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# Motivational Approaches and Shared Decision-Making (SDM) to Improve HIV PrEP Uptake and Adherence



## A Quick-Start Guide to Strengthening Patient Engagement in PrEP

This resource is designed to support healthcare professionals in strengthening patient engagement strategies, including motivational approaches and shared decision-making (SDM), to collaboratively initiate and support ongoing use of pre-exposure prophylaxis (PrEP) as part of HIV prevention care. Although PrEP is highly effective when taken as intended, uptake and persistence remain inconsistent across settings and populations. Clinical experience and evidence demonstrate that *how we talk about* PrEP is often as important as *which prevention option* is selected. Effective motivational interviewing approaches and SDM help improve PrEP initiation and persistence, build patient confidence and trust, reduce ambivalence, identify adherence challenges early, and normalize adjustments, interruptions, and restarts as part of ongoing, patient-centered prevention care. This resource offers practical strategies to support PrEP use through collaborative clinical partnerships.

## Core Principles of Shared Decision-Making in PrEP

### 1. Inviting the conversation

Normalize HIV prevention discussions using status-neutral language (e.g., “I talk with all my patients about HIV prevention, including PrEP, as part of routine care”)

### 2. Presenting options clearly

Describe available PrEP modalities, including dosing schedules, administration, follow-up needs, and common concerns (e.g., *briefly comparing daily oral and long-acting options using plain, using non-technical language*). Consider providing a printed patient education tool or website resource

### 3. Exploring patient values and context

Daily routines, privacy concerns, stigma, travel, cost, and life transitions all influence PrEP use

### 4. Making decisions together

Support patients in choosing a plan that aligns with their preferences and capacity

### 5. Revisiting decisions over time

Note that PrEP needs may change. Reassessment is expected, not a setback. Give patients time and information to decide without feeling pressure

## Motivational Communication Techniques That Work

Motivational interviewing-informed strategies can be integrated into routine visits without adding significant time.

Explore → Affirm → Offer Info → Elicit Response → Support Plan

### Use Open-Ended Questions

“Many of my patients are interested in PrEP to keep them safe; would you like to learn about it?”

“What interested you about PrEP?”

“What concerns do you have about starting or continuing PrEP?”

“How can we make it easier to follow a PrEP plan?”

### Reflect and Normalize

“It sounds like your schedule makes daily medication challenging.”

“Many people have concerns about privacy or side effects.”

Validate concerns without minimizing them.

Normalize ambivalence and uncertainty.

### Emphasize Autonomy

“You are in control of this decision.”

“We can adjust the plan if it stops working for you.”

## Addressing Ambivalence Without Pressure

Ambivalence is common and should be expected. Do not interpret ambivalence as resistance.

### Helpful approaches:

- Acknowledge uncertainty without rushing decisions
  - Allow space
- Avoid overcorrecting with data when concerns are emotional or practical
- Ask permission before offering information

### Example:

“Would it be okay if I shared a few options that other patients have found helpful?”

## Reframing the Goal: From Adherence to Fit

Traditional adherence models often focus on patient behavior. A motivational approach reframes the goal as **finding the best fit between prevention strategy and the patient’s life**.

Key mindset shifts:



PrEP persistence improves when patients feel heard, respected, and involved in decisions.



**Practice tip:** Ambivalence addressed collaboratively is more likely to lead to initiation or re-engagement.

## Supporting Persistence Without Blame

Missed doses, delayed visits, or pauses in PrEP use are common. How clinicians respond strongly influences whether patients remain engaged in care.

### Language Matters: Supporting PrEP Persistence Without Blame

Using small language shifts can help normalize lapses, reduce shame, and re-engage patients in prevention care.

Supportive, Engagement-Focused Language	Language to Avoid
Ask about missed doses neutrally	Judgmental or corrective language
“What got in the way?”	“Why didn’t you...?”
“What might work better next time?”	“You should have...”
“How can we adjust the plan?”	“You need to be more compliant”
Reinforce restarting as an option	Framing lapses as failure

## Follow-Up Visits as Engagement Opportunities

Follow-up visits should be framed as **supportive check-ins**, not monitoring.

Use visits to:

- Reassess prevention goals
- Explore changes in sexual health needs, as part of overall health
- Identify emerging barriers early
- Reinforce patient success and agency

When appropriate, involve nurses, pharmacists and chemists, community health workers, or peer navigators to reinforce continuity and access to treatment.

## Global Considerations in PrEP Engagement

Across regions, PrEP delivery models vary.

Effective engagement strategies account for:

- Differences in access points (public clinics, non-governmental organizations [NGOs], pharmacies, telehealth)
- Mobility and migration
- Privacy and stigma concerns
- Resource limitations and follow-up capacity

Regardless of setting, motivational approaches and SDM tools remain applicable and adaptable.

### QUICK TIPS AND TRICKS

#### Practice Integration Checklist

- Use status-neutral, non-judgmental language
- Engage patients using open-ended questions
- Identify and normalize adherence challenges
- Collaboratively adjust PrEP plans
- Support re-initiation without stigma

## Practical Takeaways for Clinical Practice

- Lead with curiosity, not assumptions
- Normalize change and flexibility in PrEP use
- Center decisions around patient priorities
- Treat interruptions as opportunities to re-engage
- Reinforce that prevention is an ongoing partnership



## Supporting Patients Beyond the Visit

Encourage use of patient-facing tools that reinforce shared messaging, including:

- “Let’s Talk PrEP: How to Work with Your Healthcare Team to Stick with Your Plan”
- “Finding the Right PrEP Option for You”
- “Thinking About Long-Acting PrEP?”

*Consistent messaging across HCP and patient resources reinforces engagement and improves outcomes.*



## Closing Perspective

PrEP uptake and persistence improve when patients feel empowered, not instructed. Motivational interviewing approaches and shared decision-making support sustainable prevention by recognizing patients as active partners in their care.

Prevention works best when it works **with** patients, not just for them.

*Reinforce that you and your colleagues are part of their health care team. You and your team care and want to be part of their success.*

*Forward this tool to colleagues or accompanying resource to your patients.*