This second session is intended to provide results and build on the work initiated in the first session. An empathic reconnection with the participant is important in order to encourage further openness and exploration into these difficult areas of inquiry.

From the counselor’s perspective this session offers the opportunity to explore with the participant his experience of the week. This week may have had some impact on the participant’s experience of personal HIV risk. The issues the participant may have dealt with over the course of the week include anticipation of results, experience of taking medication, contacting the source, reflection on his risk behavior and the challenge of implementing the prevention plan.

Find out what further thoughts the participant has had during the week about his risk. One of the hopes for the counseling is to increase the participant’s involvement with his HIV risk. What would this involvement look like at this session? Well, indicators may include whether the participant has thought further about his risk, brings in any other ideas about his motivations for risk or has completed the plan discussed the week before.

The approach for this session will be to give the results, explore the response to the
negative results, follow-through on the outcome of the risk reduction plan and discuss further thoughts from the previous session. If the participant’s HIV test results are positive the counselor should follow the standard protocol for providing HIV test results. The guidance in this section pertains to PEP participants with HIV negative test results.
Primary Components of PEP Session II

1. Provide participant with HIV test results
2. Review participant’s week and discuss effectiveness of prevention plan
3. Explore participant reaction to medication (disinhibition)
4. Follow-up on risk discussion from last week
5. Set up new prevention plan
6. Provide additional referrals
7. Review adherence to medication (Enhanced)
8. Follow-up on source contact
1. Provide Test Results

The counselor should provide the test result expediently and in simple terms. The participant may experience considerable relief on receiving the negative test result. The counselor can elicit the participant’s feelings and beliefs about the negative results, particularly in the context of the recent high-risk exposure. The participant may believe that the test result is an indication (vindication) that he has thus far made the “right choices” in terms of partner selection and risk behavior. Or that perhaps the “it won’t happen to me” mind-set is reinforced by the negative results in the face of high-risk episodes.

Provide Results

Content Suggestions

Greet participant

- Hello, I will not keep you waiting, let us first look at your test results.

Provide results

- The antibody test result is negative. This means that as of 6 weeks to 3 months ago you had not been infected with the virus.

Ensure participant understands the meaning of results

- However, this result does not tell you about whether you were infected by the exposure that brought you here for PEP.

Assess participant’s response to the results

- Last week we spoke about the impact of past negative test results on your high-risk behavior. I wonder now how you are feeling about this result?
2. Review participant’s week and discuss effectiveness of prevention plan

The counselor will be assessing how the participant coped throughout the week with regards to anticipation of results, experience of taking medication, contacting source partner to establish source partner’s status, reflecting on his risk behavior and the challenge of implementing the risk reduction plan. Discussions of these topics offer the counselor an opportunity to utilize the intensity of the experience to increase the participant’s investment in altering his HIV risk behavior. If the participant has particular questions that may have arisen during the week now will be the opportunity to address them.

In addition, the effectiveness of the plan negotiated the week before will be discussed. The purpose of each plan is to build stepping stones towards a more permanent structure of safer behavior.

### Negotiating a plan

- A first step towards initiating change is to set clear goals. After that you can consider the options and then come up with a plan.

- The goals a client may set may be different to yours. You cannot impose your own wishes and goals for the patient. If the goals the patient sets are unsuccessful it will become a topic for discussion at a later time.

- With any goal set you can explore what concerns a patient may have that have not been expressed.
Review of Plan

Content Suggestions

Inquire as to how the participant’s week went

- Tell me how your week went.

Find out whether the risk reduction plan was implemented.

- Did you manage to carry out the plan that we discussed?

Identify reasons for successes or difficulties in implementing those plans

If “yes”, then affirm the participant for his efforts, and ask him to tell you about it.

- Great. Tell me what happened? I know you had concerns about whether you would be able to follow the plan and yet it seems you were successful.
- What part worked for you and what was more difficult?

If the answer is “no”, then explore with him what happened.

- What do you think got in your way of being able to carry out the plan?
- Tell me what you found difficult?
- What was most difficult about the behavior change?

Summarize the patient’s experience around the plan

- From what you have said you found that...
- It sounds like you had some difficulty with part of the plan but also were able to do this other part.
- What else did you think about this week with regards to your risk?
3. **Explore participant reaction to medication (disinhibition)**

- I am wondering how you see the medication helping you reduce your risk?

4. **Follow-up on high-risk discussion from last week**

This component allows the counselor and participant to review the risk discussion from last week and continue the effort towards motivating the patient to resolve ambivalence around safer practices.

**Follow-up Discussion Content Suggestions**

**Review discussion from last week**

- What further thoughts did you have about what we discussed last week discussed last week?
- What did you take away from last weeks’ session?
- What is the one thing you most remember from last week about our discussion on your risk behavior?
- I was thinking about a couple things that we spoke about last week...
5. Set-up New Risk Reduction Plan for Upcoming Week

The next task of the session will be to create a new or revised risk reduction plan. The counselor can encourage the participant to attempt an additional, perhaps more challenging, step toward reducing risk based on the previous discussions. The counselor and the participant need to again refine a plan seeking the highest probability of success. The counselor should remind the participant that behavior change and risk reduction occurs in incremental steps. It is important to discuss the support issue again and see if the participant made use of the support discussed in the last session. Is there someone for the participant to talk to about this behavior change? The participant should be encouraged to speak to at least one person this week about risk reduction and the plan. Once again, the counselor should seek commitment from the participant to implement the risk reduction plan as negotiated.

**New Plan**

**Content Suggestions**

**Decide with the participant what next step to take**

- What do you think would be a good next step?
Identify specific, concrete, and incremental achievable goals that reflect participant’s chief concerns about his own behavior:

- Since we have identified the biggest obstacle to you remaining safe let’s try to find some small step that can address that.
- What aspect of your risk behavior are you most concerned about?

Ensure participant is comfortable with new plan:

- Does that seem something you can realistically do?
- Is there something we can do here together that could prepare you for this next step?

Identify participant’s ongoing sources of support:

- It may also be useful if you have someone you can talk to in the week for support. Is there someone you feel close enough to talk to?
- I want to encourage you to talk to someone you trust about your risk reduction efforts and plan. Do you think you can do that?
- Who might that person be?
6. **Provide additional referrals**

Referrals are always an important and integral part of the counseling sessions. At the first session referrals were made, and in the second session, the counselor follows through to see if those referrals were successfully followed through. During this session, if the counselor and the participant identify any further needs that had not surfaced at the last session then another referral will be made. Further, if a referral was not followed through on, then the counselor and participant will decide if that referral was appropriate, if perhaps the counselor needs to make the referral himself on behalf of the participant, or if another referral may be more appropriate.

**Additional referrals**

**Content Suggestions**

**Assess if participant followed through on last weeks referrals**

- Were you able to make the "referral" we discussed last week?

**Identify obstacles (if any)**

- What do you think prevented you from following through on the referral we discussed?

**Identify current referral needs**

- How do you feel about the referral now?
Discuss usefulness of referrals

- In what ways do you think this referral would be useful for you?
- Would it be useful if you made the call while you are here, since it sounds like you think the referral would be beneficial, but you have not found time to follow-through when you leave?

Assess participant support system

- What kind of help do you think you need with this referral?
- Do you have anyone who can encourage you?
- How would you feel about eliciting this kind of help?

Discuss possible problems to following through on referral

- What might interfere with you following through on this referral?
- Do you think you could ask for help if you find yourself having difficulty with making the phone call?
7. **Review and Follow-up on Adherence**

Monitoring medication adherence is an integral part of each counseling session during the first four weeks of treatment. This means that counselors will be checking in with the participants finding out how consistently she is taking the medication. If there are missed doses the counselor will need to figure out with the participant the reasons, and come with ways to avoid recurrences.

**Adherence**

**Content Suggestions**

**Assess participant’s adherence for the week**

- How have you managed with the medication this week?
- What problems have you had remembering to take any of the doses?

**Discuss any missed doses**

- How many doses did you miss?
- Was that an exception, or do you have a difficult time remembering that particular dose?
- What other difficulties are you having with your medication?

**Identify reasons for missed doses**

- What was going on that you missed the dose?
- What needs to change to prevent that happening again?

**Discuss how participant is emotionally experiencing the medications**

- How are you feeling emotionally about being on the medication?
Considerations:

- What are your thoughts about continued pressure on the participant to bring in the source?
- What is a convincing argument as to why it is useful for the index to talk to his source?

8. Follow-up on source partner

An initial discussion regarding source partner should have taken place in the first session. If the source came to the clinic and/or is a willing participant in our study by this time, then no further discussion is necessary. However, if the index was going to consider contacting the source, or there was a plan agreed upon in the last session for the index to ask the source to come to PEP to give blood, then a check-in on how the follow-up went is necessary.

Source Partner

Content Suggestions

Assess participant’s progress in contacting source

- Were you able to make contact with your partner as we discussed last session you would do?
- Did you think further about whether you would want to contact your partner?

Identify obstacles preventing participant from asking source to come to PEP

- Let’s talk a little about some of the things that are making it difficult for you to ask your partner to come in.
MI Techniques
Eliciting Self-Motivational Statements

The client makes the argument for change.

4 Categories

1. Problem recognition
Mental cognitive recognition for change

2. Ts of concern
Emotion, passion, distress, concern for own condition

3. Intention to change
Later stage of change. Encourage and listen carefully. Try to understand what they exactly need

4. M for change
Later stage of change. Expression of the ability to change. That it will be possible.

Identify method for participant to contact source

- Should we come up with a strategy to help you contact your partner?
- What do you think is the next step here?

Encourage participant to follow through on agreed upon method

- From what you have said it sounds like it is difficult for you to make this contact, and I think we have talked about some of the reasons it is hard.
- While I do not want to make you uncomfortable, I would like to talk a little more about your concerns.
- Perhaps you can think some more about this over the week and we can discuss it further next week.