



National Network of
STD Clinical Prevention
Training Centers



2018 Updates on STD Management: Practical Approaches to the Most Common STD Clinic Patient Concerns

A Monthly Webinar Series

Webinars occur 12-1 pm EST
One Tuesday per month
January – November 2018

Learner Objectives

At the conclusion of this webinar series, participants should be able to:

- Accurately identify patients at risk for STIs and then test, diagnose, and treat according to CDC STD Treatment Guidelines.



Continuing Education Accreditation

This activity has been planned and implemented in accordance with the Essential Areas and the Policies of the Accreditation Council for Continuing Medical Education through the joint providership of the University of Alabama School of Medicine and the Sylvie Ratelle STD/HIV Prevention Training Center.

The University of Alabama School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for participants.

The University of Alabama designates this webinar for a maximum of 1.0 *AMA PRA Category 1 Credit*[™]. Participants should claim only the credit commensurate with the extent of their participation in the activity.

These credits are also applicable for registered nurses.



After Today's Webinar

- You will receive an auto-generated email from the National Network of STD Clinical Prevention Training Centers to complete a brief evaluation of today's presentation.
- Within that email, you will find instructions on how to register for and receive CME credits through the University of Alabama School of Medicine.
- Webinars will be archived and available for viewing at www.RatellePTC.org. CME credits will also be available for archived webinars.



Save The Dates: 2018 STD Webinar Schedule

Date	Title	Speaker(s)	Affiliations
Jan 16	Vaginitis: Bacterial Vaginosis, Yeast Vaginitis, Trichomoniasis	Katherine Hsu, MD, MPH	MDPH/Boston Univ. Med. Ctr.
Feb 20	Cervicitis/PID: Chlamydia, Gonorrhea, <i>M. genitalium</i>	Candice McNeil, MD, MPH	Wakeforest Univ.
Mar 20	Motivational Interviewing for STI/HIV Prevention	Thomas Creger, PhD, MPH	Univ. of Alabama at Birmingham
Apr 17	Pregnancy and STIs	Candice McNeil, MD, MPH	Wakeforest Univ.
May 15	Urethritis/Epididymitis/Proctitis: Gonorrhea, <i>M. genitalium</i> , and Lymphogranuloma Venereum	Candice McNeil, MD, MPH	Wakeforest Univ.
Jun 19	Clinician-Health Department Partnerships: Partner Management, Disease Reporting, Presumptive Treatment	Marjorie Kirsch, MD	FL DOH Wakulla County



Save The Dates: 2018 STD Webinar Schedule (cont'd)

Date	Title	Speaker(s)	Affiliations
Jul 17	Genital Lesions: HSV, HPV, Syphilis	Nicholas Van Wagoner, MD, PhD	Univ. of Alabama Sch. of Med.
Aug 21	Management of STI/HIV Coinfection	Katherine Hsu, MD, MPH	MDPH/Boston Univ. Med. Ctr.
Sept 11	Genital Dermatology	Nicholas Van Wagoner, MD, PhD	Univ. of Alabama Sch. of Med.
Oct 16	Approaches with Special Populations: Youth, GLBT	Katherine Hsu, MD, MPH and Nicholas Van Wagoner, MD, PhD	MDPH/Boston Univ. Med. Ctr. and Univ. of Alabama Sch. of Med.
Nov 13	Update on PrEP	Ulyee Choe, DO	FL DOH Pinellas County/Univ. of S. Florida College of Med.



Motivational Interviewing for STI/HIV Prevention: Helping Clients Change

Tom Creger, PhD, MPH

Alabama/North Carolina STD/HIV Prevention Training Center
University of Alabama at Birmingham

Disclosure:

I have nothing to disclose

LEARNING OBJECTIVES

Upon completion of this session, participants will be able to:

- Describe the stages of change
- Demonstrate methods to elicit change talk.
- Use a decisional balance and readiness ruler
- Begin using MI techniques in their practice

Motivational Interviewing

What It's Not

- A way of tricking people into doing what you want them to do
- A specific technique
- Problem solving or skills building
- Easy to learn
- A fix for every clinical challenge

Motivational Interviewing

“a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.”

- Client-centered means that it requires the client to take an active role
- Directive method indicates that the health professional takes the lead
- Enhancing intrinsic motivation to change, meaning the motivation that is internal and natural in the client
- By exploring and resolving ambivalence

Motivational Interviewing

“a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.”

- Motivational Interviewing is a style of counseling (a way of talking with the client); not an intervention
- It is the task of the client, not the provider, to articulate and/or resolve his/her ambivalence
- The provider's role is to facilitate the expression of ambivalence and guide the client toward an acceptable resolution that triggers change

AMBIVALENCE

“I’m so miserable without you,
it’s almost like you’re here.”

Billy Ray Cyrus, 1992

“People get stuck, not because they fail to appreciate the downside of their situation, but because they feel at least two ways about it.”

Miller and Rollnick, 2002

Stages of Change

Pre-contemplation	No intention to change in the next 6 months
Contemplation	Intend to make a change within the next 6 months
Preparation	Ready to take action within the next 30 days
Action	Have made changes in the past 6 months
Maintenance	Behavior change adopted more than 6 months ago

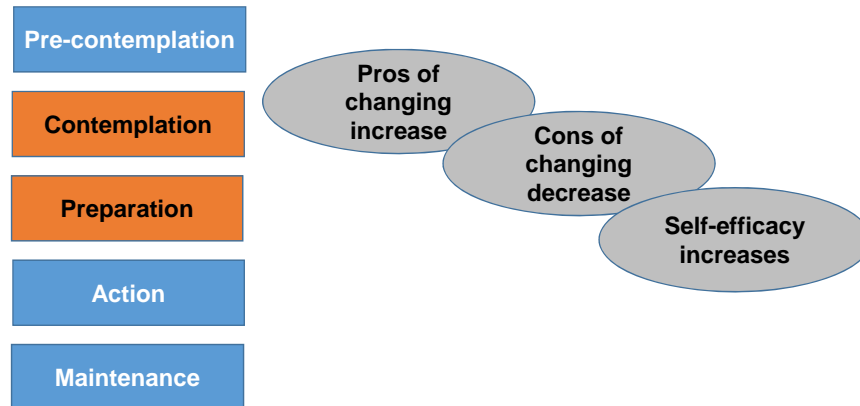
Stages of Change

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Relapse	

Stages of Change

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Stages of Change



Assumptions

“As I hear myself talk, I learn what I believe.”

Daryl Bem, 1967

- Some clients are not ready for change
- Ambivalence is a normal part of preparing for change and some people can be stuck there for some time.
- When a provider argues for change with a person who is ambivalent, it naturally brings out in the client arguments against change
- People are more likely to be persuaded by what they hear themselves say

Spirit of MI

- Collaboration instead of confrontation
- Evocation
- Autonomy

MI Principles

- Express empathy
- Develop discrepancy
- Roll with resistance
- Support self-efficacy

MI Principles

- Express empathy
- Develop discrepancy
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- Support self-efficacy

MI Principles

Four More

- Resist the “righting reflex”
 - You can’t fix everything
- Understand your client’s motivation
 - Ask them why they need to change!
- Listen to your client
 - The answers most likely lie within your client
- Empower your client
 - A client who is actively involved is more likely to do something

Levels of Reflection

- Simple reflection
- Complex reflection
- Double-sided reflection

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- Complex reflection
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MI Core

- Open-ended questions
- Affirmations
- Reflections
- Summaries

Change Talk

Change talk is at the heart of MI and it sounds like this...

Desire: I wish/I want to...

Ability: I can/I could...

Reasons: It's important because...

Need: I have to...



MI Strategies Most Commonly Used In Brief Clinical Encounters

- Decisional balance discussion
- Readiness Ruler

Avoid Roadblocks

1. Ordering, directing, or commanding
2. Warning, cautioning, or threatening
3. Giving advice, making suggestions or providing solutions
4. Persuading with logic, arguing or lecturing
5. Telling people what they SHOULD do; moralizing
6. Disagreeing, judging or criticizing
7. Shaming, ridiculing, or praising

In Summary: Asking

“Asking open questions may appear to take more time yet may actually be a more efficient method of collecting information.”

On average, patients in the U.S. have approximately 22 seconds to make an initial statement before the physician takes over the conversation.*

* Marvel MK; Epstein RM; Flowers K; Beckman HB. . Soliciting the patient's agenda: have we improved? JAMA 1999; 281:283–287

In Summary: Asking

“Asking open questions may appear to take more time yet may actually be a more efficient method of collecting information.”

- Avoid the question/answer trap
- Avoid “institutionalized” questioning
- Try to utilize the “typical _____” approach
- Use hypotheticals
- Ask about importance and confidence

In Summary: Reflective Listening

“Proof positive that you are listening, hearing and understanding is to reflect back a short summary of how you understand what the client said”

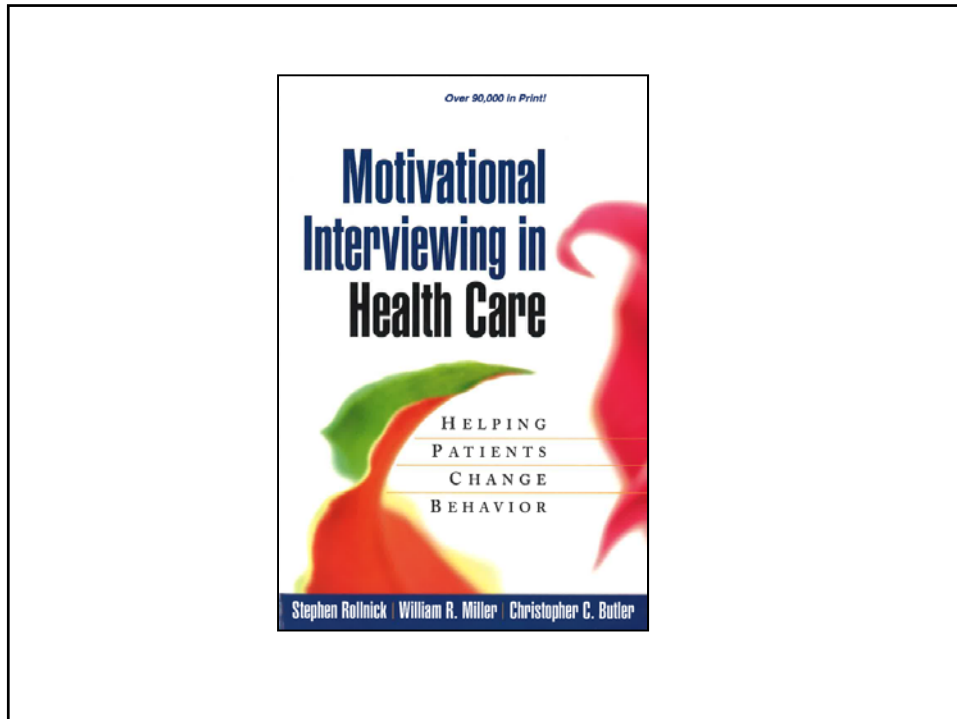
- Carefully choose what to reflect
- Resist the “righting reflex”
- Always reflect change talk
- Don’t forget the bouquet

In Summary: Affirming

- Recognize the clients strengths
- Help them see themselves in a different (more positive) light
- Must be congruent and genuine
- Help to build self-efficacy

In Summary: Exploring Change Talk

- Explore decisional balance
- Use “change rulers”
- Explore goals and values
- Look forward / look back
- Come alongside



Thoughts?
Let me know at
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