A Feasibility Study of Motivational Interviewing for Health Risk Behaviors Among Thai Youth Living With HIV

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Thailand is among the few less-developed countries with successful HIV prevention among segments of the population (National AIDS Prevention and Alleviation Committee, 2010). However, the success of HIV prevention among Thai adolescents and young adults has been questionable. The highest percentage of Thai persons with AIDS remain in the age group of 25–34 years, indicating that the time of greatest HIV acquisition has occurred in adolescence and young adulthood (Thai Working Group on HIV/AIDS, 2010). Most Thai youth living with HIV (TYLH) acquire HIV through sexual contact (National AIDS Prevention and Alleviation Committee, 2010). In a study of TYLH, only half reported consistent condom use in the previous 30 days (Rongkavilit et al., 2007); therefore, secondary prevention targeting sexual risk behaviors in TYLH are needed.

Behavioral intervention research targeting youth with HIV in less-developed countries remains nonexistent. An intervention that is brief, culturally acceptable, and can increase young people's intrinsic motivation to reduce risk behaviors and maintain these changes over time is critically needed for this setting. Motivational interviewing (MI), an empirically supported behavioral counseling approach, targets an individual's intrinsic motivation for change by exploring and resolving ambivalence about behavior change while supporting the individual's self-efficacy and autonomy for making changes. The MI approach can impact the information, motivation, and behavioral skills necessary to achieve a behavior change according to the Information-Motivation-Behavioral Skills model (Fisher & Fisher, 1992). MI has been successfully

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shown to reduce risk behaviors among youth in developed countries (Fisher, Fisher, Misovich, Kimble, & Malloy, 1996; Spirito et al., 2004). Furthermore, Healthy Choices, an MI-based intervention, reduced plasma HIV viral load and depression among youth living with HIV in the United States (Naar-King, Parsons, Murphy, Kolmodin, & Harris, 2010; Naar-King et al., 2009). In this article, we present the adaptation of the original Healthy Choices for TYLH and the feasibility testing of the adapted Thai Healthy Choices to improve risk behaviors in TYLH.

Method

Adaptation of Healthy Choices for TYLH

The original Healthy Choices is a four-session, individual, MI-based intervention targeting the two most problematic of three behaviors: sexual risk, alcohol/illicit drug use, and HIV medication non-adherence (Naar-King et al., 2009). The MI approach, which emphasizes counselor–client collaboration, evocation of a client's ideas about change, and respect for client autonomy, is used throughout all sessions (Miller & Rollnick, 2002). The first session (Week 1) focuses on eliciting the young person's view of the first problem behavior and allowing him or her to explore personal viewpoints about barriers, facilitators, or other sociocultural factors affecting risks, as well as building motivation to initiate and maintain behavior change. The session incorporates the provision of personalized feedback of the individual's risk behaviors obtained at baseline, and the consideration of a behavioral change plan. The second session (Week 2) follows a similar format focusing on the second problem behavior. After the second session, the counselor prepares a letter to the youth that includes his or her statements of self-motivation or optimism for change. The third and fourth sessions (Weeks 6 and 12) focus on renewing motivation and commitment to change, and strategies to prevent relapse.

Adaptation procedures. The Healthy Choices manual was translated from English to Thai by the first author, back-translated to English by an independent translator, and assessed for accuracy to the original intent. Two focus groups evaluating the Thai manual were conducted, one with five Thai care providers (a male physician, a female nurse, two female counselors, and one male peer advocate) and one with five TYLH ages 16–24 years (two males, two females and one male-to-female transgender). Both groups were asked to discuss (a) the usefulness of Healthy Choices to improve a young person's risk behaviors, (b) the suitability of Healthy Choices in a Thai setting, (c) the compatibility of Healthy Choices within the social context of Thai peers, families, and Buddhism, and (d) any modification needed to increase the relevance of Healthy Choices in TYLH. The author led discussions in both groups and audiotaped, transcribed, and translated them into English. Afterward, the research team discussed the suggestions raised by the focus groups and revised the Thai Healthy Choices manual.

Counselor training. After revision of the manual, the counselor (a Thai psychologist with no prior MI experience) and her supervisor (an MI-trained Thai psychiatrist) participated in a 3-day training in MI from members of the Motivational Interviewing Network of Trainers with the help of a translator. The essential styles of MI were addressed, including: (a) emphasizing the spirit of MI (collaboration with clients; evocation, i.e., eliciting the client's ideas about the behavior; and supporting the client's autonomy in making decisions), (b) aiming to decrease MI-inconsistent counseling (advising, confronting, and directing the client to change), and (c) offering the teaching in a style consistent with MI (eliciting trainee perspectives through the use of open questions, affirmations, reflections, summaries, and dealing with resistance). The training included presentation of MI theory, styles, and techniques; live demonstrations of each specific skill; role-play practice of MI skills in small groups; English audiovisual multimedia (digital video discs); and written handouts.

Pilot Testing of Thai Healthy Choices

After the completion of counselor training, we conducted Thai Healthy Choices with TYLH attending the Thai Red Cross AIDS Research Center