



# Counseling for Choice

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Why counsel for choice?

# Participant's Choice: VOICE

- N= 5029 Women
- oral tenofovir alone, oral tenofovir with emtricitabine, oral placebo, vaginal tenofovir gel, and vaginal placebo gel
- Self-reported adherence
  - 90% adherence by face-to-face interviews
  - 88% by ACASI
  - 86% by returned product count
- Low concentrations of tenofovir in blood
  - 25-30% of quarterly samples positive for tenofovir
  - >50% never had drug detected at any quarterly visit

# Participant's Choice: iPrEX

- N= 2499 MSM and TGW participants
- Truvada vs. placebo
- Self-reported adherence
  - 90-95% by self-report
  - 89-95% by pill count
- Concentration of FTC-TDF in blood
  - 30% always had drug detected
  - 31% never had drug detected
  - 39% had inconsistent pattern

# Patient's Choice

Percent of patients who achieved 80%+ adherence:

– Hypertension	72.3
– Hypothyroidism	68.4
– Type 2 Diabetes	65.4
– Seizure Disorders	60.8
– Hypercholesterolemia	54.6
– Osteoporosis	51.2
– Gout	36.8

Briesacher, et al., 2008

# Ignoring Choice

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- Does not improve adherence
  - Impedes problem solving of obstacles to adherence
- Contributes to inaccurate reporting of adherence



What is it like for us when  
someone pushes us to change our  
behavior?



# Motivational Interviewing

# What is MI?

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A collaborative conversation to strengthen a person's own motivation for and commitment to change

# Client Centered Counseling

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“People possess substantial expertise and wisdom about themselves and tend to develop in a positive direction, given the proper conditions of support.”

(Miller & Moyers, 2006)

# Spirit of MI...

- **Collaborative**
  - Working in partnership and consultation with the person; negotiating
- **Respectful of autonomy**
  - Honoring the person's autonomy, resourcefulness, ability to choose
- **Evocative**
  - Listening more than telling; eliciting rather than installing
- **Empathic**
  - Viewing the client's experience through their eyes; not the same as warmth and acceptance



Respectful of autonomy

# Low level

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Counselor discourages client's perception of choice or responds to it superficially.

- Does not elaborate or attend to topic of choice when raised by client
- Minimizing client choice or superficially attending to it
- Dismissing topic of choice after acknowledging it
- Absence of genuineness when discussing client's choice
- Actively ignores client choice when client brings it up

# Mid-level

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Counselor is neutral relative to client autonomy and choice.

- Does not deny options or choice, but makes little effort to actively instill it
- Does not bring up topic of choice in the interview

# High level

Counselor adds significantly to the client's expression of autonomy, in such a way as to *markedly expand client's experience of own control and choice.*

- Counselor is proactive in eliciting comments from the client that lead to a greater perceived choice regarding the target behavior
- Explores options in deeply genuine and non-possessive manner
- Explicitly acknowledges client option not to change without sarcasm
- Provides multiple opportunities to discuss client's options and ability to control if client does not respond at first attempt
- Gives credence to client's ideas about change and motivation



Why is this important?

# Ambivalence to Change

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- **Change Talk**
  - Client statements that argue for change OR against the status quo
- **Sustain Talk**
  - Client statements that argue against change

# Talk vs. Outcomes

- **Counselor Behaviors**

- Advising, confronting, directing, and warning clients are associated with greater sustain talk

(Magill, et al., 2014; Moyers & Martin, 2006)

- Affirming, emphasizing client control, and supporting are associated with increased change talk

(Moyers & Martin, 2006; Magill, et al., 2009)

- **Behavior Change Outcomes**

- Greater change talk related to improved outcomes

(Moyers, et al., 2009; Vader, et al., 2010)

- Greater sustain talk is associated to poorer outcomes

(Moyers, et al., 2009; Apodaca & Longabaugh, 2009)

# MI Efficacy

- Rubak, S., Sandbæk, A., Lauritzen, T., & Christensen, B. (2005). Motivational interviewing: a systematic review and meta-analysis. *Br J Gen Pract*, 55(513), 305-312.
- Lundahl, B., & Burke, B. L. (2009). The effectiveness and applicability of motivational interviewing: A practice-friendly review of four meta-analyses. *Journal of clinical psychology*, 65(11), 1232-1245.
- Hettema, J., Steele, J., & Miller, W. R. (2005). Motivational interviewing. *Annu. Rev. Clin. Psychol.*, 1, 91-111.
- Lundahl, B., Moleni, T., Burke, B. L., Butters, R., Tollefson, D., Butler, C., & Rollnick, S. (2013). Motivational interviewing in medical care settings: a systematic review and meta-analysis of randomized controlled trials. *Patient education and counseling*, 93(2), 157-168.

# Not limited to MI

- Shared Decision Making

- “No decision about me without me”
- Better align medical care to patient’s preferences and values
- Patients need information AND power

(Joseph-Williams, et al., 2013)

- Patient Activation

- Willingness and ability to manage their own health and care
- Having knowledge, skills, and confidence to manage one’s healthcare



# *Options in HIV Prevention*

## *Participant-Centered Adherence Counseling*

# Overview

- **Goal**
  - Help participants choose a preferred method of HIV prevention and adhere to their desired plan
  - To facilitate a more open discussion of decisions regarding product use; including product discontinuation
- **Frequency**
  - Every study visit (total of 7 contacts per participant)
- **Elements**
  - Client-Centered counseling
  - Motivational Interviewing (*MI Light*)
- **Counselor materials**
  - Manual
  - Flipchart

# In establishing the relationship

## HOPE Adherence Counseling

**CHOICE:** Helping you choose the best HIV prevention method for you

**OPEN CONVERSATION:** About decisions regarding using the Ring or any other HIV prevention method

# In recognizing one's own wisdom

## Helping You Choose

Not every woman wants to use the Ring

In our sessions, we will...

Discuss the Ring or any other HIV prevention method you choose

Help you decide on the best HIV prevention plan for you

Help you adjust your plan



# In highlighting that all choices are acceptable

## The Ring?

“Yes, I want to use the Ring”

“No, I don’t want to use the Ring”

“Maybe, I am still not sure”

It is  
YOUR  
choice!

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Tell me about your decision

# In providing a menu of options

## HIV Prevention Options

Use ring consistently

Use condoms consistently

Encourage partner to get circumcised

Use oral PrEP

Reduce your number of sex partners

If your partner is HIV+, encourage ARV adherence

Encourage partner to get tested for HIV

Get treatment for STIs

Engage in lower-risk sexual behaviours



# In highlighting the purpose of drug level feedback

## Keep in mind...

The drug level results may not be 100% accurate

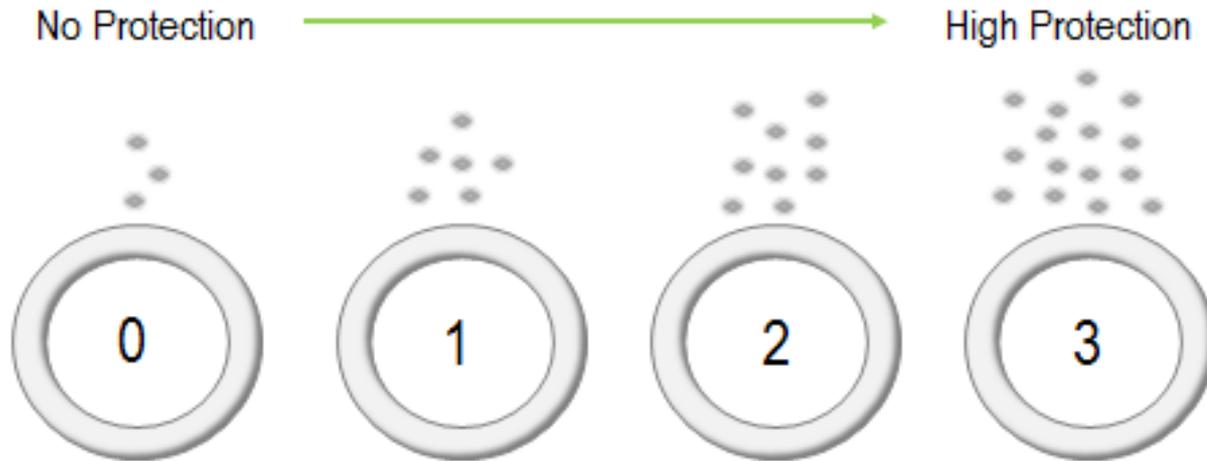
We share the results with you...

- So you have a general idea of the level of protection you are receiving from the Ring
- To help you decide whether you want to use the Ring differently so that it gives you more protection from HIV

What you do with this information is your choice

# Providing Drug Level Results

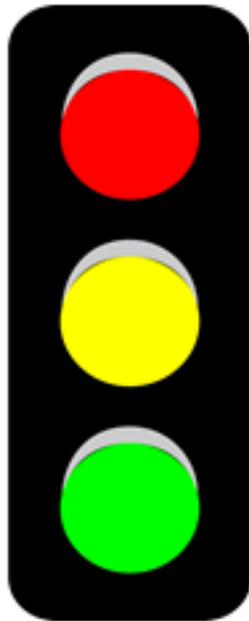
## Your level of protection



What are your thoughts about this?  
How do you feel about the level of protection you got from the Ring?  
What might this mean for you remaining HIV negative?

# In assessing participant's feelings towards change

## Feelings about Prevention Plan



My plan did not work. I need to do something totally different so I don't get HIV

My plan went so-so. I need to change some things so I can protect myself better from HIV

My plan went really well, I just have to keep doing what I am doing to protect myself from HIV

# Goals of the approach

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- Minimize defensiveness and sustain talk
- Facilitate open communication
  - Allows for problem-solving of obstacles encountered
  - Allows for a priori planning of anticipated obstacles
  - Provides insights into decision making regarding Ring use
- Emphasizes that counseling is for the benefit of the participant not for study compliance
- Improved adherence

# MTN-025 participants' reactions

- **Recognizing choice**
  - A participant changes her original stated intent to take the Ring after counselor speak of choice; did not intend to use it.
- **Deciding not to use the Ring**
  - Not currently sexually active or do not have a partner.
  - Partner does not like it, opt for other prevention approaches
- **Uncertainty about choice**
  - Do I really have a choice?
  - Choice vs. not caring
  - Why highlight choice in HOPE and not ASPIRE?

# MTN-025 counselor's reactions

- **Requires a mindshift**
  - Person as expert in themselves
  - Impulse to jump in
  - Choice vs. adherence
- **More engaging approach to working with participants**
  - Greater emphasis on understanding them and the challenges with adherence
- **Liberating**
  - Not responsible for other person's change
- **Rewarding**

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Thank you.