

Memorandum

TO: All DSHS HIV/STD Prevention Contractors Implementing Protocol Based Prevention

Counseling (PBPC) or Prevention Counseling & Partner Elicitation (PCPE)

FROM: HIV/STD Comprehensive Services Branch

DATE: June 10, 2005

SUBJECT: Risk Reduction Steps for Special Circumstances

Risk Reduction Steps are an integral part of the effort to reduce HIV/HCV/STD infection. Both PCPE and PBPC require clients and specialists to develop a small step in the initial session that focuses on reducing the individual's risk for infection. Steps are written in client language, and in the SMART (Specific, Measurable, Appropriate, Realistic & Timely) format. When the individual returns for his/her test result(s), the specialist and client evaluate and revise the step based on the client's ability to execute the step. A second step is developed in the follow-up session as well. Steps should be small, incremental activities.

In some cases, the Risk Reduction Specialist (RRS) and client may be limited in the options available for SMART steps by setting or client characteristics. This bulletin is intended to provide assistance in these circumstances.

Setting Constraints

The following steps may be appropriate in facilities where <u>drug use</u> and <u>sexual behavior</u> are not allowed. However, these steps are applicable for risks related to drug use and sexual behavior.

- 1. *In the next 3 days, I can write a request for education courses.* This step may be suitable for a former sex worker or drug seller who desires to make changes upon release.
- 2. *In the next week, I can write a letter to a shelter for possible enrollment upon release.* This step may be appropriate for someone whose risk was/is related to homelessness.
 - a. If the person has already written to a shelter, a step could be "In the next 5 days, I can write down 3 questions I will ask the shelter when I make a follow-up call at our next session". They may have to use the specialist's phone to make the call, but they can complete the step before follow-up.
- 3. On Monday, I can attend an AA (or NA) meeting. This step may be appropriate for someone in a facility that offers these meetings and for whom alcohol or drugs are related to risk. The risk could be drug use itself or the use might be a trigger for risky sexual behavior.
- 4. *In the next week, I can write a letter to my partner asking him/her to get tested for HIV.* This step might be appropriate for a person in a relationship with a high-risk partner.
- 5. In the next week, I can role-play with my PCM counselor how I might talk to my partner about getting tested. This may be appropriate for an agency in which testing and PCM are not conducted by the same person. While it would not be appropriate for a step to conflict with work a client is doing in PCM, there is no reason the step cannot be carried out in a session. This may also be appropriate if a client needs to build skills but is reluctant to do so with the RRS. This step may also give the client an opportunity to be pro-

active in the PCM session.

- 6. In the next week, I can call (or write a letter) and tell my partner to bring condoms with him/her when they pick me up. Because some clients may leave a facility with little or no money, this may be a way to reduce risk within a relationship.
- 7. *In the next 3 days, I can write a request for consideration in the PCM program.* This may be an appropriate step for clients with complex risks who may need extra support in making behavior changes.
- 8. *In the next 5 days, I can call an AA (or NA) chapter in my neighborhood for meeting times.* This step might be appropriate for a person in a facility that does not offer NA or AA or for a person who has been attending meetings and is approaching release.
- 9. In the next week, I can (write/tell/call) the person picking me up and tell him/her how important it is that we don't go near a former "using" (or "cruising") place. This step may be appropriate for the person who is working within the NA/AA program because it reinforces the principle to change "people, places and things". Some clients may be limited in their resources for a ride upon release, but this step at least has the client taking an active role in his or her recovery.
- 10. In the next week, I can call (or write) a relative/friend/church to arrange a ride upon release. At some facilities, detainees are released starting at 12:00 am on their day of release, often resulting in a person going back onto the streets. For many incarcerated individuals, being outside at night may be a trigger for drug use. This step might be especially appropriate for the person who is approaching release.
- 11. In the next 5 days, I can write down 3 non-risky actions I can take the next time I experience a trigger. This step should be written with the person's trigger (feel like celebrating, get angry, get depressed) replacing the words "experience a trigger". The step is not on experiencing the trigger, but on preparing for the trigger. This step might work well for clients regardless of whether they are already in a substance abuse program.
 - a. Writing down ideas for actions is recommended whenever possible for three reasons. First, it is easier to hold the client accountable. If the step is written as "I can think about" the client can say s/he "thought about it" on his/her way to the follow-up session, when they remember the step. Second, for some clients, the process of writing an idea may also serve as a concrete behavior the client can take pride in. Third, having the ideas written down may help facilitate discussion at the follow-up session.
- 12. In the next week, I can picture myself walking through my neighborhood without stopping at my former dealer's house. For the client who cannot make residence changes, learning how to cope with a trigger environment may be key to staying clean. While not every client will find visualization a useful technique, it can be a useful tool in making changes.
- 13. If the client is still in pre-contemplation, he or she may not be ready to prepare for trigger situations. For clients in pre-contemplation, an appropriate step may be "In the next week, I can think about 3 negative aspects of my drug use".
- 14. *I can return for my test result (give time frame)*. The step should be written with the time frame that is appropriate for the agency or facility. For a client in pre-contemplation, the biggest step s/he may be ready to take is to obtain his/her test result.
- 15. In the next week, I can think about/write down I aspect of my life I will change when I leave the facility. This step may be appropriate for a client who feels overwhelmed by life circumstances, or for the client who is in pre-contemplation. Again, the focus is not on the change to occur when the client leaves the facility, but on the process of considering changes.

Client Characteristics

While many agencies and specialists work with high-risk clients, others encounter low-risk clients. For example, a health department may have a virgin couple, with no alcohol or drug use issues, that wants to be tested as a religious

organization requirement before marriage. Or, a client may have been clean and sober and in a monogamous relationship for a significant period of time but want to be tested because of previous risks. The following are a few suggestions for these situations.

If possible, refer the client to a screening program or personal physician, since a risk reduction session would not be an efficient use of agency or client's time. When this is not possible, the following may be appropriate steps, depending on the person's situation.

- 1. In the next week, I can research the various birth control methods to help me make a decision about what will work best for me. This may be appropriate for the heterosexual person who is getting tested before entering a monogamous sexual relationship and does not want to have children immediately.
- 2. In the next week, I can talk with my partner about my concerns regarding STD/HIV and/or pregnancy. This may be appropriate for the client who has little or no experience in discussing sexual matters in the context of a close relationship.
- 3. In the next week, I will talk with my partner about ways we can assure open communication in our relationship occurs. This may be appropriate for the person who does not have a high risk but also does not have experience discussing relationship issues.
- 4. In the next week, I will talk with my partner about ways we will keep our sexual relationship exciting, so that we are not tempted to have sex outside our relationship. While this step may be perceived as having a negative focus, it may be appropriate for a couple that has previous experience in a sexual relationship but who wants to remain monogamous.

If the clients have had some risk in the past, the RRS may probe for information on how alcohol or drug use may have related to previous risk, or how sex outside of a relationship may have occurred in the past. For example:

1. *In the next week, I will write down three things I will do before I have sex outside my relationship.* This may be an appropriate step for a person who has had multiple partners in the past but wants to be monogamous in the present relationship.

When developing risk reduction steps, it is important that the client be an active participant in the process. The above suggests are meant to be a springboard for the buffet of options that may be offered to a client who does not express an idea or step.