

HIV-STD Prevention Counseling Desktop Assistant

HIV-STD Prevention Counseling

Client-centered exchange designed to support people in making behavior changes that will reduce their risk of acquiring or transmitting HIV/STD

6 Steps of HIV-STD Prevention Counseling and some suggested open-ended questions

1. Introduce and Orient

- names
- duration of session
- purpose:
“We are here to talk about your risk of acquiring HIV or other STDs and ways you might be able to reduce that risk”

Risk Behavior

sex or drug-use behaviors that in of themselves can result in the transmission of HIV or other STD

2. Identify Risk Behaviors

“What are you doing in your life that might put you at risk of getting HIV and other STDs?
“Tell me more about that”
“What were the circumstances?”

“Do you give/receive oral, anal, vaginal sex?”

“What are your experiences with drugs / alcohol?”

“How has your use of drugs / alcohol influenced your sexual behavior and your use of condoms and other safer behaviors?”

In the past **12 months**... Sex with:

- male?
- female?
- anonymous partner?
- injection drug user?
- while intoxicated or high?
- exchanged money/drugs for sex
- sex without a condom?
- (female only) sex with MSM?

3. Identify Safer Goal Behaviors

How do you feel about getting this infection / getting an infection in the future?

How do you think this infection might affect your life / career / plans?

What have you done to protect yourself from infection in the past?

What do you think you could do to protect yourself in the future?

- ⇒ **Support positive statements**
- ⇒ **Clear-up misconceptions**
- ⇒ **Offer other options / safer behaviors**

Safer Goal Behaviors

- A - Abstain from sex or delay sex or Outer-course vs. Intercourse**
- B – Be Faithful /Monogamy**
- C - Condoms / Contraception**
- D - Decrease # of partners**
- E – Evade “high-risk” people / positions**
- P – PrEP and PEP**
- V - Vaccination**

Do not share needles or “works”

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

4. Action Plan

What do you see as the advantages of doing [each safer goal behavior]?
⇒ **Support positive statements**

What do you see as the disadvantages of doing [each safer goal behavior]?
⇒ **Offer ways to make this a positive**

How will you do [the safer goal behavior]?

How will things be better?
⇒ **Support positive statements**

What about [the safer goal behavior] will be difficult for you?

5. Make Effective Referrals

“Would you like me to help you see someone about [the referral issue]?”

“How would you feel about coming back in a month to discuss your progress?”

6. Summary and Close

“Will you do [the safer goal behavior]?”
“Do you feel better able now to [do the safer goal behavior]?”

3 Selected Counseling Concepts

Focus on Feelings

In successful helping interactions, the focus must first be placed on how the client feels.

Until the counselor attends the client's feelings, the client will not hear much of what the counselor says.

Be willing to bring up, listen to, and respond to the client's feeling-level reactions, beliefs, and issues.

Manage Your Own Discomfort

Examine and know your own values and seek to understand how others feel.

Recognize your discomfort and manage it – don't let it become a barrier to communication with the client.

Set Boundaries

Both the counselor and the client must be in charge of their own lives.

Don't allow the client to make the counselor's behavior the focus of the session.

Counselor's should not assume responsibility for the client's behavior or expect to solve the client's problems – only the client can do these things.

4 Selected Counseling Skills

Open Ended Questions

Open-ended questions can't be answered with a simple "yes" or "no".

Be careful about using "why" questions – they may be received as threatening.

Use polite imperatives like "Tell me more about..."

Attending

Show the client you are listening through positive verbal and non-verbal cues.

Offer Options, Not Directives

Giving directives sets up a power struggle between the counselor and client.

Offer a "buffet" of all relevant options.

Avoid "You need to.." statements.

Give information Simply

Offer the client information that is relevant to their life circumstances and their risk behaviors.

Use terms and language the client can understand.

It's Okay to say "I don't know".

Selected Factors that Influence Behavioral Change

Knowledge – The client's understanding of how transmission happens and how it can be prevented.

Perceived Risk - Does the client feel at risk for HIV-STD?

Perceived consequences - What the client thinks will happen if he/she tries the safer behavior?

Access - Can the client get to the product/service needed for the safer behavior?

Skills - Can the client perform the safer behavior?

Self-efficacy - Does the client believe he/she can do the safer behavior?

Actual consequences - What has happened in the past when the client tried the safer behavior?

Attitudes - What is the client's general feeling about the new behavior?

Intentions - What does the client intend to do now?

Perceived social norms - What do the people in the client's life think about the safer behavior?

Policy - What laws encourage or inhibit the safer behavior?