

Integrating Prevention Counseling in STI/HIV Practice – the time has come

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Rachel's story

D. What brings you in today?

R. I'd like an STD check-up

D. Just a check-up?

R. Yes

D. OK, sounds good. I first need to ask you a few questions, OK?

R. OK

D. How many sex partners have you had in the past 3 months?

R. One

Rachel's story

D. Is your partner male or female?

R. Male

D. What types of sex do you have, oral, vaginal, anal?

R. Oral and vaginal.

D. You use condoms pretty much all the time?

R. Yes

D. OK, good. Doesn't sound like you have a lot of risk, but you should always be using condoms, OK? Please feel free to take some when we're done

R. OK

Rachel's story - Take 2

D. What brings you in today?

R. I'd like an STD check-up

D. What made you decide to get checked today?

R. Well..... I'm a bit embarrassed...

D. I understand. It is not easy to come to a clinic like this, but the more I know about the reason why you came today, the better I can help you. So, what's up?

R. Well, it's a bit of a story

D. That's fine, please tell me what happened

R. Well, I broke up with my boyfriend about 3 months ago and I haven't had sex since then.

Rachel's story - Take 2

D. I see

R. But then about 10 days ago, I went to this bar with a friend. I really wasn't looking for sex or anything, but I met this cute guy and we kind-of got into it. I guess I had a few glasses too many and we ended up at his place and before I knew it we had sex end...

D. Yes?

R. Well I'm always very careful, with using condoms I mean, but we didn't have condoms and now I'm really worried I may have gotten something....

Rachel's story - Take 2

D. So what do you think you might be able to avoid something like this from happening again?

R. I don't know. Probably avoid bars... You know, I have this friend who met a guy on the Internet and they're hitting it off pretty well. What do you think about that?

D. Well, I have actually read some interesting research about that recently; as it turns out the Internet may be a pretty safe place for women to meet partners because you have the time to get to know a guy a bit better before you actually meet him in person

R. So, perhaps that's what I'll try...

D. Sounds like a great plan.

What's the difference?

- The use of inquisitive (open-ended) questions can rapidly reveal the critical issues that formed the motive of the patient to seek care
- This information in turn can be used to start the patient to reflect on his/her risk behaviors and forms the entry point in the patient formulating and taking responsibility of setting a first (small) step to reduce this risk

Steps in Client-Centered Counseling

- Personalized risk assessment
- Support patient-initiated behavior change
- Help patient recognize barriers to risk reduction
- Negotiate an acceptable and achievable risk reduction plan
- Refer patient to other specialized services, if needed

Open-ended Questions

- What do you think your risk is for STD?
- What happened the last time you had sex?
- What made you decide not to use a condom?
- What made you decide to use a condom?
- What do you think you can do to reduce your risk for STDs the next time you have sex?

Does it work?

YES!

Project Respect

Main Results

- Compared to standard education messages, client-centered counseling resulted in overall STD reduction of 30% after 6 months and 20% after 12 months
- 2-session prevention counseling was as effective as the 4-session enhanced counseling

Project Respect

Relative effectiveness was greatest among those at highest risk for STI

STI prevented
per 100 persons counseled

– 20 years and younger	9.1
– Exchange sex for money or drugs	5.9
– STD at baseline	5.3
– Lower education (<12 th grade)	4.3
– Female	3.9
– African American	3.2

Project Repect-2

- Single session counseling appeared to work as well as two sessions

The bad news is that the
good news is old news...

Prevention Counseling the main Challenge

- How to implement prevention counseling in the busy practice setting?
 - Competing needs
 - Resource constraints
 - Lack of provider buy-in
 - Lack of supervisory buy-in

Prevention Counseling in The Real World

Potential Solutions

- Use ancillary counseling staff
- Use ancillary, easily implementable devices
 - Written materials
 - Video
 - CDROM-based products

Prevention Counseling in The Real World

Potential Solutions

- Move away from the concept of counseling as a stand-alone intervention
- Rather, incorporate the core elements of effective counseling into the standard provider-patient interaction
- This requires:
 - A shift from the interview process as solely a closed-ended form-filling exercise
 - Training of clinicians to develop/enhance client-centered counseling skills – an ongoing process

Effective behavior
change at the patient
level begins with
behavior change at the
provider level...

Overall Intervention Effect on Incident Laboratory-Confirmed Infection

Hazard Ratio (95% CI)

All patients

0.90 (0.81-1.00)

Intervention Effect, by Selected Characteristics

	Hazard Ratio (95% CI)
Baseline infection	
Yes	0.83 (0.70-0.98)
No	0.93 (0.82-1.07)
Sex	
Males	0.83 (0.73-0.93)
Females	1.12 (0.92-1.37)

Conclusions

- STI clinic patients may be at juncture where they may be particularly susceptible to behavioral interventions (the “teachable” moment)
- Brief (and very brief) behavioral interventions can work and can be made to work in busy STI clinic settings
- Further research in structural/environmental interventions should be encouraged
- A combination of structural and counseling interventions that are attuned to each other could be particularly effective in STI clinic settings

Talk About Sex

Finish the Sentence:
STDs are to sex

as

lung cancer is to breathing

Must we Fear Adolescent Sexuality?

Amy Schalet, PhD

Medscape General Medicine 6(4),2004

<http://www.medscape.com/viewarticle/494993>

Would you permit X to spend the night with a girlfriend or boyfriend in his or her room at home?

- 9 out of 10 American parents say “no”
- 9 out 10 Dutch parents say “yes” or would say “yes” under the right circumstances

Dramatization versus Normalization of Adolescent Sexuality

United States:

“Dramatization”

- Raging hormones – out of control
- The battle between the sexes
- “Not under my roof”

Netherlands:

“Normalization”

- Self-regulated sexuality
- Relationship between the sexes
- “Normal and not secretive”

Implications for Practice and Policy in the U.S.

- Adolescent sexuality is not only or even primarily a biological phenomenon
- Recognize adolescents' emotions, desires for intimacy, and real relationships
- View adolescent sexuality as the expression of an age-blind desire for meaningful intimacy and connection with others

Implications for Practice and Policy in the U.S.

- **Self-regulation and self-determination**
 - Treating adolescents as the owners of their own bodies and the agents of their own sexual behavior
 - Commit to providing them access to the information and resources they need to exercise this rightful ownership
 - Providers must speak to young people in terms of the whole range of behaviors and experiences that constitute sex

Pregnancies, Abortions, and Births per 1000 girls, Ages 15-19

	<i>Birth Rate</i>		<i>Abortion Rate</i>		<i>Pregnancy Rate</i>	
	US	NL	US	NL	US	NL
1970	68.3	22.6	19.1	6.6	95.1	u
1980	53.2	9.2	42.8	5.3	110.0	14.5
1990	60.3	6.4	40.5	4.0	116.9	10.4
2000 (all)	47.7	5.5	24.0	8.6	83.6	14.1
2000 (white)	32.2	4.1	14.6	4.9	54.7	9.0

“In truth, the most important thing that healthcare providers can do to normalize adolescent sexuality in the United States will not come from their practice as individuals. Instead, it requires the use of their voice and power as a professional group to demand an adherence to the standards of science and the provision of true health care to adolescents.”