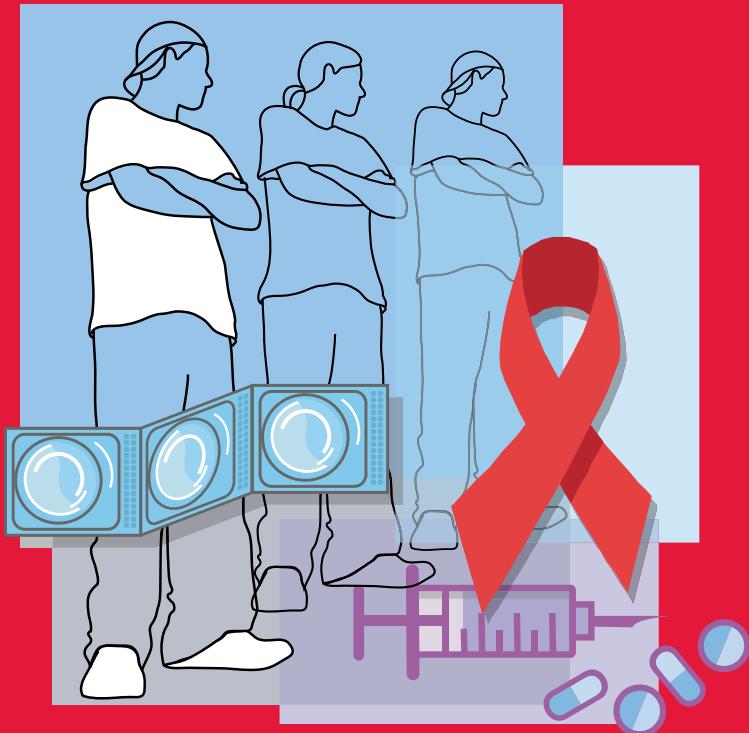




The Pennsylvania/MidAtlantic AIDS Education and Training Center
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Case Finding, Primary and Secondary Prevention for Adolescents: Clinical Risk Assessment and Screening Guide

A Reference Tool

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While effective HIV treatments have been developed, prevention of HIV transmission remains the most effective strategy to prevent HIV spread. Adolescents are among the most vulnerable because of their cognitive development, feelings of invincibility, risk-taking behaviors and impulsivity. Besides assessment and prevention approaches to all adolescents, the identification of HIV-positive youth is crucial in any comprehensive prevention strategy. This process should be a multilevel approach:

- Identification of adolescents predisposed to engage in risk-taking behaviors.
- A thorough risk assessment of the physical, psychological and environmental factors that may trigger these behaviors.
- Addressing these critical features with the implementation of psychoeducational strategies and appropriate referrals as needed.

General Case Finding and Risk Assessment Guidelines for Adolescents

1. **General approach to the adolescent.** Clinical interviews with adolescents require a direct and explicit style. The clinician should explain that she/he would like to learn directly from the adolescent his or her views on their concerns.
2. **Create a confidential atmosphere.** Assure the adolescent that the discussion is confidential. However, also be clear where, under law, certain situations mandate that confidentiality needs to be broken, such as the existence of suicidal or homicidal ideation.
3. **Provide HIV/AIDS knowledge.** Allow the adolescent to verbalize understanding of HIV, clarify misconceptions, and fill in gaps in knowledge.
 - *“What have you heard about HIV and other sexually transmitted diseases?”*
 - *“What do you know about HIV transmission? About AIDS?”*
 - *“What have you learned in school about HIV?”*
 - *“What do your friends say about HIV? Do you know anyone with HIV?”*
4. **Remember your role.** The clinician should show genuine interest in the adolescent and communicate clearly that her/his main concern is the adolescent. The clinician should be patient and encourage trust.
5. **Use simple language.** Use language that is understandable. Avoid trying to appear “with it” or “cool.” Ask direct, open-ended questions: *“I don’t know much about that; tell me about it.”*
6. **Empathic and supportive environment.** Create an atmosphere of empathy and active listening, allowing the adolescent to be open and discuss feelings and thoughts about HIV testing and risk factors.
7. **Parental involvement.** As is patient/client/age appropriate, assess parental involvement and support as well as family attitudes towards risk taking, sex or drugs. Ask how the adolescent thinks parents may respond to learning that their child is sexually active, using drugs, or involved with high-risk behaviors. Ask if there is any history of alcohol or drug use with parents and in the family.
8. **Cultural sensitivity.** Be mindful of the cultural context of the adolescent and her/his family of origin, school environment, peer network, and social milieu. Assess their perception to HIV/AIDS and their acceptance of the disease.
9. **Give appropriate guidance.** In general, it is better not to “tell them what to do.” A suggestion or recommendation may help an adolescent to feel understood and supported.

10. Offer HIV testing to

- All teenagers with at-risk behaviors.
- All pregnant teenage girls.

Determining Sexual Risk for All Adolescent Patients

For all patients: • Protect yourself • Protect your partner(s) • Get tested to find out

Clinicians should be knowledgeable about local HIV seroprevalence among adolescents. National data indicate that minority females; adolescents who are lesbian, bisexual, and transgender; homeless and runaway; injection drug users; mentally ill; and youth who have been sexually or physically abused, incarcerated, or in foster care and those practicing survival sex are at greatest risk. Those who are sexually active with gay male peers are at risk for infection due to higher HIV rates among gay males.

General Sexual Risk Assessment Questions for All Adolescents:

- “Have you ever been touched on your private parts by an adult? Have you ever been forced to perform or be part of a sexual act?”,
- “Are you sexually active? What is your sexual orientation? Have you ever or do you currently have sex with men? With women? Both?”,
- “How many sexual partners have you had so far? Can you share with me the number of partners over the last 6 months?”,
- “Do you always use condoms? Or, did your partner or ex-partners always use condoms?”,
- “What kind of sex have you had? Vaginal sex? Oral sex? Anal sex?”,
- “Have you ever had a sexually transmitted infection (STI)? Have you ever been treated for a STI?”,
- “Have you been diagnosed with other diseases?”,
- “Tell me what HIV is and how do you get it?”,
- “How do you protect yourself and others from HIV?”

Assessing Drug and Alcohol Abuse Risk

The abuse of alcohol and illicit drugs contributes to HIV transmission due to impaired thinking and reduction of inhibitions. Adolescents who are involved in recreational substance use should be evaluated for HIV. Risky behaviors that can potentially spread HIV infection include sharing needles and syringes, club drugs, steroids, inhalants, etc. Referral for substance use counseling or treatment may be necessary.

Drugs and Alcohol Abuse Risk Assessment Questions for All Adolescents:

- “Do you smoke tobacco? Marijuana? Crack cocaine?”
- “Do you drink alcohol?”
- “Have you had sex while using drugs or alcohol? How many times in the past months?”
- “Have you ever injected yourself with recreational drugs? How about any of your partners? Do you or do any of them share needles or syringes?”
- “Have you or have your sexual partners ever had unprotected vaginal, anal or oral sex with a person who injects drugs or shares needles or syringes?”
- “Have you or your sexual partners ever had sex in exchange for money, food, shelter, drugs or alcohol (“survival sex”)?”

Teenagers at Greater Risk

Runaways. Teenagers who escape their homes or their living environment are at very high risk to contract HIV. Their risks include practicing survival sex, having a mental illness, being minority females, and lacking access to care.

- “It seems that you’ve had a very difficult time recently. Can you share with me the reason(s) for leaving your home?, family?”

- “Surviving by yourself is challenging. How have you been able to pay for your food? Have you been sexually active? Have you had multiple partners? Have you been practicing safe sex? Have you used drugs?”

Individuals practicing survival sex. The lifestyles of these adolescents are characterized by multiple partners, anal sex, violent sexual encounters and drug use. These behaviors put them at a high risk to contract HIV and they should be asked about during the interview.

- “A lot of teenagers experience rough times. Have you ever been through a period when you did things that put you at risk to get HIV?”

Lesbian, gay and bisexual adolescents

- “Teenagers with your sexual orientation may be at higher risk for HIV than their friends; is this a concern for you?”
- “Have you ever worried that you may have contracted HIV infection?”

Transgender youth

- “Have you ever been involved in risky behaviors?”
- “Have you ever been engaged in sexual activity that was not safe?”
- “Have you engaged in sex to get money for food, housing, clothing?”

Adolescent females of color. Can be more at risk due to limited access to care, lack of implementation of prevention methods, exposure to violence, and low socioeconomic status.

- “I am wondering, have you ever been concerned about having HIV?”
- “When you look back over the last few years, have you ever been in a situation where you might have been exposed to HIV through sex or drug use?”

Teenagers with sexual identity issues. These adolescents might be working through acceptance of a gay/lesbian identity. This group may include teens who experience a strong and persistent identification with the opposite gender. There is a sense of discomfort with their own gender, and they may feel they were “born in the wrong body.” Co-occurring disorders include depression, anxiety, relationship difficulties and personality disorders. Risk factors include having multiple sexual partners, short but serially monogamous relationships or the combination of both. See **Assess mental health issues**, following.

Adolescents with mental illness. The presence of mental illness and impulse control problems increase the vulnerability of teenagers. Low self-esteem, poor emotional control and impulsivity can predispose individuals to risks through sexual behaviors or drug abuse, leading to exposure to HIV.

- “Some teenagers experience emotional problems. Have you ever received any treatment for any psychological problems?”
- “Do you think they have influenced your sexual behavior or drug-using behavior?”

Perinatally infected adolescents. With the development of effective antiretroviral therapy, children infected with HIV either in utero or during their birth are surviving to adulthood. It is important to consider their special issues.

- “When did you first become aware of your HIV status? What information did they provide you with?”
- “Most adolescents with your medical history have mothers who are HIV positive. Can you tell me about your mother’s health?”
- “You’ve been living with HIV all your life. Do you know other teenagers who have had the infection since their birth?”

All HIV-Positive Adolescents

The identification of a teenager who is HIV positive is the starting point for an intensive intervention strategy that provides psychoeducation to help the adolescent to:

- **protect herself/himself**
- **protect her/his partner**
- **get and stay in care**

A systematic approach should be undertaken with all teenagers infected with HIV to assess risk factors and identify areas for support and resources. This strategy will increase adherence to HIV medication, which can lead to a reduced risk of HIV transmission.

1. Disclosure of HIV status

- “Have you thought about the advantages and disadvantages of sharing this information?”
- “Have you notified anyone about your HIV status? How about your partner? Your best friend? Your parents?”
- “If yes, what was their reaction? Was there any violence? Do you think you would benefit from domestic violence counseling?”
- “If no, do you mind sharing with me your thinking behind not sharing this information with anyone?”

2. Information about the partner

- “Has your sexual partner been tested?”
- “If yes, how long ago and what were the results? If positive, is he/she under treatment? If negative, are you practicing safer sex? Is your partner being tested every 6 months?”
- “If no, why not? Are you aware of the existence of the partner notification program? Do you want help from them?”

3. Coping with HIV disease

- “How have you been dealing with things since you became aware that you are HIV+?” “Has that been on your mind a lot?”
- “Have you been able to discuss your feelings with someone? Have you thought about seeking counseling?”

4. Assess knowledge about re-infection

- “Are you aware that HIV-positive patients can become re-infected with other strains of HIV? Tell me a little bit what you know about it.”
- “Are you still using condoms during vaginal, anal, and oral sex with all partners including those who are already infected with HIV?”

5. Assess mental health issues

- “Have you felt down since you have been concerned with/diagnosed with HIV?”

A) Depression

- “Do you feel you are less interested in activities? Enjoying life less than before? Have you noticed a decrease in sexual interest or activities?”
- “Do you have trouble falling asleep or waking up early? Have you noticed any changes with your appetite, either an increase or decrease?”
- “Have you been having any thoughts about wanting to die? Wishing you were dead? Having plans to hurt yourself?”
- “Do you have any concerns that you might be suffering from an emotional disorder such as depression or anxiety? Have you ever felt low and down in the dumps for over 2 weeks? Have you had sleep problems? Any change in your appetite?”

B) Impulse Control/Personality Disorders

- “Do you feel out of control in certain situations? Do you get angry and want to hurt someone? Are you getting into fights?”
- “Have you put anyone else’s safety at risk? Do you feel road rage?”
- “Are you stealing?”
- “Fire setting?”
- “Any self-abusive behaviors?”
- “Do you feel badly for doing _____ ?”
- “Are you at school/work daily, or are you skipping out?”

6. Evaluation of current treatment

- “Have you been followed by a physician? Have you recently had a physical exam?”

- “Do you think your doctor knows about HIV? What do you think about what they know?”
- “Are you attending a specialized clinic? Do you feel comfortable discussing concerns with your treatment team? Do you feel your partner, parents or friends are being supportive to you while seeking treatment?”
- “Do you have any financial concerns? Are you aware of the assistance of social services for teenagers like you?”
- “You’ve had to deal with HIV since you were a child (for those perinatally infected as children). What has been helpful to your dealing with the infection and the treatment, and what has been challenging or difficult to accomplish?”

7. Treatment adherence

- “Are you currently on antiretroviral medications?”
- “Do you take your medications all the time? What are the circumstances that make you miss?”
- “Are you having any side effects? Have you discussed these problems with your doctor/nurse?”
- “You mentioned that you’ve decided not to get any treatment. Can you tell me a little bit more about your reason?”
- “You have had HIV since your childhood (for those perinatally infected as children). Have you gone through a period when you felt sick of taking medications? Have you restarted taking your medications? What made you change your mind?”

Secondary Prevention

Secondary prevention necessitates a multilevel approach that includes the effective delivery of targeted information and psychotherapeutic interventions. The main goals are:

- Avoid spread of HIV to others by implementing psychoeducational strategies with the patient.
- Prevent patient reinfection with another virus strain through risk reduction.
- Prevent perinatal transmission by HIV case finding in adolescent females.

General Psychoeducation Issues

Sexually active adolescents

- Discuss topics such as abstinence, STIs, sexual activities that avoid body fluid exchange.
- Demonstrate proper condom use directed specifically to males and females.
- Use rehearsal through role play with the clinician and adolescent to practice effective ways to communicate risk reduction and sexual negotiation skills with sexual partner(s).

Substance abusers

- Referral for substance abuse treatment is essential for teenagers involved in the use of recreational substances including intravenous drug abuse.
- Since some adolescents are resistant to such plans, the discussion of harm reduction strategies by the clinician is a helpful strategy for secondary prevention.
- The development of a personalized risk-reduction plan that involves providing information on the risks of sharing needles and having sex for money or drugs is a good first step.

Involvement in sports activity

- Most HIV-positive adolescents are healthy. Some of them are involved in organized sports, which may put them at risk of injury or having concerns about contaminating teammates or opponents, especially in contact sports.
- Teenagers should not be discouraged from participating in these activities, but education should be provided to provide awareness about the steps that should be taken when injuries occur.

Referral Opportunities

Once the evaluation is complete, adolescents unaware of their HIV status and are in the high-risk category should be identified and linked to services. A discussion of the advantages and disadvantages of HIV testing should occur along with adolescents' concerns since this is crucial to a successful referral process. While it is unrealistic to address all patients' needs, in general the clinician should attempt to provide the adolescent—and her/his parent/guardian as appropriate—with information needed to facilitate accessing treatment and maintaining compliance. Ongoing support is usually needed in this period, with a focus on preventing disease progression and avoiding the transmission of the virus.

When you feel some hesitancy or apprehension on the part of the adolescent, inquire about the reasons and acknowledge the challenges of the situation.

- Referrals to social services for support should be the rule.
- Be resourceful and ready with responses to common problems.
- Involve parents and guardians in the plan.

Keep in mind

- You are working with an adolescent who is still dependent on others (i.e., housing, food, transportation, school).
- If possible, refer to facilities with experience with teenagers.
- While referral to mental health and HIV services is routine in some environments, stigma is still attached to getting help.
- Adequate treatment of depression or substance abuse is crucial to successful treatment.
- Legal rights for teenagers may vary from one state to another; consult with appropriate resources locally.
- Provide hope and emphasize the success of newly available treatments.

Barriers to Case Finding and Secondary Prevention

For effective implementation of approaches that curb the spread of HIV, it is critical to identify barriers between clinicians, educators and teens. Listed below are typical issues that professionals in the field engage with daily.

Barrier #1: Parental consent

Providers may misunderstand an adolescent's rights to confidentiality and care for sensitive health issues without parental consent. Clinicians should consult state laws.

Barrier #2: Parental involvement

The involvement of parents with HIV-positive adolescents and their treatment is key component in the management of these individuals. The availability of free health coverage is important to help increase parents' involvement. Provider misconceptions of parents' ability or willingness to be involved and supportive limit the effort of developing a support network.

Barrier #3: Adolescent clinic philosophy and inquiring about HIV

In contrast to adult clinics, medical settings treating adolescents have been slow to realize the impact of the HIV epidemic. Promoting increasing awareness assists in adopting clear policies with regard to systematic risk assessment of all teenagers, and in providing referral and treatment to adolescents diagnosed with HIV.

Barrier #4: Preparedness of staff and physicians

Discussing HIV status with teenagers requires a level of comfort that some clinicians lack. Training, exposure, and experience are critical to developing a sense of mastery of topics that enable clinical staff to approach adolescents and discuss sexual orientation and behavior. Unfortunately, this process has limited integration into health profession school curricula, leading to difficulties in case finding and risk reduction education.

Additional Resources



Pennsylvania/MidAtlantic AIDS Education and Training Center
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Selected Web Sites

AETC National Resource Center	www.aids-ed.org
Centers for Disease Control and Prevention Division of HIV/AIDS Programs	www.cdc.gov/hiv/dhap.htm
National Institute of Allergy and Infectious Diseases	www.niaid.nih.gov/factsheets/hivadolescent.htm
Health Resources and Service Administration	www.hrsa.gov
Guidelines for the Use of Antiretroviral Agents in HIV-infected Adolescents	www.aidsinfo.nih.gov/guidelines
National Pediatric HIV Resource Center	www.pedhivaids.org/
The Body: HIV/AIDS Resources	www.thebody.com

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