



# HIV PREVENTION COUNSELING: THE FACTS

## Risk Assessment & Risk Reduction March 7, 2019

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# ~~Risk Elimination~~

**It may not be realistic to expect all individuals to adopt behaviors that eliminate all possible risks...all the time...**

**A safer behavior**



# TIPS for Risk Assessment & Risk Reduction Sessions

- Be aware of:
  - Your values/ feelings/ attitudes/ discomforts/ judgments
  - Your assumptions
  - Your wording
    - Are you using their language, gender neutral terms, non-clinical terms, etc.
  - Focus on behavior, not labels
  - Your body language and non-verbal
  - The false belief that to educate/inform we need a full 'confession of a client's risky behavior'



# TIPS for Risk Assessment & Risk Reduction Sessions

- Question and listen, rather than just talking, educating, or lecturing
  - Use the demographic/risk assessment sheet as a guide, not a barrier.
  - Help client come to their own risk by actively engaging his/her participation.
  - Make it into a discussion.
  - Ask for definitions of unfamiliar terms.
  - Find out what they are motivated to do.
- Provide a confidential setting
- Provide appropriate education materials and referrals and resources



# TIPS for Risk Assessment & Risk Reduction Sessions

- Helping the client to feel as much control as possible

“You are welcome to share whatever you’d like with me. The more you do share, the more I can be of help to you and you came in here to get help. How does that sound?”

“You don’t have to tell me anything you don’t want to. The more you share with me, the more likely I’ll be able to help you. So what do you think?”



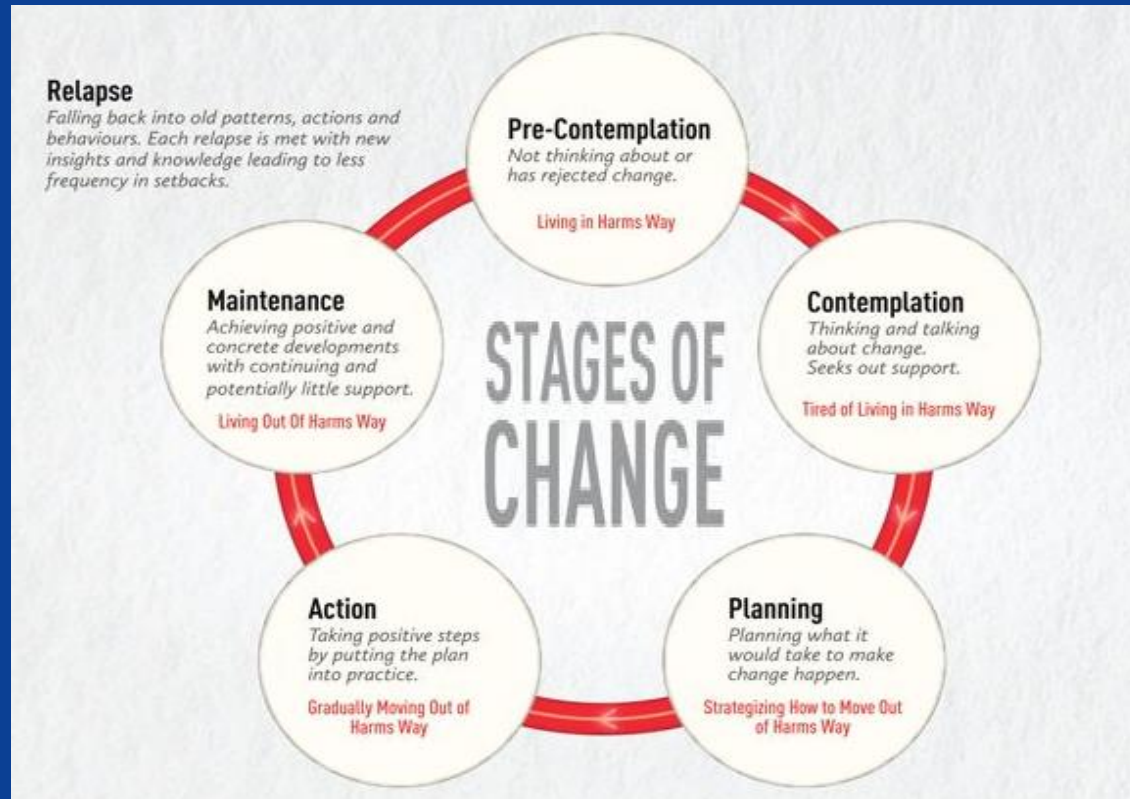
# TIPS for Risk Assessment & Risk Reduction Sessions

- Staging the client where they are
  - Are they ready to change?
  - Do they see a need for change?
  - What are the benefits to changing?
  - What are the consequences to changing?
  - Are they maintaining?



# TIPS for Risk Assessment & Risk Reduction Sessions

- Stages of Change Model



- Keep these stages in mind, this affects the openness of a client and options to think of

# WHY DO RISK ASSESSMENT?





# Risk Assessment

- Not just to gather medical facts, not just a lecture, but a conversation whose purpose is to help client recognize risk and determine if he/she has engaged in behavior that may've put them at risk for contracting/transmitting HIV
- To assess:
  - Knowledge
  - Attitude
  - Behaviors



# Sexual Risk Assessment

- The 5 P's:
  - Partners- how many and who?
  - Parts & Practices- what goes where & with what?
  - Pleasure- how do you like?
  - Protection- what are you using?
  - Pregnancy- prevention methods or option?



# Sexual Risk Assessment

- Ask what you need to know:
  - When was the last time you...?
  - Have you ever...?
  - Do you use condoms? How often?
  - Where do you meet your sexual partners?
  - Do you have sex with men, women or both?

14. What kinds of sex have you had? *(circle all that apply)*

- |  |  |
|--|--|
| <input type="radio"/> My mouth on partner's (vagina penis anus)    | <input type="radio"/> My penis in partner's (vagina mouth rectum)    |
| <input type="radio"/> My partner's mouth on my (vagina penis anus) | <input type="radio"/> My partner's penis in my (vagina mouth rectum) |
| <input type="radio"/> My vagina on partner's vagina                |  |



# At-risk Behaviors

- Sexual Activity
  - History of STDs
  - Exchange sex for drugs/money
  - Number of partners
  - Sex w/someone with HIV



# At-risk Behaviors

- Needle sharing
  - IDU
  - Tattoos & Piercings
  - Steroids



- Exposure to blood/body fluids:
  - Occupational exposure
  - Domestic violence
  - Sexual Assault/rape



# STI Infection and HIV

- HIV **negative** person who has an STI is **2-5 times** more susceptible to getting HIV through sexual contact.
- HIV **positive** person with an STI can be more infectious and, therefore, can more easily transmit HIV through sexual contact.

STIs can increase the amount of HIV in someone's system, making them more infectious



# Risk Reduction Choices

Help clients to

**EXPLORE OPTIONS**

that will **REDUCE** their risk not **ELIMINATE**

- What are they interested in trying?
- What are they motivated to try?
- What do they feel confident about giving a try?



# *Substance Use* Risk Reduction Choices

- Not sharing injection equipment
  - Getting your own works
  - Be the first to use
- Change route of delivery
  - Instead of shooting up, maybe snort or smoke
- If sharing, appropriately bleaching and cleaning equipment





# Substance Use: Risk Reduction Choices

## CLEANING A SYRINGE

- ✓ Fill the used syringe with clean water.
- ✓ Shake up the water-filled syringe.
- ✓ Squirt the water out. Repeat steps one through three until you no longer see blood in the syringe.
- ✓ Fill the entire syringe with undiluted bleach and leave it in there for 30 seconds or more  
*try humming the "Happy Birthday to You" song all the way through, three times over*
- ✓ Squirt all the bleach out.
- ✓ Fill the syringe with clean water *again*, shake it up, and squirt the water out. Repeat this step a few times to avoid injecting bleach into the body.



# *Substance Use:* Risk Reduction Choices

- Using drugs and/or drinking alcohol less frequently and/or in a smaller quantities
- Not having sex while under the influence
- Participating a treatment plan/program



# *Substance Use:* Risk Reduction Choices

## Syringe Services Program (Syringe Exchange)

- *District of Columbia-*
  - HIPS - Helping Individuals People Survive
  - 1-800-676-HIPS
  - [www.hips.org](http://www.hips.org)
- *Maryland-*
  - John Hopkins
  - Local pharmacies (but at pharmacists discretion)



*Virginia up until recently had no such programs...*

# Substance Use: Risk Reduction Choices

- On February 23, 2016- Governor McAuliffe signed a set a bills allowing VA to administer harm reduction, syringe access programs, and other legislative. On July 1, 2017- laws went into effect
- *HB2317 – Comprehensive Harm Reduction Programs*
  - Distributes clean hypodermic needles & works
  - Up to 100 per month
  - No 1-for-1 exchange
  - Free HIV & Hep C testing
  - Risk reduction counseling & referrals
- *Other bills that were passed*
  - Allows organizations to dispense and individuals to obtain a prescription & administer Naloxone (Narcan)
  - Good Samaritan Defense
  - Custody transfer



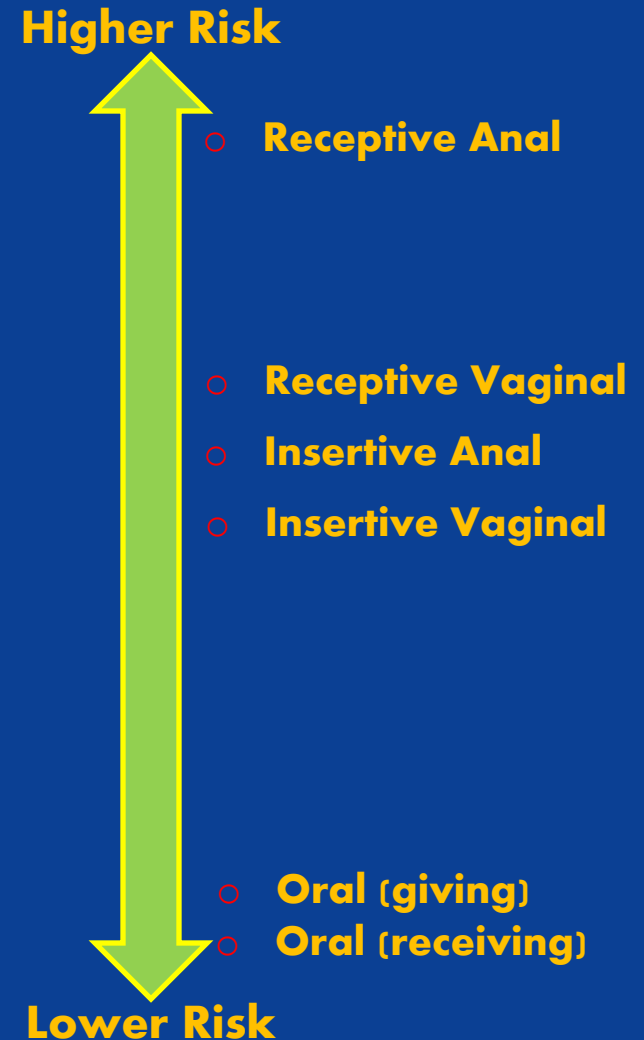
# Sex: Risk Reduction Choices

- Abstaining from sex
- Having sex only in a monogamous relationship
  - Are both people are HIV negative?
  - Are both people are MM?
- Limiting the number of sexual partners



# Sex: Risk Reduction Choices

- Avoiding high risk sexual behaviors
- Engage in sexual activities that don't involve insertive vaginal, anal or oral sex
- Using condoms correctly



# Sex: Risk Reduction Choices

- **Male (External) Condoms**

- Latex, non-latex, flavored, sensation, glow in the dark, ultra sensitive, magnum etc.
- Store in cool area (no cars or bags)

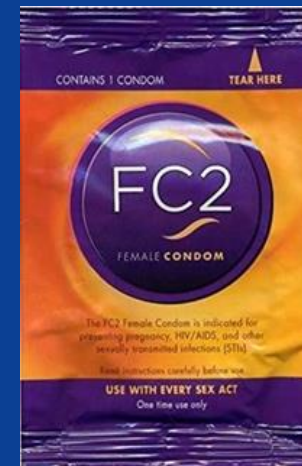


- Check for holes, rips, tears & expiration date
- Push condom to one side to open (use ridges)
- Place at tip of penis
- Roll down to base of penis (the correct way & no air)
- Remove while still erect & throw away (no toilets)

# Sex: Risk Reduction Choices

- **Female (Internal Condoms)**

- Synthetic rubber (no latex allergy)
- Can be place inside the vagina hours prior to having sex
- May stimulate the clitoris
- No male (external) condom used



- Check for holes & expiration date
- Push condom to one side to open (use ridges)
- Pinch ring & insert inside vagina
- Yes, extra will hang out (can be use for arousal)
- Hold the excess while penis is inserting
- Twist and remove. Throw away



Online Training: <http://www.fc2.us.com/training>

MidAtlantic AIDS Education and Training Center



# Sex: Risk Reduction Choices

- **Lubricants/lube**

- Makes insertion easier
- Provides extra pleasure
- Don't use oil-based lubes- can't break down the latex material (baby oil, Vaseline)



- **Water based-**

- KY, Astroglide, CVS/Rite-Aid Brand
- Washes away easily but dries up faster

- **Silicone-Based-**

- Wet Platinum, Eros Bodyglide, Gun Oil

# Sex: Risk Reduction Choices

- **Dental Dams**

- Vaginal-oral or anal-oral sex (rimming)
- Thin, latex sheet
- Flavored & scented

- Unfold the dam
- Stretch and cover the area
- Apply mouth/tongue to one side
- Throw away when finished



# Sex: Risk Reduction Choices

- PrEP

**Share the Night,  
Not HIV**

**PrEP** is preventive medication that can help you stay negative, even if he might be positive.

Condoms provide additional protection. For more information on PrEP, talk to your doctor, call 311 or visit [nyc.gov](http://nyc.gov) and search "HIV PrEP and PEP"

**NYC Health**

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**PEP**  
Kept Me  
**HIV-**

If you think you've been exposed to HIV, go immediately to a clinic or ER and ask for **PEP**.

For more information, call 311 or visit [nyc.gov](http://nyc.gov) and search "HIV PrEP and PEP"

**NYC Health**

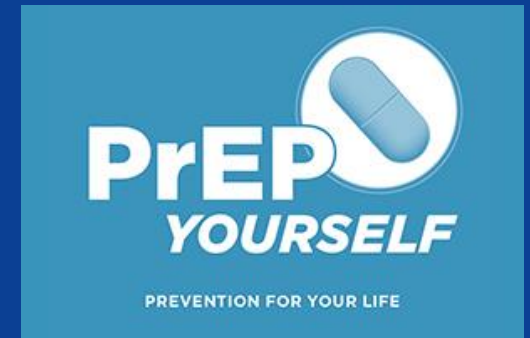
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# Sex: Risk Reduction Choices

## PrEP (Pre-Exposure Prophylaxis)

- FDA approved HIV prevention strategy where HIV negative people who are at risk of getting HIV take one pill of Truvada daily to reduce their chance of getting HIV
- Proven to reduce risk of getting HIV from sex by 92%
- Taken daily – not intermittently or as need (right before sex)
- Another tool in the toolbox
- Only HIV protection. No STD protection
- It takes time Truvada to protect you
  - 7 days = anally / 21 days = vaginally)



<https://prelocator.org/>

*Well doesn't it tend to make people sleep around more?  
Clinical trails find no. But in real life some do. Choices*

# Sex: Risk Reduction Choices

## U=U (Undetectable = Untransmittable)

- A person is on treatment and is virally suppressed can not transmit the virus to their partners
- Treatment as Prevention (TasP) been a proven methods for years with positive mothers
- Scientifically proven to work...but with stipulations
  - Strictly sexual transmission only
  - A PLWH on meds needs to have an undetectable viral load
  - Stay undetectable for at least 6 months



# Sex: Risk Reduction Choices

## U=U (Undetectable = Untransmittable)

- Improves the lives of those living with HIV
  - Gives individuals “normalcy” again; they can have relationships and babies without fear and stigma
- Dismantles HIV stigmas
  - Affects policies, criminalization, personal feelings, etc.
- Incentivizes folks to get tested, go on treatment and stay on treatment
  - Which reduces transmission in the community



# Exposures: Risk Reduction Choices

## PEP (Post-Exposure Prophylaxis)

- Taken after a potential HIV exposure
- Exposures can occur via sexual encounters, sexual assault, injection drug use, and other methods
- Must be taken within 72 hours to be effective
- A 28-day course of 3 different ART drugs; side effects
  - Requires a prescription from your healthcare provider
- PEpline: 1-888-448-4911  
Clinician Consultation Center

**PEP** involves taking anti-HIV drugs as soon as possible after a potential exposure



to prevent HIV infections.



# Risk Assessment/Risk Reduction Communication Skills

## Closed-ended vs Open-ended Questions

Closed-ended: limits the response & can be answered in one word

- *Do you use drugs?*
- *Have you ever used drugs?*
- *Are you in a sexual relationship?*
- *Do you know about HIV?*
- *Do you use condoms?*
- *Do you have any other questions?*

Open-ended: is designed to get more information and invites dialogue

- *What, when, and how (not “why?”)*
- *What brings you in?*
- *What have you heard about HIV?*
- *When was the last time you had sex?*
- *How often do you use condoms?*
- *What made you decide to test today?*

- There are times that close-ended questions are needed. So choose when to use one
  - *Do you have any questions for me?*
  - *Have you had a HIV test in past? What were your results?*





# Risk Assessment/Risk Reduction Communication Skills

- Acknowledge their feelings out loud to them
  - *“A lot folks say it’s kind of hard being here, would you say that’s the case for you?”*
  - *“Looks like it’s uncomfortable talking about...”*
  - *“Sounds like using condoms isn’t your favorite thing”*
  - *“It sound really upset that your partner lied and was texting other people behind you back”*



# Risk Assessment/Risk Reduction Communication Skills

- Normalize questions
  - *“We ask everyone these questions to give the best care possible”*
  - *“We talk as openly as possible so I’m going to ask...”*
- Normalize questions in 3<sup>rd</sup> person
  - *“A lot of folks who come in feel that way”*
  - *“I find that clients sometimes worry about...”*
  - *“Talking about this is often uncomfortable...”*
  - *“Some of my patients say they don’t like talking about...” this with someone/anyone (they don’t know).”*
  - *“Sometimes people are nervous about talking to me about... Is that true for you?”*



# Risk Assessment/Risk Reduction Communication Skills

- Educate them with a buffet of options but allow them to choose
- Offer Options, not directives
  - *Avoid “you should” or “you have to/need to”*
- Inform them on options, experiences, statistics, etc. but allow them to decide on what’s best
  - *“You said you want to start using protection but you’re not sure what to use. Okay, let’s talk about some of things that out there and you tell me what sounds good to you, if any”*
  - *“Do you think you would actually use any of those choices?”*



# Help the client to feel control ...and know the difference

## What am I doing that give me a sense of control?

- *Am I talking too much? Educating too much?*
- *Am I using paperwork as a barrier?*
- *Am I asking the safe/comfortable questions?*
- *Am I telling the client what they have to do?*
- *Am I using big words/technical terms?*

## What am I doing that may be helping the client to feel some control?

- *Being silent*
- *Asking questions*
- *Giving them choices*
- *Normalizing*
- *Tolerating a client's discomfort*
- *Listening (to what they're willing to do)*
- *Using clear, simple terms or descriptions*



# Remember to...

- Listen without judgement
- Encourage incremental and specific steps
- Explore costs and benefits of both present behavior and desired behavior
- Engage their ambivalence



# Remember to...

- Be aware of self-efficacy issues
- Address Barriers to change
  - *“What gets in the way of staying safe?”*
  - *“What would help? What has helped in the past?”*
  - *“Who might support you in doing this? What might they say?”*
- Reframe Success/Failure
  - Any change or attempt is a success!
  - So support & affirm all movement, tries, intentions, etc.



The expectation is not that you'll always be comfortable doing this difficult work, but rather that you can work with the discomfort and not let it get in the way.



# MidAtlantic AIDS Education and Training Center - Contact Information

## Regional Partner:

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