

HIV Risk Reduction

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Inspiring Positive Change

Helping High-Risk Clients 'Drive Their Own Bus'

His father terrorized him. His mother didn't protect him. He realized he must be horribly flawed.

And he numbed his pain with methamphetamines and promiscuous sex.

Dave (not his real name) is a high-risk HIV negative patient at San Francisco's Harm Reduction Therapy Center, where executive director Jeannie Little employs motivational interviewing techniques to help him and other clients develop attitudes and skills required to solve problems and make positive behavioral choices. Little's methods – based on the theory of self-determination, which refers to people's ability to “drive their own bus” or “steer their own ship” as she puts it – help clients internalize values that will motivate them to find direction and a sense of well being. The counseling approach, developed in part by clinical psychologists William R. Miller and Stephen Rollnick and explained in their book, “Motivational Interviewing: Preparing People to Change,” is increasingly being introduced into primary medical care and mental health treatment.

Motivational interviewing employs innovative counseling principles and practices to help clients learn to take charge of their lives. The process takes time, patience, and the ability to understand that clients must be internally motivated to make positive changes in their lives. In other words, they have to want it for themselves, Little says. If a client's motivation to change is external – based on what a therapist, counselor, life partner or family member might want for him or her – positive behavioral changes are likely to be short-lived. But that doesn't mean a counselor can't influence a client's motivation to change and help guide him or her to a path of self-determination.

“People who are in treatment with us are, generally speaking, there because they need to do something different. They are using drugs in destructive ways. They're having sex in dangerous ways. They can't sup-



Focus on Recovery

Because HIV Early Intervention Services (EIS) workers are based in substance abuse treatment centers, some may be aware that a sea change in addiction treatment is shifting attention away from client's problems to a focus instead on their strengths.

Known as ROSC or Recovery-Oriented Systems of Care, this new paradigm is reflected in the counseling approach to behavior change, motivational interviewing, explored in this issue.

A member of a dual-diagnosis peer group at Avita says the emphasis on recovery “gives people the freedom to dream. And the dream is that their life is not limited by illness; it's not limited by their past.”

port themselves. They need to do something different, and our job is to work with them in such a way that we increase the likelihood of change,” she says.

Motivate with Heart

HIV intervention specialists working in substance abuse programs frequently will see patients who’ve lived in non-nurturing environments or had a history of trauma, which means their capacity for self-motivation has been stunted, Little says. Fear and apathy can impede a child’s ability to practice internally motivated behaviors, like eating good food, sleeping, exercising, or connecting with loved ones. By the time the child reaches adulthood, the part of the brain responsible for decision-making, motivation, and judgment is damaged.

To begin countering those effects, it’s key that counselors offer a relationship in which they show positive regard for their clients.

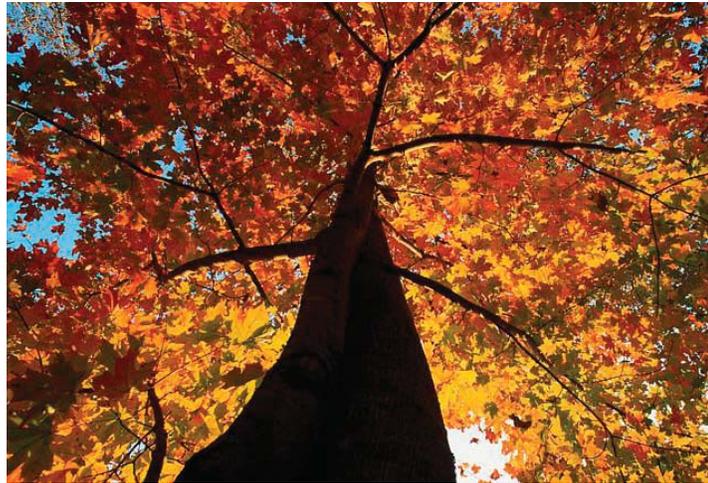
“We have to find and reveal their strengths. We have to teach them what their strengths are; nine times out of ten they don’t know because they haven’t gotten that kind of acknowledgement,” she says.

Three factors are key to influencing a client’s motivation:

- o Competence: The feeling that I can do things well.
- o Relatedness: The feeling that I am securely attached to people who are important to me.
- o Autonomy: The feeling that I am the author of my own actions.

By embracing motivational interviewing techniques, Little

says she and other professionals can help clients attain feelings of competence, relatedness, and autonomy so they can be moved to the highest levels of commitment and engagement. Once those feelings are internalized, “we hope the behavior that they engage in will be self-sustaining.”



One of the most powerful ways to counter the effects of abuse suffered by a client during childhood is to discover and acknowledge their strengths.

Yes, I Can

In Dave’s case, lack of self-esteem led him down a destructive path littered with drugs, risky sex, job loss and abuse by a domineering partner. After spiraling into despair and surviving a suicide attempt, his motivation to change was dangerously low, Little says, but he found a lifeline with a counselor at the San Francisco AIDS Foundation Speed Project.

Terry Morris, the lead Speed Project counselor, relocated several years ago to the West Coast from Atlanta, Little says. As part of her program, Morris engages meth users in a peer counseling process that helps build their self esteem and makes them important to others experiencing similar difficulties which, in turn, helps foster internal motivation.

“It’s a very, very smart program,” Little says. The program has established its own book club, she says, and the clients read and discuss a book written by Little and co-authors Patt Denning and Adina Glickman, “Over the Influence: The Harm Reduction Guide for Managing Drugs and Alcohol” (Guilford 2004).

A member of the first book club soon after his suicide attempt, Dave was inspired to write a “user’s memoir,” Little says, about how harm reduction worked for him.

The activities he engaged in – finding the Speed Project, reading the book as part of a book group, and learning to be a peer counselor – helped him develop a sense of competence.

A Caring Connection

At the same time, Dave found mentors and “admired others” in Morris and Little - key ingredients needed for him to become motivated to move forward in a positive way, Little says.

“The first thing we offer is a relationship, and we offer a relationship that is not based on rewards and punishments. It is based on respect for and understanding of the choices our clients have made, whether we agree with those choices or not. That is very important for people who work in substance-abuse treatment to learn.”

The carrot and stick method of influencing behavior is rarely effective, she says, because the motivation doesn't originate from within. But when a counselor offers a caring relationship sprinkled with lots of positive reinforcement instead, it can spur the client to feel personally motivated to address his or her harmful choices and decisions. A caring connection may not only foster a sense of competence but it can also soothe the client who is anxious, which helps free up the client's mind to think and evaluate his or her choices.

“Drugs either distract you or they calm you down. A lot of people can't calm themselves down, so they use drugs. Often, these are the people who had early childhood trauma, whose normal, childish behavior was met with abuse.”

Compare, for example, the angry parent who chastises an already hurting child for his skinned knee and the loving parent who takes a positive, calming approach to the injured child, offering not just first-aid, but a big hug and reassurance.

In dealing with Dave and his recent dangerous choices and behaviors, Little says the reassuring approach lets him travel his own path to self determination. “I might say to David after he describes a weekend of speed and unsafe sex, ‘How worried should we be? We can worry together.

But you know what else? If you don't want to, you don't have to do a weekend that way again. We'll get through this week. You'll figure it out. I know you can because you have before. It's gonna be okay.’ And that calms him down. And once he's calm, he can think. And thinking is what interrupts impulsive behavior. So my job is to project the kind of feeling that helps him to calm down so that he can think.” In other words, rather than focusing on “where did you go wrong?” Little emphasizes “where have you gone right in the past, and how can we fix it next time?”



A lot of people use drugs and alcohol because they are so anxious that they can't calm down. Often, these are the people who suffered abuse in early childhood.

Author of My Own Actions

Despite David's newfound feeling of competence and the supportive relationships he's developed with his counselors, he still lacked a good sense of autonomy. That feeling, says Little, is critical in order for a client to find motivation for change.

“He still feels pushed around by the world. He is still afraid. He is passive. He doesn't have any money, and he doesn't think he can get any,” she says. “He was taken care of by his partner who became abusive. He is not fully realizing his potential as a human being because he still sees

himself as being pushed around by circumstances.”

One way for a client to get out of the trap of learned helplessness is to think things through; focusing on the details. With a client like Dave, it might mean talking about a strategy for protecting himself with a new sex partner. Dave would talk through how to meet up with the partner and even what beverage he might choose in order to avoid clouding his judgment. Then, he would approach the first-time partner about his HIV status and maybe ask what he usually does to have protected sex. As Dave goes over the details, his plan comes into focus.

“And we go on and on like that,” Little says. “It's very detailed work.” To further motivate Dave, she'll ask him to check in next week and report how everything went. So

Author of My Own Actions continued

he is motivated to be the author of his own actions and will be guaranteed an audience, whether he reports back to his counselor or to a group. In this case, Dave would share his experience with the Speed Project group, which would stimulate further discussion among his peers.

The same type of interviewing can be extremely beneficial in a one-on-one counselor-client situation, as well, because the method was initially developed for such sessions.

Roll with Resistance

Despite an intervention specialist's best efforts to develop a comfortable relationship and support a client's self-efficacy, it's inevitable that, in some cases, progress will stall. According to Little, part of the motivational interviewing process is learning to roll with resistance.

Dave might say, for example, that he's feeling depressed and is afraid that he will make the same mistake this weekend that he made last time. Pressing him to make "the right decision," though understandable, is not an effective counseling strategy.

"I don't argue – I follow his lead, 'Oh, okay, so I'm probably pushing you a little too hard to make a plan, and you're just not up for that right now. Tell me more about being depressed.' I let go of my agenda. Telling people they can do something in the face of evidence to the contrary is not actually helpful. It's a little like cheerleading when the football team is losing; it's irritating. When the football team is losing, or when the client is saying no or arguing, stop cheerleading!" says Little.

The point is, it's important to listen carefully and understand the obstacles a client is facing. Get him or her to explore those challenges and dig into the conversation about ways to overcome them. Progress may be painfully slow.

"Sometimes, all we can do is just hope for the best. I think the most important thing for us to remember, particularly as people drop in and out of treatment, is that the quality of the relationship that we have with our clients makes a difference," Little says. "We don't necessarily have to see changed behavior to know that it's happening. Because if we have practiced motivational interviewing, if we have supported self-efficacy, expressed empathy, stayed with the client and not tried to drag them kicking and screaming somewhere else -- if we've diligently done that, we have provided the ingredients for change."



**The most common way
people give up their power
is by thinking they don't have any.**

- Alice Walker, author

While EIS workers are committed to helping clients reduce risky behaviors, sometimes, as Jeannie Little says, "all we can do is hope for the best."

But hope is a powerful thing. Having genuine hope for clients who have none for themselves is a little like sharing an oxygen mask. It creates breathing room, room for the possibility of change.

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