Integrating Motivational Interviewing, Motivational Incentives, and Harm Reduction as a Group Therapy Intervention with African American Crack Cocaine Users Living with HIV

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This article describes the integration of three evidence-supported approaches: motivational interviewing, motivational incentives, and harm reduction as a group therapy intervention with African American crack cocaine users living with HIV. The group is held at Provident Hospital, Chicago, Illinois, the first African American-owned hospital in the United States. The goals of the group are to prevent relapse, decrease the risk of homelessness, and help to improve decision-making skills.

KEYWORDS Africa Americans, HIV, addictions, motivational interviewing, prevention of homelessness

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Addiction, HIV, Homeless, and Other Psychosocial Challenges

There is a positive correlation between HIV and substance use disorders (Inaba et al., 2004). In addition, one-third to one-half of all people living with HIV/AIDS are either homeless or in danger of losing their housing (Fernandez et al, 2006). Also, individuals living with HIV and substance use disorders face other challenges, including hepatitis, mental illness, and stress, which can threaten the strength of their immune systems and increase the risk of relapse (Fernandez et al., 2006). African Americans with substance use disorders who are living with HIV face many additional challenges, including increased stigma, high rates of poverty, and unemployment, as well as the challenge of staying sober while living in communities that are high-risk for relapse and homelessness. All of these factors can foster feelings of hopelessness and increase the risk of relapse.

Rationale for the Group Intervention

At the hospital where the author works, staff working in the Cook County HIV/Substance Abuse Services program responded to the aforementioned challenges by forming a therapy group for African American clients with substance use disorders living with HIV. Relapse among these clients decreases their ability to manage their medical conditions, maintain supportive relationships, and causes financial instability and the potential loss of housing. The goals of the therapy group include:

- relapse prevention;
- decreased risk of homelessness; and
- increased decision-making skills for clients initiating recovery.
The group is facilitated using an integrated approach, which combines motivational interviewing, motivational incentives, and harm reduction. Motivational interviewing was selected, because research reveals that this approach decreases resistance, dropout rates, and increases recovery rates (Miller and Rollnick, 2002). The use of motivational incentives was selected, as research indicates that this evidence-based approach can increase group therapy attendance, recovery rates, and other targeted behaviors (Higgins and Silverman, 2008). In the hospital’s group, attendance, abstinence, and positive behavior that decreased the risk of homelessness were reinforced. Harm reduction primarily focused on helping group members make decisions that reduced their risk of homelessness, using the rent-receipt intervention strategy, which involves the five-step process listed below:

1. **Consciousness raising.** The great majority of members of the group are experiencing post-acute withdrawal, which impacts their ability to manage frustration, problem solve, and make sound decisions (Cunha et al., 2010). Group leaders utilize a step-by-step process in helping them make effective decisions around rent payment. Questions posed in the group include:

   - Who is involved in their decision-making process?

   - When they purchase drugs, do they go to the drug dealer, or does the drug dealer come to them?

   - Does anyone give them an advance—that is, free drugs a few days before their checks arrive, which will require them to pay for the drugs rather than rent?
- Are they experiencing any current life stressors that may lead them to buy drugs instead of paying their rent?
- The goal is to help the clients have a lens by which to envision obstacles that can get in the way of rent payment.

2. **Discuss consequences ahead of time.** Group leaders often explore the importance and value of housing as well as the consequences of losing housing. Emphasis is placed upon having a plan to address the challenges they will face prior to paying their rent.

3. **Plan ahead.** Group members are reminded of the fact that they have more control over their decision making before they start using drugs than after they use drugs. Therefore, planning begins a week or two prior to rent day. Since their entitlement checks arrive the first of each month, the plan-ahead session often occurs two weeks earlier. In the communities where many of our clients live, we have learned that most drug dealers make most of their money at the beginning of each month. Therefore, we help group members get a head start on this cycle.

4. **First things first.** Group members are encouraged and supported in paying their rent first before getting high. Therefore, if they relapse, their rent has already been paid. One week prior to the first of the month, group members share their rent-paying plans with the group. This allows them to get feedback from their peers as well as the group leader.

5. **Share outcomes.** Each client gives a report in the group following the first of the month, as to whether he or she was successful in paying rent that month.
Relapses are treated as learning experiences for those clients who are unable to accomplish the targeted behavior, and the group processes them as lessons learned. Incentives are provided for accomplishing the task.

Outcomes

The first group consisted of nine members. Over a six-month period, all group members successfully paid their rent and were not rendered homeless. One-third of the members relapsed and continued to pay their rent on time. Two-thirds of the group members remained sober over a six-month period and have an improvement in health. Five group members became peer counselors, and feedback from clients indicated that the group therapy experience and the rent-receipt intervention strategy were most helpful to them in the early phases of their recovery. In summary, group therapy has been found to be an effective intervention strategy with African American crack cocaine users living with HIV.
REFERENCES


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