MOTIVATIONAL INTERVIEWING AND HIV: A GUIDE FOR NAVIGATORS

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This guide assists navigators working with people diagnosed with or at risk for HIV. Navigators can play a crucial role in helping people living with HIV (PLWH) because nowhere is the need to change behaviors more important than in HIV infection. Changing risky behaviors can prevent transmission of the virus, and people living with HIV have better outcomes when they are able to change from risky to healthier behaviors. Important changes individuals can make to prevent or live better with HIV include:

- Modifying use of tobacco, alcohol, and drugs
- Adopting consistent condom use
- Engaging in safer sex practices
- Exercising regularly
- Eating foods high in nutrients
- Taking antiretroviral therapy (ART) and other medications as prescribed
- Keeping regular appointments with a care provider
- This publication provides a succinct overview of Motivational Interviewing (MI) and Strengths-Based strategies to reduce risk and support PLWH in the pursuit of healthy behaviors.

A STRENGTHS-BASED APPROACH FOR CARE

Motivational Interviewing (MI) is a directive and client-centered strengths-based communication strategy. Inherent in all strengths-based work with clients lies the core belief that people are strong, resilient, and able to learn new skills and behaviors, and that individuals bring previous life experience and successes to their health care and treatment (Rapp, 1998). Strengths-based approaches to care do not deny that people experience illness, problems, and challenges; however, they are more holistic in their outlook. By contrast, focusing only on clients' problems:

- Obscures recognition of each client's unique abilities and strengths.
- Focuses on what the client can't do rather than what they can.
- Concentrates on limitations of illness, poverty, homelessness, lack of education, unemployment, broken relationships, etc.
- Disregards the potential and growth that arise from adversity.

Inherent in the principles of strengths-based work is the core belief that people are resourceful and resilient, and have the potential and capability to determine their own story and to define who they are and where they are going (Saleebey, 2002; Rapp; 2007; Craw, et al., 2008). The navigator helps the client identify skills and abilities, emphasizes client strengths, and de-emphasizes the client's accounting of all the things s/he has done wrong in the past. Navigators view challenges as opportunities for creating optimism and hope.

To help support the client and foster independence, navigators make use of formal and naturally occurring resources in the client's life. Formal resources include:

- Primary and specialized medical care
- Dental care
- Housing programs and food banks
- Substance use counseling and mental health care
- Patient navigation/case management
- HIV medication assistance program

Natural resources include:

- The client's skills/abilities/motivation
- Education
- Employment
- People in client's life who offer support/assistance

Finally, an important part of the navigator's work with clients is to acknowledge their effort and motivation. Whatever the struggle, however well or poorly the client seems to be doing, if s/he is sitting in front of you, keep a positive attitude and be sure to affirm the effort it took to get there. Tell your client, "Thank you for coming to see me today. I know you have other demands on your time (or childcare to arrange, or difficulty with transportation), and I am glad to see you. It's great that you are here taking an active role in your health."

WHAT IS MOTIVATIONAL INTERVIEWING?

The goal of MI is to help clients explore and resolve ambivalence to change unhealthy or problematic behaviors. The heart of MI is a spirit of empathy, acceptance, respect, honesty, and caring, which is as important in building warm, trusting relationships with patients as using MI techniques in conversation (Moyers, Miller, & Hendrickson, 2005).

The "spirit" of MI is like dancing, rather than wrestling. It is collaborative, evocative, and honoring of patient autonomy. – Rollnick, Miller & Butler

Originally published in 1991 for substance abuse counselors, the MI approach has been studied in more than 100 randomized controlled trials for various health behaviors (Miller & Rollnick, 1991; Rollnick, Miller, & Butler, 2008; Lundahl et al., 2010).

Research has shown that:

- MI enhances change for a range of behaviors, including diet, exercise, medication adherence, safer sex practices, and reducing the use of alcohol and drugs (Hettema et al., 2005; Lundahl et al., 2010).
- MI also works for smoking cessation, although its effects are less dramatic than for other health behaviors (Hettema & Hendricks, 2010). MI does work as well as other smoking cessation methods, potentially in a shorter amount of time.
- Adding MI to other active treatments improves outcomes.
- When MI is compared to other established counseling methods, outcomes are similar despite the lower intensity of MI. MI produces positive outcomes at lower cost and effort.
- MI works well with clients who are angry, resistant, or less ready to change. One of the original studies offered a "drinker's check-up" to clients with unacknowledged problematic alcohol use. MI helped these clients change their drinking habits without requiring them to admit to having a problem (Miller & Rose, 2009).
- MI may be less effective with clients who are already clearly committed to change and ready for action. These clients may benefit from more active problem-solving support and reminders instead (Cook, Schmiege, Mansberger, Sheppler, Kammer, Fitzgerald, & Kahook, in press).
- MI works well with minority populations. It has characteristics that fit with the Latino cultural values of respecto and personalismo (Anez, Silba, Paris, & Bedregal, 2008), and has greater positive impact with African American clients than with White clients (Miller & Rose, 2009). MI has also been adapted specifically for Native American clients (Tomlin, Walker, Grover, Arquette, & Stewart, nd.; Venner et al., 2006).
- MI has been tested primarily in adults, but it is also effective in changing behaviors for adolescents (Berg-Smith et al., 1999) and children (Lozano et al., 2010; Resnicow, Davis, & Rollnick, 2006; Schwartz et al., 2007; Suarez & Mullins, 2008; Weinstein, Harrison, & Benton, 2006).
- MI has also been adapted for use in palliative care (Pollak, Childers, & Arnold, 2011).
- MI works quickly; you get results from your efforts right away (Rollnick, et al., 2008).
- Training in MI improves care providers' client communication and lifestyle counseling behaviors (Söderlund, Madson, Rubak, & Nilsen, 2011). Primary health care providers report that using MI improves and enriches their practice (Brobeck, Bergh, Odencrants, & Hildingh).

WHO CAN USE MOTIVATIONAL INTERVIEWING?

MI can be delivered by patient counselors from many different professional backgrounds, including nurses, pediatricians, dentists, patient educators, pharmacists, school nurses, teachers, and mental health and substance abuse professionals (Cook, Manzouri, Aagaard, Corwin, O'Connell, & Gamce-Cleveland).

- Providers' disciplinary background and level of experience are not strong predictors of whether they can implement MI successfully (Lundahl et al., 2010). Rather, an attitude of respect and an openness to patients' ideas seem to be the most important things that practitioners can bring to the work (Miller & Rose, 2009),

Here is another way of looking at it: "When we catch a fish we bait the hook with what the fish likes, not what the fisherman likes. – Gregory & Chapman

- Although MI has traditionally been delivered in a one-to-one in-person format, research suggests that it is also effective when delivered in a group setting (Santa Ana, Wulfert, & Nietert, 2007), or by telephone (Cook, 2006).
- Ongoing studies will help to determine whether MI can effectively be delivered via email, text messaging, or social networking. Recent data suggest that MI messages delivered in an electronic format work as an addition to telephonic MI counseling (Battaglia, Benson, Cook, & Prochazka, 2013).
- Motivational interviewing training can use either in-person or self-study methods but is most effective when supplemented with individual or group supervision (Miller, Yahne, Moyers, Martinez, & Pirritano, 2004). Alternate training methods such as virtual reality have also been tested (Mitchell et al., 2011).

BUILD WARM TRUSTING RELATIONSHIPS

Affirmations and Empathy are the MI Relationship Builders!

Among the original principles of Motivational Interviewing are the use of affirmations and empathy. Affirmations are the navigator's verbal acknowledgment of the client's effort to make a healthier change. Empathy is the recognition that making such changes can be difficult. Used in tandem, these strategies tell clients that you recognize their effort, and they can be proud of what they have accomplished.

- "You've learned some strategies that help you stick to your diet; good for you!" (Affirmation)
- "I know it can be really hard; junk food is everywhere." (Empathy)

Empathy is conveyed as warm and genuine. However, it is not the same as identifying with the client's efforts. Over-identification with the client can cloud the navigator's judgement ("It's like when I had a drinking problem"), or even make the navigator judgmental about the client ("I quit smoking, you should too"). Remember that your interactions with your clients are about their meaning and experience.

Affirmations are not quite the same as compliments. Which do you think is better?

- "You've gone a month without drinking. I'm so proud of you."
  OR
- "You've gone a month without drinking. You can be proud of yourself."

Add empathy:

- "And I know it wasn't always easy when so many people around you still drink."

A final note on empathy: Sometimes with clients who are particularly difficult or challenging it helps to tell ourselves, "In front of me is a person who is struggling, and I know what it can be like to struggle." It also helps to remember that a client who is difficult with you may be that way with many of the people with whom s/he comes in contact in health care and elsewhere. This is the client who most needs your help and patience.

MOTIVATIONAL INTERVIEWING TECHNIQUES

OARS. One easy way to start using MI is to apply the acronym OARS (Miller & Rollnick, 1991). You are practicing MI when you use:

Open (rather than closed) questions:

- "How do you feel about that?" (open) versus "Did that make you mad?" (closed)
- "Tell me about the last time you used OxyContin." (open) versus "You quit using drugs – right?" (closed and leading)

Affirmations (for positive reinforcement):

- "You're doing a good job of keeping your appointments."
- "Congratulations on taking your medications regularly – that can be difficult for many people!"

Reflections (repeat, rephrase, paraphrase):

- "It sounds like you are worried about your headaches."
- "Are you saying that you are afraid to ask your partner to use condoms?"

Summary (2 or 3 key points raised by the patient):

- "So the main things you want to do today are to fill your prescription and find out about the support group."
- "It looks like we have your new exercise plan in place and you will start with Step 1 tomorrow."

LURE. These suggestions have been rearranged to help you avoid unhelpful communication patterns. Rollnick et al. (2008) originally published the following as RULE, but logically Listening must take place before Understanding can occur, and "LURE" better captures the attitude of eliciting client strengths used in MI.

Listen to your client: MI involves at least as much listening as informing, and you can only understand your client's motivation and beliefs by listening.

- Good quality listening is part of good general health care.
- Listening is a display of empathy that shows your clients you are truly interested in them.

Understand your client's motivations:

- The client's reasons, rather than the navigator's, are more likely to trigger
- behavior change.
- The navigator helps by expressing interest in the client's values, concerns, motivation and life context.

Resist the urge to correct the client. Rollnick and colleagues (2008) refer to this as the "righting reflex."

- Navigators have a powerful desire to heal, prevent harm, and "set the client straight," but this can have negative effects because people don't like to be told what to do and feel the need to insert their autonomy.
- The MI navigator resists the righting reflex by using reflective listening:
  - "You're saying that if you tell your partner you want to use condoms, he will become angry at you."
  - "You don't want to take antiretroviral medications because they will place an extra burden on your liver on top of your current alcohol consumption."

Empower your client:

- Health outcomes are better when clients take an interest in and play an active role in their care.
- You empower your clients when you help them explore the ways they can take control of their health.
- Clients are essential consultants on their own lives and on the ways in which they can successfully build behavior change into their daily routines.
- Engaged clients are more likely to sustain changes that sacrifice short-term convenience for long-term health benefits.
- Navigators empower clients by soliciting options from the client, and by maintaining a balance of power in the health care relationship. Options and solutions generated by the client are more likely to be successful than options generated by the navigator. Clients do best when they take an active role in their care.

Elicit-Provide-Elicit. It is possible to teach new information in an MI framework; however, it is done differently than the usual method of providing information. MI navigators begin by assuming the patient already knows something. They then fill in the blanks and ask the client for a reaction to the new information presented.

Elicit what the client already knows:

- "Tell me how smoking affects your health."
- "What do you think about using condoms?"

Provide new information to fill in the blanks:

- "Something you might not know is that simply reducing the amount you smoke can have benefits for your health."
- "Right – condoms can prevent HIV transmission, and they also protect you from other sexually transmitted diseases."

Elicit the client's response to the new information provided:

- "What do you think about what I just told you?"
- "What is your reaction to that?"

MATCHING TO A CLIENT'S READINESS FOR CHANGE

Assess readiness for change. People may be more or less ready to change their behaviors at any given point in time, and different messages are appropriate for people at different levels of readiness for change.

Your goal is to identify where the client is in the change process to determine what interventions might work best.

Start with an open-ended question or statement:

- "I see your nurse practitioner recommended that you start taking ART. Tell me what you think about that."
- "What's been happening with your plan to quit smoking?"
- "On a scale of 1 – 10 how ready are you to make changes in the way you eat?"

Different interventions are more appropriate for clients at different levels of levels of readiness for change.

The questions in the following sections are intended to be examples or conversation starters to help you and your clients have discussions about change. They are not a script to follow or a research survey; you can use several of them or none in any given encounter. It is also important to know that there is no strict cut-off score for what constitutes "ready" or "not ready," and most clients shift back and forth between them. Remember that making an authentic connection with your clients and trying to truly understand their perspectives are the keys to success in MI.

NOT YET READY FOR CHANGE

Clients who are early in the process of developing readiness may not even realize there is a problem, and have not yet thought about changing.

Your goals are to:

- Bring awareness of the problem to the surface so the client can start thinking about it, and
- Keep the client engaged in the process.

It is easy to turn these "uncommitted" people off during this stage, so choose appropriate messages. Remember that you want to keep the door open for future discussions. It is important to know that you are not necessarily agreeing or "giving permission," only reflecting back what the client says to better understand.

LISTEN to concerns.

- Reflect content:
  - "It sounds like you want to be sure that our discussion here is confidential."
  - "I heard you say that you have a cough but you don't think you can stop smoking."
  - "It sounds like you are not really ready to begin taking medication."
  - "You would like your partner to stop nagging you about condoms."
- Reflect emotions:
  - "You feel overwhelmed."
  - "You sound like you're depressed."
- Summarize:
  - "You really enjoy smoking."
  - "You don't feel like you can say no when your partner wants to have sex."

ELICIT more information.

- Ask about past experiences:
  - "Tell me about when you tried to quit smoking before."
  - "What happened when you asked him to use condoms?"
- Affirm and explore strengths
  - "How do you remember to take your medication each day?"
  - "You are so good about keeping your appointments. What helps you remember?"
- Elicit current attitudes:
  - "What do you think about changing your meds?"
  - "How do you feel about using condoms when you have sex with new partners?"
  - "More and more people are hooking up online. How do you feel about that?"
- Communicate caring:
  - Empathy
    - "That sounds very difficult. How did you handle it?"
  - Honesty
    - "I think I'd be scared too if my CD4 count were dropping."
  - Acceptance
    - "You get to decide; it's your health. I can help you look at the issue and explore different options."

THINKING ABOUT A CHANGE

Clients are often willing to *think* or talk *hypothetically* about making a change, before they are quite ready to do something about it. The navigator can identify this stage of readiness by the acronym "**DARN**." The client voices a ***desire*** for change, they talk about having the ***ability*** to change if they wanted to, they give you ***reasons*** for making a change, or they say that they ***need*** to change even if they don't want to.

Your goal at this point is to move the client to action by:

- Keeping the client talking about change,
- Boosting the client's awareness of change options, and
- Increasing the perceived benefits of change.

Develop discrepancy.

- **Reflect ambivalence:**
  - "You see benefits to changing and also some drawbacks."
  - "It sounds like you feel stuck."
- **Explore concerns:**
  - "What concerns you about going on ART?"
  - "How do you think using condoms would affect your sex life?"
- **Explore values and goals:**
  - "What do you hope to gain from treatment?"
  - "Tell me how protecting your partner would make a difference."
- **Reflect intention:**
  - "It sounds like you want to be safer in your drug use but you aren't sure how."
  - "You're thinking about creating a plan to take your medications consistently."
- **Explore content:**
  - "What has changed in your life to make now a good time to stop drinking?"
  - "How did your partner's concerns make you decide to use condoms?"
  - "What has changed that is encouraging you to start ART now?"
- **Give feedback:**
  - "Your doctor told you that she thinks you need to start ART and you aren't sure you want to. I can tell you what other clients have said, and give you a brochure if you like."

Sit with Sustain Talk.

If affirmations and empathy are the relationship-builders, arguing is the relationship destroyer. Try concern instead.

In their first book on Motivational Interviewing (1991), Miller and Rollnick suggested "rolling" with client resistance, with resistance referring to any client movement away from changing. Over time they came to believe the term "resistance" puts all the responsibility for change on the client and has a blaming quality to it. They now use the terms "change talk" and "sustain talk" to denote the client's ambivalence toward change. An easy way to understand this is to think of it as the client's pros and cons regarding behavior change. When the client talks about the benefits (or pros) of behavior change, s/he is engaging in change talk. When s/he talks about the difficulty of change or reasons not to change, s/he is practicing sustain talk, which is a normal part of the change process. If your client rejects all your suggestions for change you are probably pushing too hard before s/he feels ready, which creates a need for the client to assert his/her own autonomy. Instead of arguing, which will create tension and discord in your relationship, try these tactics instead:

- **Apologize**
  Never be afraid to say you're sorry. This can go a long way to avoiding misunderstandings and repairing a navigator-client relationship that has become tense.
  - "I'm sorry. Maybe I misunderstood. Let's go back."
  - "I apologize. Can we start over, and I will do my best to understand what you are telling me."
- **Affirm**
  - "I hear your concerns about the side effects of the medications and they are valid. Let's talk about it."

- **Accept**
  - "Maybe using that herbal remedy wasn't the best idea. If it isn't working for you, we can explore some other options."
- **Reflect others' concerns**
  - "You're not worried, but your partner is. What are his concerns?"
- **Reframe "yes but" as "yes and"**
  - "It sounds like you want your plan to work, and you also have some reservations about it."
- **Clarify**
  - "What do you need to move your plan forward?"
  - "How can I help you?"
- **Amplified reflection**

  (If you use this strategy, be careful that your tone is not dismissive or pejorative. It works best when the client is truly ambivalent. If this is said respectfully, most clients will respond with reasons that they are in fact ready to change.)
  - "It could be that using condoms is not for you."
  - "Maybe you aren't ready to start ART right now."
- Don't argue

  If you absolutely disagree with your client's choices or behavior, you can do so without arguing. Express your professional opinion in the spirit of caring and concern:
  - "As your navigator I need to tell you that your use of drugs concerns me. I'm worried you could overdose."
  - "People who do not take their ART medication regularly have more opportunistic infections than those who do. Everyone in the clinic cares about you, and we want you to be healthy."

Support Self-Efficacy

- Self-Monitoring
  - "What do you think about keeping track of how you take your medications for a week? This will help us see any patterns that could indicate when you have trouble remembering your pills."
- Past Successes
  - "What strategies have worked for you in the past?"
  - "Tell me about the last time you were able to use condoms?"
- Optimism
  - "What is different now that makes change possible?"
- Explore Extremes
  - "What is the best/worst thing that could happen if you start using this plan? What is the likelihood that it will happen?"
- Commitment
  - "Where do you stand on this issue, at least for today?"
- Decision Making
  - "Which of these ideas might you be ready to try?"
  - "Do any of these ideas to decrease your alcohol use sound possible for you?"
- Autonomy
  - "You are in charge. No one else is going to go home with you to check on your progress."
  - "You get to decide whether or not you want to do this.

READY FOR CHANGE

Clients who move past their initial ambivalence are ready to make an initial attempt to change behaviors, but may not be confident yet about their abilities to succeed. They also may still have some hesitations, although the "ready for action" side of their ambivalence is now more prominent than the "not ready" side.

The navigator can recognize when a client has moved past the "thinking about change" stage into a higher level of readiness based on the acronym "CAT." The client will be talking about a ***commitment*** to change that reflects their future intentions; they will seem more ***activated*** and energized about taking charge of their own health; and they may already be ***taking steps*** in a small way toward change, for example, by filling a prescription even if they haven't taken it yet.

Your goal at this point is to decrease the barriers to change.

Encourage Progress:

- "You can be proud of what you've been able to achieve."
- Ask the client to help you "scale" change.
  - "On a scale of 1 – 10 where were you before, and where are you today?"
  - "I'm glad to hear that you're at a 4; what are you doing that makes it 4 rather than 3?" (Focus on strengths and action taken.)
  - "A 7 is great. You've come a long way compared to the 2 where you were at when you started."
  - "Is a 7 where you want to be right now? If not, what would it take to get you to an 8?" (Do not push beyond 1 point on the scale; it can be too discouraging to think of how to get from a 7 to a 10. Change happens in small steps.)

Reduce Barriers:

- "What has worked best so far?"
- "What other actions would make that strategy work even better?"
- "Here are some resources that might help you (plan nutritious meals, develop a schedule for taking your medication, etc.)."
- "How can I help you get past this?"

Restrain Excessive Change:

- "It's better not to change too many things all at once."
- "Where is the best place to start?"
- "What do you think you can do to improve your health this week?"

MAINTENANCE

Clients who have succeeded in changing a behavior and have sustained the change for at least six months face a different set of challenges. Their initial success might make you think they do not need any further help. However, at this point when changes have become habits, clients are also more vulnerable to disruption by changing circumstances in everyday life.

Your goals at this point are to:

- Help the client stay focused, and
- Anticipate and reduce the chance of a relapse.

Normalize ups and downs and offer Encouragement

- "It is not unusual for people who have changed a behavior to occasionally move backward; it is normal. If you know this can happen, you can be prepared to deal with it."
- "A lapse is not a relapse."
- "You did it before and you can do it again. I believe in you."

Enlist Support

- "Who can remind you to take your meds?"
- "What other activities could help you stay away from the bars?"
- "How do you feel about sharing your success with others?"

Plan Ahead

- "What situations may make it hard to maintain your new behavior? How do you think you will handle those situations?"
- Set a follow-up: "When can we meet again to talk about how things are going?"

RELAPSE

Relapses are a normal and expected part of the process of change. When one occurs, the navigator has an opportunity to help the client step back and re-assess personal goals, readiness, and the strategies used so far.

Your goals are to:

- Help the client avoid becoming discouraged, and
- Help the client re-engage in the change process.

Use all your MI skills to help the client discuss these issues. Some questions that might help start this conversation:

- "What triggered your drug relapse?"
- "What affected your ability to take your medications?"
- "You can be proud of not smoking/using/drinking for the past 14 months."
- "That was a big success."
- "Tell me what happened. What do you make of this?"
- "It can be very helpful to know what didn't work. What can you learn from this relapse?"
- "What might you do differently next time?"
- "You have the skills to make this change. You did it before and you can do it again."
- "Where do we go from here?"
- "A relapse is not a collapse."

PROBLEM SOLVING AND GOAL SETTING (moving forward)

Make sure you and your client are working on the same agenda. For problems to be solved effectively, they need to be clear and well defined.

- "You have trouble getting to the clinic because you don't have transportation."
- "You lost your calendar and can't remember when your appointments are scheduled."

Set goals collaboratively. Goals are based on:

- The client's wishes:
  - "You really want to reduce your stress level."

- Past successes:
  - "The last time you quit smoking you and your partner quit together."
- Your professional opinion:
  - "Regular exercise is a good way to reduce stress."
  - "Smoking pot is not the best way to treat your anxiety."
- Program requirements/guidelines:
  - "The number one goal for everyone in substance use treatment is the cessation of drugs and alcohol."
  - "We recommend ART for all HIV clients regardless of CD4 count."

When setting goals with clients:

- Support client autonomy.
- Acknowledge client effort and motivation.
- Brainstorm strategies to achieve goals.
  - Offer a menu of options.
  - Solicit client ideas and suggestions.
  - Choose any strategy that might work.
  - Try it out.
  - Evaluate and refocus efforts if necessary.

Using **SMART** goals is an effective method of collaborative goal setting.

- **S**pecific: Clear and well-defined.
  - Client will keep his primary care appointments and take his medication to raise his CD4 count and lower his viral load to undetectable.
- **M**easureable: The client knows how s/he is doing and when the goal has been achieved.
  - Clinic lab tests every three months will show CD4 counts and viral loads, thereby marking adherence to taking ART.
- **A**greed upon: You and the client both think this is a worthy goal.
  - Both client and navigator agree that this is a good way for client to stay healthy.
- **R**ealistic: Within the availability of resources, knowledge, and time.
  - Client and navigator agree that seeing primary care provider four times a year is a reasonable and realistic goal.
- **T**ime-based: Enough time to achieve the goal, not so much time that effort is procrastinated.
  - Client will schedule and keep his primary care appointment (or reschedule if necessary) every three months for the next year.

From time to time your agenda and the client's will differ. It is important to ask yourself whether you are motivated by the best interests of the client. *Are you sure?* Frequent self-examination is an important part of being of service to others.

- Are you assuming good intentions?
- Are you respecting client autonomy?
- What are your options?
  - Work on the goals you can agree on.
  - Agree to disagree (and keep on talking).
  - Clarify what you cannot or will not do.

Finally, to keep clients from becoming discouraged or feeling hopeless, always remind them:

A lapse is not a relapse.
A relapse is not a collapse.

CULTURE, COMMUNICATION AND UNCONSCIOUS BIAS

Most of the literature regarding the ways in which race produces disparities in communication and expectations in healthcare is devoted to that between physician and patient (Ryn & Williams, 2003; Ryn & Saha, 2011), although much of it can be intuitively applied to other health professionals as well. Regardless of title or job, people who work in the field of healthcare are generally motivated by a strong desire to help others. Because of this desire to be of service, regardless of our own race or ethnicity, we may not even be aware of implicit biases we hold toward clients of another race, ethnicity, culture, gender, or even age group. In fact, negative stereotypes we have of others can be unintentional, and care providers may be only dimly aware (if at all) of differences in behavior toward clients (Schulman, et al., 1999). If such implicit or unconscious negative bias affects interactions with clients, they may experience worse health outcomes independent of medical treatment provided (Godsil et al., 2014).

Also, remember that there is no one style preferred by all members of any particular cultural group. Eye contact is an excellent example; in the U.S. we view eye contact as being a sign of listening and honesty. In other cultures too much eye contact is viewed as disrespectful or a challenge to authority. Motivational Interviewing adapts to individual differences rather than assuming them. The best resolution to what clients prefer is to ask them, which may depend more on the context of the conversation than on culture (Miller & Rollnick, 2013). In the U.S., MI has been demonstrated to be effective in such diverse frameworks as increasing fruit and vegetable intake through African American churches (Resnicow et al., 2005), and encouraging HIV testing among Native Americans (Foley et al., 2005). MI books have been translated into 22 different languages and are used by MI trainers on six different continents. Good listening is effective across cultures, and in the MI framework individuals are recognized as being the experts on themselves. Some analyses show stronger MI effects for African Americans and Hispanics than White people (Hettema et al., 2005; Lasser et al., 2011), and better results for Native Americans than two psychotherapies with which it was compared (Villanueva et al 2007).

The client's *perception*, whether by race, culture, or ethnicity can also be a powerful influence on navigator-client communication. Many clients have experienced negative interactions and felt/feel stigmatized by the healthcare system (Whaley, 2001; Underhill, et al., 2015). While clients may feel more comfortable or safe working with navigators or other care providers of their own race (Cooper et al., 2003; Sabin et al., 2009; Traylor, et al., 2010), sex (Politi et al., 2009), culture, ethnicity, or sexuality, that option may not always be available. It is important for you, as a navigator, to create a safe, warm, welcoming space with each client. Some suggestions:

- Ask clients what they want you to know about them for you to work together.
  - "What is important to you?"
  - "What would you like to accomplish in our work together?"
  - "Do you have questions for me?"
  - "What can I do to make our work together comfortable for you?"
  - "Tell me about some of your previous healthcare experiences. How would you like our work together to be the same/different?"
- Tell your clients, "I want to know about you, not just your HIV."
- Increase your awareness of client's relationships and world-view (Few, 2012). Consider asking these questions:
  - "How has living in a heteronormative world influenced your life?"
  - "As a transgender woman/man, what are your greatest HIV concerns?"
  - "What is most challenging about being new to this country?"
  - "What has it been like trying to learn English?"
  - "How do you feel race has affected the quality of your care?"
- Ask clients what gender pronouns they prefer you use for them.
- **Examine your attitudes and belief system frequently.** Ask yourself how these affect your work. Self-awareness is critical when working with others.
- Treat each client as a valued individual, regardless of your differences.

- Acknowledge that you can learn from your clients as well as teach them.
- Retain the "spirit" of MI in your work with clients:
  - Respect for client's dignity and autonomy.
  - Honesty and integrity in your interactions.
  - Hope and optimism about the client's ability to make healthy changes.
  - Believe in your clients even when they don't believe in themselves.

Although behavior change can be a slow and difficult process, as a navigator you can motivate your clients. Maintain the patience, empathy, acceptance, respect and care that are the foundations of Motivational Interviewing.

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