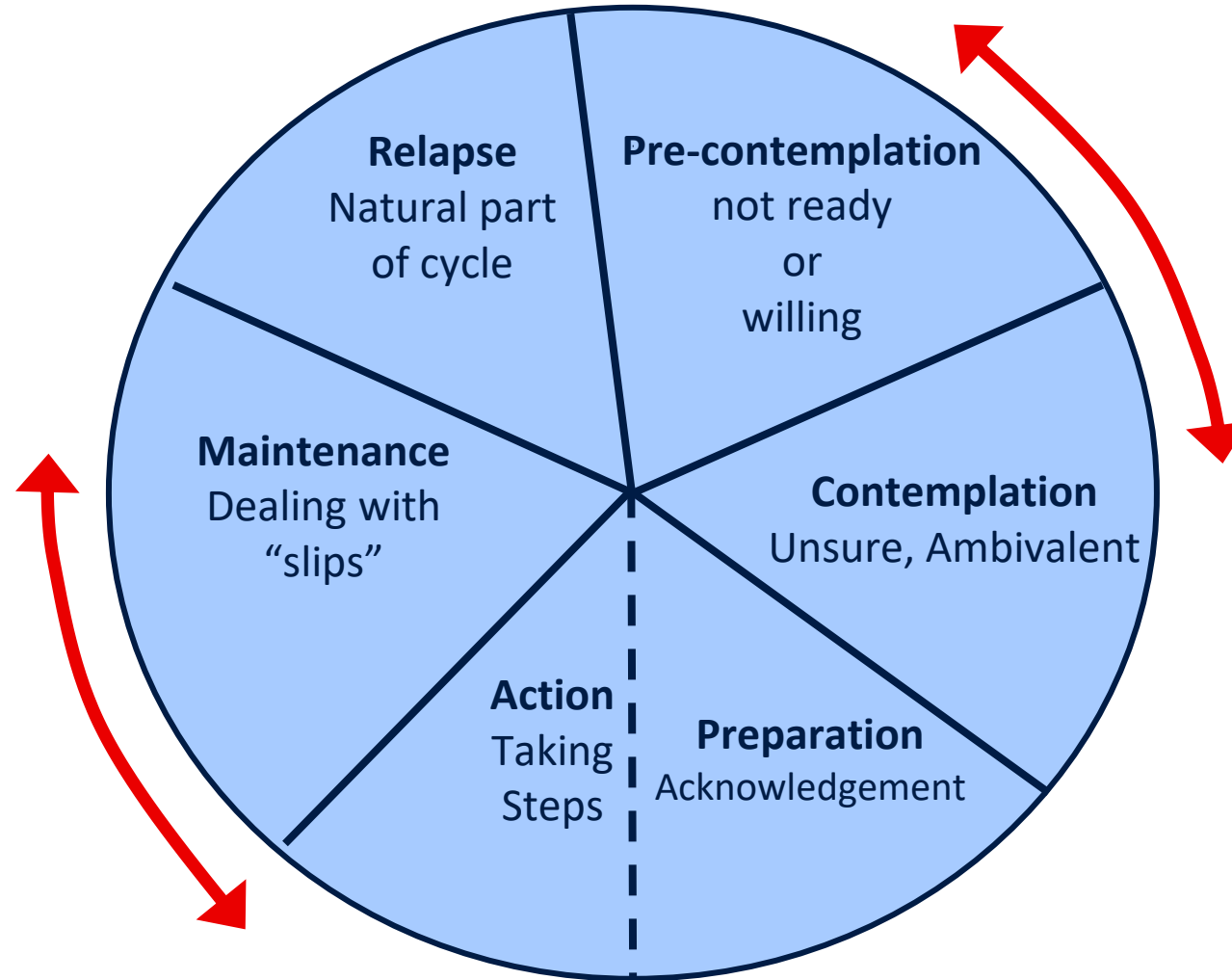
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Cecilia is a 34-year-old Latinx transwoman. She has come to your organization seeking PrEP after experiencing a recent HIV exposure, which she had promised herself would never happen again.

When she gets to the front desk the staff person tells Cecilia about an MSM PrEP program that she would be eligible for.

When you come out to the reception area to greet her you see that she has gone, you ask the front desk person about her who responds, “he left, and I don’t know why”

# Stage of Change - Cecilia



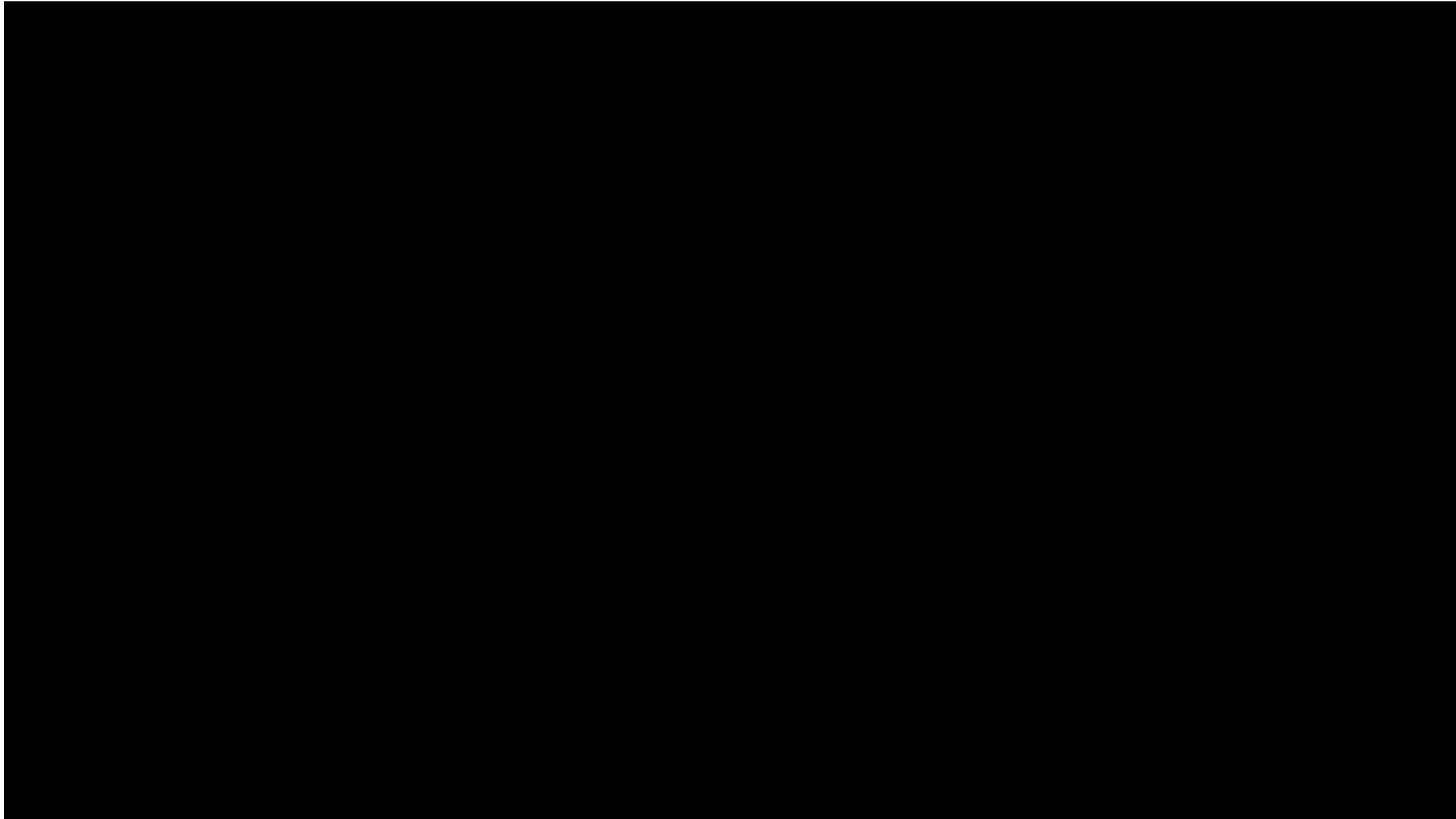
Prochaska & DiClemente

# MI Philosophy

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*... When a client seems unmotivated to change or to take the sound advice of the provider, it is often assumed that there is something the matter with the client and that there is not much one can do about it. These assumptions are usually false. No person is completely unmotivated.*





# Bringing It All Together

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- Ambivalence is a normal part of the change process. Change happens by resolving ambivalence.
- Resist the “righting reflex” The urge to “fix” the client.
- Understanding your client’s reasons for change are most important because they will most likely trigger behavior change.
- Empower your client convey hope around the possibility of change and support patients’ choice and autonomy regarding their change goals.

# Thank you!

For your time and participation!



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