



Texas/Oklahoma
AIDS Education & Training Center

Condoms are NOT the Only Answer

Successful Prevention Through Motivational Interviewing

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Objectives

- **Explain the Three Levels of Prevention**
- **Understand the Transtheoretical Model of Change**
- **Discuss how Motivational Interviewing results in Client-Centered change using S.M.A.R.T Steps**
- **Review Tips & Techniques to Increase Client Trust and Rapport**



Objective 1

Explain the Three Levels of Prevention



Levels of Prevention

- 1940s – Three Levels Described for First Time
 - Originated in Academic Schools of Public Health
 - Jointly Published by Harvard & Columbia University
 - Initial Terms: **Primary, Secondary, Tertiary**
- 1970s – Levels Expanded and Modified
 - New: **Prevention, Treatment, Rehabilitation**



Levels of Prevention – Level 1

- Initially “**Primary**” but also “**Prevention**”
- **Stop** the Condition from Developing at All
 - **Eliminate** the Agent of the Condition
 - Hand Washing
 - Increase **Resistance** to the Agent
 - Immunizations
- Two Main Methods Used
 - Health Promotion
 - Good Nutrition
 - Specific Protection
 - Condom Use



Levels of Prevention – Level 2

- Initially “**Secondary**” but also “**Treatment**”
- Detect **Existing** and **Asymptomatic** Conditions
 - Slow or Stop **Progression** of Symptoms
Breast Self Exam
 - Primarily deals with **Latent** conditions
Prostate Exam
- Two Main Goals
 - Early Diagnosis and Prompt Treatment
Antibiotics for Syphilis
 - Limit Potential Disability or Future Complications
Follow-Up Eye Exams



Levels of Prevention – Level 3

- Initially “**Tertiary**” but also “**Rehabilitation**”
- Reduce **Impact** of Symptomatic Conditions
 - **Focuses** on Mental, Physical, & Social Rehabilitation
Professional Therapy
 - **Maximize** Remaining Functions and Capabilities
Bathtub Seat or Bars
- Three Main **Goals**
 - Preventing Pain and/or Further Damage
 - Halting Progression and/or Complications
 - Restoring as much Health and Function as Possible



Levels of Prevention

- Disease Prevention Occurs at **ALL** Three Levels
- **Primary:** **HALT** Condition **BEFORE** It Happens
- **Secondary:** **FIND** / **TREAT** the Asymptomatic Patient
- **Tertiary:** **REDUCE** Issues & **MAXIMIZE** Function



Levels of Prevention

- Prevention is **NOT** “One Size Fits ALL”
- Must Address **Client’s** Needs and Motivation
- Two Ways to Address a Topic
 - “**Abstinence Only**” Approach
 - Client advised to stop any and all detrimental behavior
 - “**Harm Reduction**” Approach
 - Client focuses attention on most serious behavior(s) first



Objective 2

Understand the Transtheoretical
Model of Change



Transtheoretical Model of Change

- Known as the “Stages of Behavioral Change”
- Uses Several Theories of Psychotherapy
- Changes Occur through a Series of Phases
- Maximizing Success requires Two Steps
 1. Assessing the **Readiness** to Act on a New Behavior
 2. Providing Strategies to Guide **Adoption** of the Change



Transtheoretical Model of Change

- **Phase 1 – Precontemplation (Denial)**
 - Unaware of Need for Change
 - No Intention to Initiate Change in Next 6 Months
 - *Encourage Tracking of Decisions and Consequences*



Transtheoretical Model of Change

- **Phase 2 – Contemplation (Getting Ready)**
 - Aware of Need to Change but Ambivalent
 - Intend to Initiate in Next 6 Months but Keep Delaying
 - *Provide Success Stories and Encourage Small Steps*



Transtheoretical Model of Change

- **Phase 3 – Preparation (Ready)**
 - Ready to Initiate Change within the Next 30 Days
 - Have Started Taking Small Concrete Steps
 - *Support Efforts and Assist in Preparation*



Transtheoretical Model of Change

■ Phase 4 – Action

- Behavior Change Initiated and Progressing
- Continue to Strengthen Resolve and Commitment
- *Emphasize the Benefits and Avoiding Temptation*



Transtheoretical Model of Change

▪ **Phase 5 – Maintenance**

- Change in Place for at least 6 Months
- Stressful Situations may Cause Regression
- *Encourage Healthy Ways to Reduce Stress*



Transtheoretical Model of Change

■ Phase 6 – Relapse

- Can Occur for Multiple Reasons or Triggers
- Common Issues include Stress, Social Cues
- Emphasize that Change has **NOT** Failed
- Will Re-Enter at **ANY** Phase in the Model



Objective 3

Discuss how

Motivational Interviewing results in

Client-Centered change using

S.M.A.R.T. Steps



Motivational Interview: Basic Concepts

- **Semi-Directed** Counseling Technique
- **Client-Centered** Therapy
- Focuses on **Current** Behavior
- Explores and Resolves **Ambivalence**
- **Avoids** Judgment and Confrontation
- **Provides** Support as Client Works to Change



Motivational Interview: Skills Used

- **Express Empathy**
 - *See the Issue as the Client Perceives It*

- **Develop Discrepancy**
 - *Identify and Explore Internal Barriers to Change*

- **Roll with Resistance**
 - *Recognize and Accept Reluctance to Change*

- **Support Self-Efficacy**
 - *Support Every Effort to Change no Matter How Minor*



Motivational Interview: Strategies Used

- **Counseling Strategies Employed**

- **Use Reflective Listening Techniques**

- “**Why** don’t you **tell me more** about...”

- “What I am **hearing you** say...”

- **Summarize and Confirm Understanding of Issue**

- **Paraphrase** Import Aspects of the Conversation

- Extremely Important to Ask for **Corrections** and **Input**



Motivational Interview: Skills Used

- **Counseling Strategies Employed**
 - **Asking Open-Ended Questions**
 - **CANNOT** be answered by a simple “Yes” or “No”
 - “**HOW did...**” or “**WHEN were...**” or “**WHAT was...**”
 - **Affirm and Support All Attempts to Change**
 - **Reinforce** Examples of Good Decision-Making
 - **Explore** Without Judgment what led to Poor Choices



Motivational Interview: Summary

- **PARAPHRASE** and Go Over the Session
- Confirm Your **UNDERSTANDING** of the Issues
- **HIGHLIGHT** the Primary Topics and Concerns
- Support what the **CLIENT** decides to change



Motivational Interview: Goal Setting

S.M.A.R.T. Method

- **Acronym for criteria to guide a change in an action**
- **Originally published in 1981 by *Management Review***
 - **Intended to help corporations manage company goals better**
 - **Discussed the importance of setting *realistic* objectives**
- **Basic Concepts now Applied to Multiple Professions**
 - **DSHS Prevention Programs use SMART Steps with Clients**
 - **Parkland Employee Goals are Evaluated using SMART**
- **Aims to Create *Achievable* Objectives and Goals**



S.M.A.R.T. Method Criteria

- **SPECIFIC**
 - Targeted Area for Improvement to Occur

- **MEASURABLE**
 - Identify an Indicator which can be Quantified

- **ACHIEVABLE**
 - Proposed Action can be Accomplished by Client



S.M.A.R.T. Method Criteria

■ **REALISTIC**

- **Proposed Action is Reasonable given Client Resources**

■ **TIMEFRAME**

- **Measurable Period for Taking the Action**

Changes Should ALWAYS Be S.M.A.R.T !!!
Remember to Address all 5 Criteria



S.M.A.R.T. Method Example

“The next three times I hook up with someone from an internet site, I will use a condom during anal sex.”

Letter	Criterion	Covered by Action Step
S	Specific	Yes - Use condom during anal sex
M	Measurable	Yes - Anal sex should result in a used condom
A	Achievable	<i>UNKNOWN - Plan does not address it</i>
R	Realistic	<i>UNKNOWN - Plan does not address it</i>
T	Timetable	Yes - Condoms or No Anal Sex After Next 3x



Objective 4

Review Tips & Techniques for
Increasing Client Trust and Rapport



Tip 1

Create a “Safe” Space for Talking

- **Introduce yourself**

- Verify Client Using Name and Date of Birth

- **State your Purpose/Role**

- Remind Client some Questions are Very Personal

- **Explain Confidentiality and HIPPA**

- Explain How Policy Works and Your Role



Tip 2

Encourage Open Communication

- **Identify Patient Concerns**

- “What brings you in for testing?”

- **Explore Comprehension of Disease**

- “Tell me, what do you know about HIV/ STI/ etc.”

- **Discuss Possible Social Risk Factors**

- “What have you done in the past that may....”



Tip 3

Actively Listen to Fears and Concerns

■ Partner/ Social Contact Elicitation

- “Who are you...”
- “What do you...”
- “Where do you meet...”

■ Risk Reduction

- “What are YOU willing to do to reduce your risk?”

CONDOMS ARE NOT ALWAYS THE ANSWER!!!!



Tip 4

Provide Excellent Customer Service

- **Know the Basics about Your Agency/Site**
 - **Address and Main Contact Information**
 - **Administrative Team and their Areas of Responsibility**

- **Understand your Role(s) in the Agency**
 - **Constantly Improve on Ones that are Stated**
 - **Clarify and Define Ones when that Situation Arises**



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Conclusions

- Prevention Efforts Occur at **Three** Levels
 - Each Level Addresses a Different Stage of Issues
- Change Progresses through Phases of Readiness
 - **Relapse** is one of these phases
- Motivational Interviewing works with the Client
 - Assesses **perception** of the issue
 - Identifies **support** structures and behavior **triggers**
 - Approaches change where **client** is willing to try
- Supports what the **CLIENT** decides to change
 - Clearly Document Plans with the **S.M.A.R.T** Method





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