Risk Assessment and Motivational Interviewing

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Today's Presentation

- Performing a risk assessment
- Principals of motivational interviewing
- Unique prevention measures
  - Treatment as prevention
  - PrEP
Risk Assessment

- Opens door to discuss risk
- Normalizes the process: “I’m going to ask you some important questions that I ask all my patients…”
- Identifies patients at risk, along with their unique and personal risk factors
- Finds cases: Treatment as prevention
- Provides change for early treatment
  - Implement Motivation Interviewing
  - AND unique prevention interventions as needed
- Early intervention offers best outcomes
Risk Assessment

• **Asking difficult questions:**
  - Start simple: ask less scary and embarrassing questions first
  - Non-judgmental and non-moralistic
  - Three key questions:
    - “Have you ever received blood products?”
    - “Do you now, or have you ever, shared injection equipment?”
    - “Are you now, or have you ever been, sexually active?”
Risk Assessment

• Asking difficult questions:
  • Set stage: Introductions, private space, build rapport
  • Work into the comprehensive assessment
  • Assure confidentiality
  • Permission not to answer
  • Open-ended questions
Risk Assessment

- **Counselor:**
  - Non-judgmental
  - Supportive
  - Individually focused
    - What they’re willing to change
  - Recognizes he/she may not agree with the patient’s plan or what the patient finds acceptable
Risk Assessment

- Asking difficult questions:
  - Normalize:
  - “Some people…have you ever?”
    - “When was the last time…?”
  - Open the door:
    - “Do you have sex with men, women, or both?”
Risk Assessment

- **Sexual Risk Assessment:**
  - Refer to behaviors, NOT labels
  - Be direct, be specific
  - Don’t make assumptions
  - Clarify terms for the benefit of both the patient and health care provider
Risk Assessment

• Sexual Risk Assessment:

Examples:

Do you know if your partners use drugs?

Do you know the sexual activities of your partners?

Have you ever had sex with someone you didn’t know?
Risk Assessment

• **Sexual Risk Assessment:**
  
  Examples continued:
  
  • What do you do to protect yourself during sex
  • Some people enjoy anal sex, is that something you and your partners participate in?
  • When was the last time you had unprotected sex?
  • Have you ever exchanged sex for drugs, money, or anything else?
Risk Assessment

- Summarize what was said to avoid misunderstanding
- Clarify meanings: “When you say you had sex, what do you mean?”
- Ask for an explanation if you don’t understand: “I don’t understand what that means, would you please explain it to me?”
Risk Assessment

• **Substance Use Risk Assessment:**
  - “Legal” first
  - What OTC or prescription medications are you taking?
  - Have you ever used drugs from a non-medical source?
  - Some patients inject drugs, is that something you’ve done?
  - How often do you use alcohol?
Risk Assessment

• What are you doing (or have done) that could be risky?

• What would be safe, healthier, less risk?

• What are you willing to do that is safer, healthier, less risk?

• What information do you need?

• What assistance do you need?
Risk Assessment

• **Support behavior change**
  • Support and affirm all changes and movements toward change
  • Problem solve with the patient
  • Provide specific skills/tools
  • Focus on the positives of change
Motivational Interviewing

• A collaborative conversation style
  • strengthen a person's own motivation and commitment to change
  • people are most likely to be persuaded by what they hear themselves say
  • an overall goal is to increase a client's intrinsic motivation for change
  • a motivation for change is created when people perceive a discrepancy between present behavior and important personal goals
Motivational Interviewing

- Ambivalence
  - Normal part of preparing for change
  - People can remain stuck in ambivalence for a long time
  - In the past, one approach used to induce change was a directive or argumentative style
    - this only increases, within a person who is ambivalent, the person's opposite reaction-'the righting effect'
Motivational Interviewing

• Partnership

• Not "done" to someone, but rather "with" someone

• Counselor must have profound acceptance of what the client brings
  • Does not mean approval or acquiesce to the status quo
Evocation

- Recognizes people already have within them much of what is needed
  - "You have what you need and together we will find it"
- Draw out from their wisdom and experience
- Strengthen their change motivations that are already present
Engaging

- How comfortable is this person in talking to me?
- How supportive and helpful am I being?
- Do I understand this person's perspectives and concerns?
- Does this feel like a collaborative partnership?
Focusing

- What goals for change does this person really have?
- Do I have different aspirations for change for this person?
- Are we working together for a common purpose?
- Does it feel like we're moving together, not in different directions?
- Do I have a clear sense of where we are going?
Evoking

- What are this person's own reasons for change?
- Is the reluctance more about confidence or importance of change?
- Am I steering too far or too fast in a particular direction?
- Is the righting reflex pulling me to be the one arguing for change?
Planning

- What would be a reasonable next step toward change?
- What would help this person to move forward?
- Am I remembering to evoke rather than prescribe a plan?
- Am I offering needed information or advice without permission?
Strategies

- Ask open-ended questions
  - reflect/elaborate
  - helps you understand a person's internal frame of reference
  - strengthens a collaborative relationship

- Affirming
  - respects and honors the person and a sense of worth
  - identifies particular strengths, abilities, good intentions and efforts
Strategies

• Reflective listening
  • statements that make a guess about a client's meaning
  • deepens understanding

• Summarizing
  • Pulls information together
  • Suggests links between present and past
  • Promotes understanding
  • Directs the flow of change talk
Strategies

- Ask evocative questions
  - Problem recognition and areas of concern

- Explore pros and cons

- Ask for elaboration
  - Tell me more, give me an example, talk me through a scenario, etc.

- Imagine extremes
  - The best and worst things that could come from managing a change

- Looking forward
  - Think ahead 5 years... Where would you like to be? If change is implemented or no change is implemented, where would your life be in 5 years from now?
Example:

• Why would you want to make this change?
• How might you go about it in order to succeed?
• What are the three best reasons for you to do it?
• How important is it for you to make this change, and why?
• How confident do you feel about your ability to make this change, and why?
• So, what do you think you'll do?
In Summary

- The client is invited to consider new information and offered new perspectives
- The client is a valuable resource in finding the solution to their problems
Unique Prevention

- HIV:
  - Treatment as prevention
    - Less virus = less infectious
  - PrEP
    - Daily preventive therapy with Truvada
Risk Assessment/Motivational Interviewing

- Why is this important?
- It works!
- We CAN and DO make a difference to the people and communities we serve
- Thank you!
- Additional questions, please contact me at:
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