Enhanced Intervention

**Secondary Prevention:**

Because the focus of the counseling is essentially risk reduction there is a greater focus on primary prevention, the goal of which is to prevent another exposure. The Secondary Prevention aspect of this session, that of ameliorating some of the anxiety, depression and concern over the exposure also needs to be addressed within the session. The extent of focus depends on the severity of symptoms that each patient presents.

The first session is essentially based on a crisis intervention model that has specific theoretical principles. The objectives is for both primary prevention in order to reduce the likelihood of another exposure, and secondary prevention in order to reduce the distressing effects of the recent exposure, while facilitating growth through the experience. This model requires specific skills from the counselor aimed at containing the crisis and directing the client toward constructive resolution of the situation.

The concern and anxiety the client brings to the session must be both contained and utilized throughout the counseling. The participant’s increased perceived vulnerability to HIV as a result of the exposure is essential to the process of behavior change. The counselor in response needs to convey a different kind of urgency and concern, one that moves the participant to act and respond to his HIV risk. The counselor must also provide support to the participant, while maintaining this tension and intensity concerning the participant’s risk for HIV.
Primary Components of PEP Session I

1. Make psychological and emotional contact
2. Current feelings and thoughts
3. Explore dimensions and context of the risk incident and risk pattern
4. Review previous attempts at reducing risk
5. Explore participant’s self-perception of risk
6. Explore peer/social influences on behavior
7. Synthesis of risk incident and risk pattern and self-perception of risk
8. Identify strategies to mediate risk behavior and develop risk reduction plan
9. Make necessary referrals
1. Make Psychological and Emotional Contact and Outline the Counseling Component of PEP

Making contact is achieved by both verbal and non verbal messages.

The counselor needs to convey to the participant that he is here to listen to and support the participant through this project. The counselor should clarify for the participant the content, duration, expectations and focus of the counseling sessions. It is important for the counselor to keep to the parameters outlined for the participant with regards to session time 20-30 minutes, the risk behavior focus, and implementation of a weekly plan aimed at reducing risk of HIV seroconversion. Holding to the framework introduced in this opening component of the session offers containment and consistency.

Clients come to counseling with all different expectations. They may come expecting to be told off, criticized, given advice, questioned, listened to, blamed and sympathized with. They may also begin the treatment with different expectations, fears, hopes and concerns. For that reason the opening meeting should include a good structuring statement.

### Aims

- Set a collaborative tone
- Acknowledge internally the wisdom and resources of the person
- Suspend your own identity in order to merge with the patient’s experience
- Listening will teach you increased respect
- Assess level of distress and anxiety
- Use accurate empathy through reflective listening
Make Emotional & Psychological contact
Content Suggestions

Introductions

- Hello my name is ___ I will be your HIV prevention counselor for PEP.
- I know you have been through a lot already, so I want to start by asking you how you are doing?

Outline content of sessions and duration

- Let me explain to you what you can expect from the counseling. During the study we will meet for five (two if standard) consecutive sessions and each session will last about 30 minutes

- The focus of the counseling will be predominantly on your risk behavior but we will also spend some time on working to ensure you don’t miss any medication doses and we are also going to discuss source partner recruitment, which we will talk about later in the session.

- You will have an opportunity to discuss any concerns you may have about your risk behavior. You will also have the chance to look more closely at the behavior that places you at risk and find ways that will help you reduce that risk.

- In this first meeting I want to get an understanding of how you understand things and what your concerns maybe.

- I also expect you have some hopes about what you may get from this or what may happen, and I want to hear about that too.
Statement of respectful intention

- I want to say one more thing about the counseling. I will be asking you personal questions about your sexual behavior and we will be talking on sensitive subject matters. It is only ever my intention to be respectful of you and at the same time to hopefully talk about concerns you may have and find ways with you to reduce your chances of becoming infected.

- Do you have any immediate questions or concerns?

- Let's begin then by my asking you what you hope will happen for you in PEP?

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MI Traps to Avoid:

Confrontation/Denial:
Avoid being the champion of change, which places the client in the opposite role.

Labeling Trap:
Emphasize or admit acceptance of a dx.

Question/Answer Trap:
Counselor has control and patient becomes passive. Try not to ask more than 3 questions in a row

Expert Trap:
After a lot of questions there is the feeling that the counselor will have the answer. Make the patient as active and charged up as you can. This is a partnership. The client is the expert on him/herself.

The protocol content is presented in the form of questions. These questions provide ideas about what kind of information we are interested in. This information maybe elicited through reflective listening and open-ended questions.
2. Current feelings and thoughts

Anxiety and depression are common as presenting symptoms in a PEP patient. A quick check-in to establish how the patient has been managing his anxiety or is planning on handling his anxiety is necessary.

**Content Suggestions**

- Your score from the depression questions was high enough that I wanted to check in with you.
- Why don't you tell me how you have been feeling?
- So from what I have understood you have been feeling....
- Let me make sure I have understood how you have been feeling....

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**Aims**

- Assess anxiety and depression symptoms
- Explore how the patient is dealing with his anxiety
- How is he managing his depression?
- If there is depression ask about substance use.
- Use reflective listening, and make reflective statements to the patient as you proceed.
3. Explore dimensions and context of the risk exposure and risk patterns

The counselor will invite the participant to tell his story of the event that brought him to the clinic. The context and vulnerabilities that led to the risk behavior will be examined. It is important for the participant and counselor to understand the range of issues that influenced the participant’s decision process to engage in this high-risk episode. We will use the term “Participant Identified Motivation” (PIM) when referring to the factors that motivate the participant to unprotected sex. The motivations for the unprotected sex have included the following explanations by participants: drugs and ETOH; perceived low risk; reduced risk because of medication; needs for intimacy; fear of rejection; need for affirmation through sexual contact; poor self-esteem; perception that individuals are HIV negative if they engage in unprotected sex; difficulty with communicating serostatus or wish to use condoms; dislike of condoms; long history of unprotected sex without seroconversion leading to belief that individual is immune to HIV.

In developing an understanding of the circumstances surrounding the exposure we begin to chart a path of risk that the participant takes that leads to unprotected behavior. The steps along that path are the pieces that can be negotiated in the planning phase of the session.

Sometimes when the incident involves a condom breakage it is still useful to examine the incident and try to determine if the breakage was linked to issues other than a faulty condom. Some participants may experience this exposure as an isolated incident only and express lack of interest in continuing with the counseling. However, the counselor still needs to understand the uniqueness of this incident (for further discussion see attachment)
Risk Assessment

Content Suggestions

Assessment of the risk incident

- Can you tell me about the incident that brought you into the clinic today?
- What kind of exposure did you have?
- Where did you meet this guy? What was your relationship to this person?
- How did the exposure occur?

Explore the context of the risk incident …

- Was something unique about this situation or was this usual?
- What else is going on in your life that could have influenced your decision to have this risky encounter? (For example changes at work or home, emotional distress etc)
- What discussion did you and your partner have about serostatus before having sex?
- How did you make the decision to have unprotected sex? What kind of discussion did you have prior to having the sex?
- What drugs or alcohol were involved?

...and risk pattern

- How do you usually meet your partners?
- What kind of discussions do you have with a sex partner before you have sex?
- What drugs are usually involved in your sexual practices?
- What do you typically do around protection when you are being sexual?
4. Review previous attempts at reducing risk

Having explored the risk incident, pattern and the circumstances surrounding the exposure, the counselor can now discuss with the participant times when safe sex was used or attempted. It is important to find out the efforts made to change behavior and the barriers to consistent safer practices.

You can get so problem-focused that you forget positive things. **Affirming** someone is saying something that conveys respect for them as a human being, for their values, achievements and feelings. It is important that the counselor therefore positively reinforce all intentions and actions of the participant that reflect a move towards safer sexual practices. Reinforcing the participant’s self-efficacy in this area bolsters his belief that he can make a successful change in the behavior being discussed.

**Safer Sex Episodes**

**Content Suggestions**

**Discuss incidences of safer sexual practice**— (most specifically try to focus on a particular incident where participant was safe)

- Have there been times or a specific time where you can remember using safe sex? Can you tell me about that?
- Can you tell me about that time? What happened? What made that possible?

**Explore the participant’s feelings about using safer practices**?

- How is it for you when you practice safer sex?
- How is your level of enjoyment?
Understand the barriers or difficulties that prevent consistent safer practices

- What are some of the difficulties you have in practicing safer sex?
- How do you feel about using a condom?
- Are there times in your life or certain situations that make it more difficult for you to practice safe sex?
- Is there a certain type of person that you have a harder time using condoms with? Do you know what it is about that that interferes with you protecting yourself?

Support and encourage past attempts

- Some of your past attempts at safer practices will be useful when we try to figure out how to reduce the chance that you will be exposed again.

Considerations:

- For certain of our participants sex may rarely have involved situations beyond either anonymity or short-term encounters.
- Having discussions or knowing how to discuss or assert sexual limits may never have been explored with anyone.
- This then would make it difficult for an individual to know how to assert limits.
- If coming out involved initiation into the sub-culture where discussions of sex are culturally tabooed then the participant may have no other sexual behavioral model.
- We will discuss intervention strategies for such a situation
- What importance does discussing serostatus have on risk behavior?
5. Influence of peer relationships on sexual behavior

In addition the counselor needs to find out about the participant’s social and peer influences and if the presence or absence of friends or lovers impact choices and decisions the participant makes with regards to safe sex.

Social Influences
Content Suggestion

Discuss social and peer influences on risk behavior

- Have you had discussions in the past about serostatus with anyone in a non-sexual situation? How was that?
- Who have you spoken to someone about this exposure?
- Do you currently have a steady partner? What is his serostatus? What boundaries have you set up around sexual practices? What discussions have you had about HIV and serostatus?
- How is it for you not being in a steady relationship?
- In what ways does your sexual practice change when you are in a relationship?
4. Explore participant’s self-perception of risk

We want to understand how the participant views his or her own relationship to risk and HIV and what concerns he or she has about these sexual practices. The counselor can explore the participant’s test history and influence of negative results on risk behavior. The counselor can assess the level of concern the participant expresses about acquiring HIV and finally the counselor can reflect back the apparent contradictions between the participant’s wish to remain negative and the behaviors that place the participant at risk of becoming infected. The counselor with the participant continues to develop a more complex picture of the participant’s risk.

<table>
<thead>
<tr>
<th>Principles of MI</th>
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<tbody>
<tr>
<td>Avoid Argumentation</td>
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<tr>
<td>❑ There is a potential for disagreement</td>
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<tr>
<td>❑ If you argue for change the client can get backed into a corner and acquiesce or argue the other side</td>
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Perception of Risk

Content Suggestions

Discuss with participant the concerns he or she may have about their unsafe behavior

- How much risk do you believe you are taking?
- What concerns you about your behavior?

Explore test history with participant and find out impact of the negative test results on the behavior

- Can you tell me about your test history? For example how often do you get tested? When was the last time? What is the experience like for you?
- How do you understand the negative results you continue to have, given the risk you take?
- How do you think the negative results' impact your decisions to be unsafe?

Examine with participant how he understands the choices made to engage in high-risk behavior

- How do you understand your decision to have unprotected sex?

Explore how HIV has impacted the participant’s life

- Do you know anyone who is infected with HIV?
- Have you spoken to them about their HIV? What kinds of discussion have you had?

Reflect the contradictions between behavior and desire to remain negative

- Let me see if I understand what you have been saying. You say you are anxious and scared about becoming infected with HIV, and at the same time feel powerless to protect yourself from becoming infected. Does that seem correct? What are your thoughts about that?

Principles of MI

Rolling with Resistance

- Try not to meet the resistance head on
- Don’t take the bait
- Don’t oppose reluctance and ambivalence
- It’s not your job to generate all the solutions
Considerations:

- What have you gathered from this component about your patient’s relationship to HIV risk?

  - You should have a sense of the participant’s perception of his own risk behavior, his conflicts and ambivalence between the behavior he wishes to continue and HIV that he wishes to avoid.

From what you have said you feel caught in a difficult conflict between not wanting to become infected and yet finding yourself drawn to having the kind of sex that could potentially expose you to HIV.

- You seem to be saying if I have understood this correctly that there is a level of risk you are comfortable with, while at the same time you would find it devastating to become infected with HIV. How do you understand this?
Synthesis of risk incident and risk pattern and self-perception of risk

The counselor continues to bring together a composite of the risk incident, overall risk behavior and self-perception of risk that influence the participant’s decisions to engage in behaviors that may potentially expose them to HIV. This synthesis offers the participant an organized perspective of his narrative. The summary and insight should heighten participant’s awareness of the dynamics of his risk behavior. This is the foundation from which the counselor and participant will develop a risk reduction plan.

**Synthesis**

**Content Suggestions**

**Summarize and reflect back the information the participant has provided**

- So let me see if I have got this right...
- Let me see if I have a complete picture here of where you are in all of this...
- What did I leave out?
- Does this seem accurate to you?
6. Identify strategies to mediate risk behavior and develop a risk reduction plan

This section relates directly to the action to be taken by the participant to reduce risk. The objective is limited and is intended to provide an immediate constructive action that the participant and counselor believe is realistic and attainable by the participant. This plan emerges from the previous discussions and should respond to essential points identified as contributing to high-risk behavior.

### Risk Reduction Plan

#### Content Suggestions

**Negotiate a specific concrete incremental plan**

- What do you think would a good next step to take?
- How realistic is that for you?
- What do you think is going to be most difficult for you in carrying out this plan?
- It is important to see these plans as stepping stones towards longer-term planning.
- If it’s okay with you, I would like to call you in the week to see how you are doing.

**Encourage support for the plan**

- Who would you feel comfortable talking to about the plan?
- In what ways might it be helpful to get support from someone you trust to help you make these beginning changes. Do you know someone who could help you?
7. Make necessary referrals

If during the course of the session the participant identifies an issue that the counselor believes requires a referral for professional services (drug treatment, support group, mental health counseling), then the counselor should be prepared to provide specific names and phone numbers to the participant. The referral may augment the risk reduction plan, but it should not be the sole plan. Rather, the focus of the plan should be on the high-risk behavior.

Referrals

Content Suggestions

Discuss with participant recommendations for additional services

- Now that we have the plan, let me go back to some of the more complicated feelings you expressed earlier in the session.
- Have you ever received any kind of treatment for the depression that you have described?
- Have you considered getting some help?
- Do you have any interest for some further therapy or groups?
- You expressed concern around your drug use and its impact on your risk behavior, how would like to address these concerns?
ATTACHMENT TO SESSION I

Condom Failure in the Discordant Couple

Content Suggestions

Assess how couple is coping with the discordency in the relationship

- Let me ask you how you are coping with your different status?
- Do you go to any group together for support?
- How satisfied are you with you and your partner’s communication about your different status?

Evaluate to what extent the condom failure reflects some risk reduction fatigue

- How do you understand the condom failure?
- I hear that you both take precautions to be safe, and have been successful so far.
- Are you aware of anything going on for you or partner that may help explain the condom break?
- Do you think that this condom failure may be connected to feelings of fatigue in constantly having to be safe?

Assess if VL and medication of source is impacting care taken in safer sex practice

- Your partner’s VL is undetectable. Do you believe his virus is less infectious because of the medication? Could these factors be influencing some of your vigilance in safety?
Counselor Notes:

Evaluate if participant ambivalence around being negative

- From what you have said you seem fairly resolved to remain safe. Have there been times when you have felt like saying "to hell with it" and not protecting yourself?
- Can you tell me about that?

Establish revised plan based on today’s discussion

- Lets come up with a plan that’s relevant and useful for you and your partner that addresses some of the issues we discussed today.
Condom Failure
Multiple Sex Partners
Content Suggestions

Aims
- Explore details of when, where and how index negotiates condom use
- Evaluate reliability of the patient’s perception of his safe sex practices
- Summarize and reflect patient’s narrative
- Reflect back patient’s concerns about the counseling
- Explore possible benefits of the counseling

Assess risk pattern, number of partners, and venues of sex encounters
- You have said that you always use condoms in any situation. You also said that you have multiple partners in different venues. How is it for you being vigilant around condom use in situations where many are not using them?
- What kinds of difficulties have you encountered in trying to use them diligently?
- Where do you typically find your sexual partners?
- How many sexual partners would you say you have in a week?
- Are you typically insertive or receptive?

Explore the details of when, how and where the participant characteristically initiates and negotiates condom use
- How do you usually initiate condom use?
- If you are being receptive, do you put the condom on your partner?
- How do you ensure he uses it from start to finish?

Evaluate the reliability of the participant’s own perception of his safe sex practices
- Have you ever been concerned a partner has removed the condom or not actually put it on?
- What is your perception of the risk involved with oral sex?
, if you don’t what do you think is the best step?

Explore with patient ways that his behavior may be risky

- I understand the ways you feel you are safe. Are there any concerns you may have around your behavior?
- If the venue is a dark place and you don’t see what is going on how can you be sure that your partner is in fact using the protection you assume he is using?
- Do you have a steady partner? What is his serostatus?
- What discussions on condom use or sex outside the relationship do you and your partner have?
- You are clearly vigilant around condom use.

Evaluate participant’s level of resistance to counseling

- You have said that because you are safe you don’t believe the counseling can be of use to you. Did I understand that correctly?

Explore with participant how he/she might benefit from engaging in the counseling

- Is there anything you can think of that you might be able to gain from talking with us during the course of this study.
- This counseling can offer you an opportunity to re-evaluate your risk, reflect on how dealing with the constant reality of HIV impacts you, and will allow you to consider your longer-term outlook.
- Risk increases with the number of encounters you have and the context in which you have them.