

RISK ASSESSMENT/RISK REDUCTION COUNSELING & PATIENT-CENTERED APPROACH

- Open Ended Questioning
- Attending & Active Listening
- Paraphrasing
- Reflecting Feeling
- Reframing
- Confrontation
- Self-Disclosure
- Giving Information Simply
- Giving Information in Client History Context
- Affirming Client's Safety Thoughts/Choices
- Role Playing Client's Possible Choices
- Focusing on Client's Next Steps in Harm Reduction

CLIENT CENTERED QUESTIONS

1. How do you feel about postponing sex?
2. How can outercourse fit into your sex life?
3. Can you tell me what is important to remember about condom use? (condom rules)
4. What you drink/drug, how do you feel that effects your sexual safety awareness/or condom usage?
5. If you were going to reduce your numbers of sexual partners, what would work best for you?
6. If you wanted to use safer sex and a partner did not, what do you think you would/could do?
7. Could you introduce safer sex in a fun way?
8. Would you feel comfortable discussing safer sex with your partner(s)?
9. When do you think is the best time for you to start talking about safer sex?

CLIENT-CENTERED QUESTIONS

1. Do you use condoms? Tell me about how often you use condoms—sometimes, always, most of the time, or never?
2. What is most challenging about using condoms?
3. If you were going to use condoms, which ones do you think you would use?
4. What is the most positive thing about condoms?
5. What do you feel is the best way to discuss condom use with a sexual partner?

CLIENT-CENTERED-COMPULSION ???

1. What do you think would happen if you

---did not drink/drug?

---abstained from sex?

---reduced the number of your sex partners?

---only experienced sex with a committed partner?

---only had sex when clean/sobor?

---only had safer sex?

---had sex in a different routine/ritual?

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Characteristics of Counseling

Counseling is communication, both verbal and nonverbal, made in response to, and in the presence of feelings. It is the work of supporting someone in making decisions when their willingness or ability to act is affected by their feelings. Effective counseling can help a client to explore, express, understand, and accept feelings so that she/he can make decisions.

Counseling is different from education, although education can be a component of counseling. Good counseling does not equal good information giving.

Good counseling is "client-centered" — that is, it is tailored to the behaviors, circumstances, and special needs of the person being served.

Counseling is not solving the client's problem for her/him or giving advice. In the counseling process, the counselor avoids taking on the client's problem or telling the client how to solve the problem or what decision or action to take. Instead, the counselor brings a set of skills to the interaction that can enable the client to reach a better understanding of the problem, deal with her/his related feelings and concerns, and assume responsibility for evaluating alternatives and making choices.

Counseling, as offered during the brief HIV/STD prevention counseling session presented in this course, is also different from ongoing therapy. This HIV/STD prevention counseling intervention is focused on an immediate presenting problem related to the services offered by the agency for whom the counselor works, in this case, the US Navy. Referrals are made for problems falling outside the scope of the clinic services or the expertise of the counselor.

Basic Counseling Skills

1. Open-ended questions
2. Attending
3. Offering options, not directives
4. Giving information simply

The Six Steps of an HIV/STD Prevention Counseling Session

1. Introduce and orient a client to session
2. Identify client's personal risk behaviors and circumstances
3. Identify safer goal behaviors
4. Develop client action plan
5. Make referrals and provide support
6. Summarize and close session

Step 1. Introduce and Orient Client to Session

Introduce yourself as health counselor. Describe the purpose of the session, the expected duration, and what you hope to achieve in the session. Seek consensus from the client as to the objectives of the session and agreement to maintain this focus throughout the session.

During the session, be polite, professional, and display respect, empathy, and sincerity to the client. Become involved and invested in the process and convey an appropriate sense of concern and urgency about the client's HIV/STD risk behaviors. Seek to deal with the client's concerns.

Suggested open-ended introductory questions:

- What would you like me to call you?
- Why did you come to the clinic today?
- What would you like to know before you leave here today?
- What have you heard about AIDS/your STD?
- How do you think the virus/this infection is passed from one person to another?
- How did you decide to take the HIV test today?
- What are your specific concerns about sexually transmitted diseases?

Step 2. Identify Client Risk Behavior(s)

With the client, identify the specific behaviors that place him or her at risk for HIV/STD. Focus the client on specific behaviors, situations, and partner encounters that contribute to his or her risks. Attempt to build from the problem (symptoms, referral, etc.) and reasons that brought the client to the clinic. Establish an atmosphere that conveys a collaborative and creative exploration of the relevant issues.

Definition: Risk Behaviors are the sex or drug use actions that in and of themselves can result in transmission of HIV/STD.

Suggested open-ended risk assessment questions:

- What makes you believe that you might be at risk for HIV/STD? What are you doing in your life that might be putting you at risk for HIV/STD?
- Tell me about the exposure incident that brought you to the clinic today? When was the last time you had unprotected sex? Shared needles?
- If you were infected, how do you think you may have been infected?
- Have you been tested before? If so, when and why?
- What were the results?
- How many different people do you have sex with? How often?
- What is your experience with using drugs? How often do you do this?
- When was the last time that you put yourself at risk for HIV/STD?
- What was happening then?
- When do you have sex without a condom?
- What are the riskiest things that you are doing?
- What are the situations in which you are most likely to be putting yourself at risk for HIV/STD?
- How often do you use drugs or alcohol? How does this influence your HIV/STD risk behaviors? When was the last time you had sex while high on alcohol or drugs?

Step 3. Identify Safer Goal Behaviors

Reinforce the client's previous HIV/STD risk-reduction efforts.

Identify specific safer goal behaviors that the client is willing to try to adopt.

Definition: Safer Goal Behaviors are specific actions that directly prevent or greatly reduce HIV/STD transmission and that the client is willing to try to adopt.

Suggested open-ended questions to explore participant HIV/STD risk-reduction attempts and safer goal behaviors:

- Is there a specific time that you remember where you were able to practice safer sex (used needles safely, used a condom)?
- What did you do?
- What made it possible for you to do it?
- How was that for you?
- What are you presently doing to protect yourself?
- What would you like to do to reduce your risk of HIV/STD?

Suggested statements reinforcing positive change already made:

- It's great that you are here!
- You've taken the first step; you're doing a great job; keep it up!
- The fact that you're concerned about HIV/STD is important.
- It's important that you recognize that you've really been thinking about reducing your HIV/STD risk.
- Look at how much you've already done to protect yourself (be specific).

SAFER GOAL BEHAVIORS

Abstain from sex or delay sex

People can choose to not have sex. People can also decide to wait, or delay sex, until a later time in their life. They may choose to have personal relationships that do not involve sex.

Outercourse vs. Intercourse

Outer-course is non-penetrative contact, such as massaging, hugging, and kissing. Non-penetrative contact vs. intercourse can eliminate transmission risk for HIV and many (though not all) STDs.

Monogamy

Monogamy is sex between two people, who only have sex with each other, as part of a long-term relationship. If neither partner is infected, there is no risk of disease transmission. Getting to know your partner and his/her sexual history before you decide to have sex can also reduce your chance of exposure to disease. A series of short-term relationships is not as safe because of the increased risk that one of those partners will be infected.

Use Condoms and other barriers

When used correctly and consistently, condoms can significantly reduce the risk of getting a sexually transmitted disease. A variety of male condoms are available. Female condoms and oral barriers are also available. Condoms can reduce both the risk of pregnancy and the risk of disease transmission. A new condom/barrier should be used for each act of anal, oral, or vaginal sex.

Reduce # of partners

Many people who are infected with an STD don't know it, and you can't tell just by looking at them. The more people a person has sex with, the more likely it is that one (or more) will be infected with an STD. Though not as safe as monogamy, reducing the number of people a person has sex with can reduce risk by reducing the number of exposures.

Do not have sex with "high-risk" people

You can't tell if potential partners are "high risk" just by looking at them. People who may be at higher risk of having a sexually transmitted infection including those who trade sex for money or sex for drugs, because they may have sex with many other people. Other people who may be at higher risk are people who share needles, because this activity can result in HIV, Hepatitis B and C infections, which can then be spread sexually. Non-monogamous men who have sex with men are also at higher risk of being infected with HIV and Hepatitis B because the risk of transmitting these viruses is greater with receptive anal intercourse than with vaginal or oral intercourse and because these men may have many sex partners.

Do not share needles or "works"

The safest thing a person can do is to not inject (non-prescription) drugs. For people who do continue to inject drugs, use a new, sterile needle from a reliable source each time. If sterile needles cannot be used, disinfect needles and syringes before and after each use.

Note: Use of drugs or alcohol can affect sexual behavior because of reduced inhibitions and clouded judgment.

Step 4. Develop a Personalized Action Plan - working with a client to develop a realistic plan for reducing her/his HIV/STD risks.

Help the client establish a personal plan to reduce his/her risks of HIV/STD. The plan should be realistic, yet challenging, and should address the specific behaviors identified by the client during the risk assessment phase of the session. It should also incorporate the client's previous attempts, perceived personal barriers, and perceived personal benefits to reducing HIV/STD risk.

Discuss what barriers there are to adopting the new behavior and what benefits there are. Identify concrete, incremental steps the client can start to take to achieve his/her goal. Discuss how the client will put the plan into operation, using specific and concrete steps. Establish a back-up plan. Confirm that this plan is personalized and is acceptable to the participant. Solicit questions and reinforce the client's initiative in agreeing to try to negotiate a risk-reduction plan.

Definition: Action Steps are specific incremental steps a client can take to help him or her adopt a safer goal behavior.

Suggested open-ended questions to explore participant HIV/STD risk-education attempts and personal barriers and benefits to adopting safer behaviors:

- Is there a specific time that you remember where you were able to practice safer sex (use needles safely)? What did you do? What made it possible for you to do it? How was that for you?
- What are you presently doing to protect yourself?
- What would you like to do to reduce your risk of HIV/STD?
- What do you see as advantages or good things about adopting _____ (the safer behavior)?
- What do you see as disadvantages or bad things about adopting _____ (the safer behavior)?
- What makes it easy (what situations make it easier for you) to _____ (the safer behavior)?
What makes it difficult (what situations make it difficult for you) _____ (the safer behavior)?
- Who (individuals or groups) would approve or support you in adopting _____ (the safer behavior)?
Who (individuals or groups) would disapprove or object to you adopting _____ (the safer behavior)?

Suggested open-ended questions to use when assisting the client to develop a personal risk-reduction plan:

- What one thing can you do to reduce your risk right now?
- What can you do that would work for you?
- What could you do differently?
- How would your sexual practices (drug-use practices) have to change for you to stay safe?
- Now that you have identified some steps you could take, how can you go about making this happen?
- What could you do to make it easier to take these steps?
- Who would support you in taking these steps?
- When do you think you will have the opportunity to first try this (behavior, discussion, etc.)?
- How realistic is this plan for you?
- What will be the most difficult part of this for you?
- What might be good about changing this?
- What will you need to do differently?
- How will things be better for you if you...?
- How will your life be easier or safer if you change...?

Suggested statements supporting and reinforcing the client :

- You have really done something good for yourself in putting this plan into place.
- You've taken very positive steps today to help meet some important personal goals.

Step 5. Make Effective Referrals

- 1. Help client define priorities:**
- 2. Discuss and offer options:**
- 3. Offer referrals:**
- 4. Refer to known and trusted services:**
- 5. Assess client response to referral:**
- 6. Facilitate active referral:**
- 7. Develop a follow-up plan:**

Step 6. Summarize and Close

1. Identify the major points, including feelings, that have been discussed, and tie them together.
2. Formulate a concise statement of client's issues and decisions, including content, feelings, and connection between them.
3. Check that client "owns" the summary.

Signs of ineffective summarizing, closure:

- Client balks, says you have missed the main or major point(s)
- Client does not leave
- Client leaves without acknowledging an understanding

HIV/STD Prevention Counseling Risk Reduction Plan

1. Client name or ID #: _____

Date: _____

Counselor: _____

2. Current Risk Behavior(s) and circumstances:

3. Safer Goal Behavior(s):

Previous successes:

Safer Goal Behaviors:

4. Personal Action Plan

Barriers

Benefits

Action Steps:

5. Referrals:

6. Summarize and Close:

STD/HIV RISK ASSESSMENT AND RISK REDUCTION COUNSELING GUIDE

There should be a direct relationship between the risk information elicited during risk assessment and appropriate and specific counseling recommendations. This sheet is not meant as a checklist, but as a guide to use in the medical office setting to assist in the transition between thorough risk assessment and patient-centered risk reduction counseling. Risk assessment questions are listed on the left while the content of related counseling is included on the right side of the form.

RISK ASSESSMENT

SEXUAL HISTORY

Notation

1. Age at first intercourse _____
2. Number of partners _____
3. Practices vaginal intercourse _____
4. Practices anal intercourse _____
5. Practices oral intercourse _____
6. Unprotected vaginal intercourse _____
7. Unprotected anal intercourse (receptive) _____
8. Unprotected anal intercourse (insertive) _____
9. Unprotected oral sex performed on partner _____
10. Unprotected oral sex partner performed on you _____
11. STD/HIV status of partners _____

REDUCTION RECOMMENDATIONS

IT IS NOT WHO YOU ARE, BUT WHAT YOU DO

Consider nonpenetrative means of pleasuring each other (sharing fantasies, body massage, mutual masturbation without exposure to ejaculate or vaginal fluids, using unshared sex toys)

Consider abstinence

Reduce number of sexual partners

Know STD/HIV status of yourself and your partner

Know your partners' sexual and drug using histories

Communicate expectations for safer behavior beforehand

Refuse sex with partners who refuse to use condoms

Avoid unprotected vaginal, oral and anal intercourse

Avoid unprotected oral sex (fellatio, analingus and cunnilingus)

DISCUSS WITH PATIENT

Use only unexpired, latex condoms (avoid lambskin condoms)

Use condoms lubricated with water-based lubricant

Never reuse condoms

Avoid lubricants with fat, oil, or petroleum products.

Where to buy and obtain free condoms

Barriers to condom use and negotiation strategies

Correct barrier use

What to do if the condom breaks

Allergy to latex and nonoxynol-9

Techniques for eroticizing safer behavior

RISK ASSESSMENT

STD/HIV STATUS AND HISTORY

- 13. History and treatment of HIV _____
- 14. History and treatment of STDs _____

ALCOHOL AND DRUG USE

- 15. Sex under the influence of alcohol _____
- 16. Sex under the influence of other drugs _____
- 17. Needle Sharing _____

OCCUPATIONAL EXPOSURE

- 18. Past Occupational Exposure _____
- 19. If yes to #18, antiviral prophylaxis _____
- 20. Possible risk of exposure in current job _____
- 21. If yes to #20, refer to 'Consider HIV Testing' reduction recommendations _____

REDUCTION RECOMMENDATIONS

USE BARRIER PROTECTION

Use barriers every time you have intercourse (oral, anal or vaginal) and with every partner

CONSIDER HIV TESTING

- Weigh risks and benefits
- Test for STDs
- Test for HIV with Consent
- Test partner(s)

AVOID ALCOHOL OR DRUG USE BEFORE OR DURING SEX

- Discuss harm reduction strategies with both addicts and recreational users
- Discuss not sharing needles
- If patient is addicted refer to treatment

Risk Assessment and Risk Reduction Counseling Guide

The purpose of risk assessment is to provide appropriate and specific counseling to improve the health of the patient. This sheet should not be used as a checklist, but rather as a guide for assessment and patient-centered risk reduction counseling. As with any patient encounter, it is important to introduce yourself and start to develop a comfortable relationship before the assessment begins. In addition, a short discussion of the need for a thorough assessment of risk can decrease the patient's anxiety about this session. Tell the patient that some of the questions may be embarrassing or uncomfortable, but that you are only asking them to provide better care.

Risk reduction based on the Harm Reduction Philosophy asks the questions: *What is safer, healthier, or less risky that what you are doing now? Of the full spectrum of things that are safer, healthier, and less risky, what, if anything, are you willing to try?*

RISK ASSESSMENT

Safety Issues

1. Do you wear seatbelts - how often?
2. Do you use a helmet and other protective devices when engaged in biking, skiing, other sports?
3. Do you work in an occupation that puts you at risk:
 - of injury?
 - of exposure to chemicals or pollution?
 - of exposure to blood or human tissues?
4. Have you ever had an injury as a result of domestic violence?

General Health History

1. Have you ever had surgery? If so, for what?
2. Have you ever had a blood transfusion or a transplant procedure?
3. Are your immunizations up to date?
4. Have you or any of your blood relatives been diagnosed with a chronic or potentially fatal disease (i.e. cancer, diabetes, high blood pressure, hepatitis, etc.)? If so, how are you dealing with your potential risks?

NOTES

RISK REDUCTION TACTICS

What is safer, healthier, or less risky that what you are doing now?
Discuss:

- driving safety
- issues related to head injury
- OSHA regulations/company policies: is patient aware of policies? Does s/he feel safe at work?
- expanded blood contact protocols
- family violence issues

Of the things that are safer, healthier, and less risky, what are you willing to try?

- resources for further education, counseling, support
- potential barriers to change

What is safer, healthier, or less risky that what you are doing now?
Discuss:

- prevention measures post surgery
- testing for blood-borne diseases (esp. HBV, HCV, HIV)
- vaccine schedules
- health promotion activities specific to familial diseases

Of the things that are safer, healthier, and less risky, what are you willing to try?

- resources for further education, counseling, support
- potential barriers to change

Substance Use History

1. Do you now or have you ever used:
 - cigarettes
 - alcohol
 - marijuana
 - steroids for athletic purposes
 - street drugs
2. If so, describe your use.
3. Have you ever injected drugs (any kind, including prescription)? If so, did you ever share your injecting equipment?

Sexual History

1. Are you now or have you ever been sexually active? If so:
 - age at first intercourse?
 - do you have sex with men or women or both?
 - do you practice vaginal, anal, and/or oral sex?
 - do you ever use protection during sexual intercourse? What kind? How?
2. Have you ever been diagnosed with an STD(s)? If so, what kind of treatment did you receive?
3. Have you ever been forced to have sex against your will? Have you ever been hurt because you refused to have sex? Have you ever been afraid in a sexual situation?

What is safer, healthier, or less risky that what you are doing now?

Discuss:

- treatment options
- decreasing use
- using more safely (i.e., smoking or ingesting a drug rather than injecting; always using sterile equipment when injecting; not driving or having sex while under the influence, etc.)

Of the things that are safer, healthier, and less risky, what are you willing to try?

- resources for further education, counseling, support
- potential barriers to change

What is safer, healthier, or less risky that what you are doing now?

Discuss:

- full spectrum of risk reducing activities from abstinence to correct condom use
- problems associated with having sex while under the influence of drugs/alcohol
- physical and blood exams for STDs

Of the things that are safer, healthier, and less risky, what are you willing to try?

- resources for further education, counseling, support
- potential barriers to change

Observer Input

Did the Provider:

1. Establish comfort and rapport?

- explain the purpose of the risk assessment? yes no
- use a direct, unembarrassed approach? yes no
- acknowledge any patient discomfort? yes no
- use a clear communication style that the patient could understand? yes no
- react in a non-judgmental manner? yes no
- use appropriate body language and eye contact? yes no
- ask open-ended questions? yes no

2. Elicit patient concerns about risks and behavior change?

- ask about patient's concerns? yes no
- listen to concerns? yes no
- encourage questions? yes no
- initiate discussion of sensitive issues rather than waiting for patient to bring them up? yes no
- ask about potential obstacles to changing behaviors? yes no
- summarize concerns and issues raised by patients? yes no

3. Provide realistic and individualized patient education & counseling?

- check the patient's understanding of problems and interventions? yes no
- facilitate patient development of a personal risk reduction plan? yes no
- identify and support patient efforts to change behaviors? yes no
- provide information clearly and in realistic "chunks"? yes no
- tailor advice to patient needs, concerns, desires, etc.(client-centered focus)? yes no
- acknowledge difficulty of changing behavior? yes no
- provide other sources of assistance and information? yes no
- discuss beliefs, attitudes, and other obstacles that may hinder behavior change efforts? yes no

Comments & Suggestions: