

The MI Code-Switching Cheat Sheet: Counseling Across the HIV Lifespan

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Standard biomedical counseling misses the whole person. **"Clinical Code-Switching"** adapts Motivational Interviewing (MI) pacing, language, and focus to match a client's generational trauma and cultural context.

● Generation A: The Long-Term Survivor (LTS)

The Reality: Early epidemic survivors navigate "AIDS Survivor Syndrome," compounded grief, medical mistrust, and severe "pill fatigue." **The Strategy:** Focus on **Legacy, Validation, and Quality of Life**. Do not lecture on mortality.

- *Instead of:* "If you stop taking medication, your health will decline."
- *Try:* "You've managed this for decades; fatigue makes perfect sense. How can we visualize a 'break' that still protects your hard-fought health?"

● Generation B: The New Diagnosis

The Reality: Newly diagnosed youth navigate rapid-start ART protocols, dating app stigma, and anxiety regarding disclosure. **The Strategy:** Focus on **Empowerment, Absolute Freedom, and U=U** (Undetectable = Untransmittable).

- *Instead of:* "Take your pills every day so you can live a normal life."
- *Try:* "This daily regimen is a massive lifestyle shift. Let's frame this medication as a tool giving you absolute control over your sexual health."

🌉 The Syndemic Bridge

Core tenets of whole-person care across all generations:

- **Ditch the Script:** Respond to the human, not just the virus.
- **Assess SDOH:** You cannot medicate structural trauma. Evaluate housing and systemic barriers before assuming clinical resistance.
- **Embrace Discomfort:** Discuss sex, death, and trauma plainly and without judgment.

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