**Dimension: Housing**

This Intervention is Linked to the Following Secondary Drivers:

- Welcoming and judgement-free clinic environment to clients experiencing housing insecurity
- Effective clinic flow to care and support clients experiencing housing insecurity, including access to case management, referrals and other support systems
- Client-centered and client-driven support systems in place to provide individual and peer-to-peer group support

**Level of Evidence:** Well-Defined Interventions with an evidence-base

**Summary:**

Motivational interviewing is a client-centered, directive therapeutic style to enhance readiness for change by helping clients explore and resolve ambivalence. An evolution of Rogers’s person-centered counseling approach, Motivational Interviewing elicits the client’s own motivations for change.

**Core Components**

Motivational Interviewing is a collaborative, goal-oriented style of communication with particular attention to the language of change. It 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 approach upholds four principles:

1. Expressing empathy and avoiding arguing
2. Developing discrepancy
3. Rolling with resistance
4. Supporting self-efficacy (client’s belief s/he can successfully make a change)

**Training on Motivational Interviewing**

While using the full range of Motivational Interviewing strategies, methods and tools requires intensive training and practice, all clinic staff interacting with patients can benefit from a relatively brief training to learn and implement a smaller, core set of Motivational Interviewing strategies.

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In one study\textsuperscript{2} involving a clinic serving adolescents, 9 hours of foundational motivational interview training for clinicians and 3 hours of foundational Motivational Interviewing training for other staff, improved patient outcomes.

Another study’s\textsuperscript{3} findings suggest that a two-day introductory course is effective in improving Motivational Interviewing knowledge, perception of the effectiveness of Motivational Interviewing, perception of behavior change, and likelihood of Motivational Interviewing use. The findings contributed sustainability recommendations to use Motivational Interviewing to promote ART adherence within a clinic setting.

It is critical to ensure that the clinic receives the right training(s), with the right dosage and the right trainer(s) for their specific context and planned use of Motivational Interviewing. Before holding a training on Motivational Interview, consider the following:

- What are we trying to accomplish (what are we hoping to improve by offering training for Motivational Interviewing? What are our desired results)?
- Who needs to be trained and for what specific purposes?
- How will we follow-up on this training and help staff embed what they have learned into their daily work?
- What changes at the clinic/organization are needed for Motivational Interviewing to take hold?
  - Changes to organization/clinic culture?
  - Changes to workflow?
  - Changes to documents (intake forms, screening tools, etc.)?
- Who will be the clinic “champion” to help ensure that patients benefit from this training?
- How will we know (measure) if Motivational Interviewing training has achieved its desired result(s)?

**Embedding Motivational Interviewing strategies, methods and tools in a Ryan White Clinic**

Many people think of Motivational Interviewing as a tool of clinicians. In addition, clinics can embed the core principles of Motivational Interviewing into all aspects of its work, including but not limited to:

- Intake, including intake form and how questions are asked
- The work of Peer Navigators, especially around engaging new patients and re-engaging patients who have disengaged
- Primary Care Provider conversations about ART and ART Adherence
- Patient reports, questionnaires and surveys

Training can help clinic staff understand Motivational Interviewing and help them see the benefits of this approach. But for Motivational Interviewing strategies, methods and tools to fully take hold, the clinic/organization needs cultivate a culture where this approach can thrive, provide ongoing training and support on the use of Motivational Interviewing and redesign its workflow and documents to fully align with this approach to care.


Tips and Tricks:

- While it may be helpful to have one or more experts on Motivational Interviewing, the clinic should consider providing foundational training on Motivational Interviewing to all staff who come in contact with patients. The amount (dosage) of training can vary based upon the position from 1-2 hours on up.
- It may be useful to design training and follow-up related to specific improvement work at the clinic. For example, if the clinic wants to improve how it has open and honest conversations about substance use, it might offer a general foundational training in Motivational Interviewing, followed by a working session on how clinic staff can embed what they have learned into their conversations with patients and their screening for substance use.

Additional Resources (Existing Guides, Case Studies, etc.):

- HRSA HIV/AIDS Bureau (HAB) Innovative Models of Care: Motivational Interviewing
- NMAC’s Motivational Interviewing and HIV: A Guide for Navigators
- SAMHSA/HRSA Center for Integrated Health Solutions’ Motivational Interviewing (2016)
- SAMHSA/HRSA Center for Integrated Health Solutions’ Motivational Interviewing for Better Health Outcomes (2011)
- Motivational Interviewing Knowledge and Attitudes Test (MIKAT)\(^4\)

Suggested Measures:

**Process Measures**

- % of clinic staffed trained (annually)
- % of clinic staff who are able to achieve a perfect score on the MIKAT (see above) or similar test of knowledge of Motivational Interviewing
- % of clinic staff that agree or strongly agree with the statement “I am able to apply the principles of Motivational Interviewing in my daily work”
- % of clinic staff that agree or strongly agree with the statement “the clinic makes it easy for me to apply Motivational Interviewing in my daily work”
- % of clinic staff that agree or strongly agree with the statement “our use of Motivational Interviewing translates into better health outcomes for patients.”

**Outcome Measures**

- % of patients that have not achieved viral suppression that demonstrated improved viral suppression rates within 6 months
- % of patients that achieve viral suppression (Percentage of patients with a HIV viral load less than 200 copies/ml at last viral load test during the measurement year)

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Citations and Acknowledgements:


