

HIV Risk Reduction

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HIV Prevention — Sharpen Your Skills

HIV Early Intervention Services consultant Bill Hight, Ph.D., was once the training director for the CDC National AIDS Hotline. Although the work was important, he spent most of his day managing staff and shuffling papers instead of doing face-to-face training and counseling HIV patients. “When I moved to Georgia in 2000 to open a private HIV consulting practice, I had two goals: to only do work that I really enjoyed and to make a difference,” Dr. Hight said.

Dr. Hight is familiar with the pain and frustration of substance abuse; it has impacted some members of his family. “When I’m faced with a difficult consumer, I ask myself, ‘What kind of care would I want my family member to have?’” he said. “That helps me connect with my compassion.”

HIV also hits close to home for him; he has lost loved ones to the disease. “People sometimes wonder why I chose this road since they assume that working in HIV is always depressing,” he said. “But the experience has taught me the value of living. Seeing people in their last weeks—there’s a clarity that comes with that. All the noise drops away and what is truly important becomes very clear.” When his life gets hectic and he’s feeling a bit overwhelmed, Dr. Hight remembers that moment of clarity and regains his perspective.



William Hight, Ph.D.
Dr. Hight is a licensed psychologist with nearly 20 years experience in HIV testing and counseling.

With more than 15 years of HIV counseling and teaching experience, Dr. Hight shares some best practices for serving clients.

Communicating Risks

Risk assessment is critical to paving the way to pre-test counseling and testing. “It’s important that clients know what’s risky and also why,” he said. “In fact, I like to call it risk awareness. Find out what they know and then fill in the gaps. Practice how you talk about transmission by writing a clear and

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simple script. Learn enough about the client so you can focus on their personal risks. For example, if a woman doesn't plan to have children, it's not necessary to discuss mother-to-child transmission risks."

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One of the most common misconceptions is that HIV can be contracted through casual contact. "They assume that since oral tests can detect HIV, then saliva through kissing could cause someone to be infected," Dr. Hight said. "They need to know that it's cells from the cheek area, not saliva, we are testing. Some people still assume that since malaria is contracted through mosquitoes, then HIV might be, too. Simply explaining that HIV doesn't reproduce outside of the human body will ease those fears."

On the other end of the spectrum, some people tend to underestimate their risk. "If a new partner is someone in their circle, or looks healthy, or they think the relationship is monogamous, they may choose not to practice safe sex," Dr. Hight said. "Blind trust is dangerous. They need to know that as many as 20 percent of people with HIV don't even know they have it. So if their partner is infected, even though he may not intentionally be deceiving them, they are still at risk."

It helps to know the client's perception of someone living with HIV. "We have so many more treatments and resources and support today than we did just ten years ago. For substance abusers and those with mental illness, treatment is more challenging since they tend to live unstructured lives and may not take their medications or attend counseling regularly. An HIV diagnosis is certainly life-

changing and life-threatening, but it is no longer a death sentence for everyone. Still, prevention efforts are crucial. The advances we've made in treatment shouldn't result in less attention to prevention."

If you are concerned that your client does not understand you, ask them to repeat what you've said. "I put the focus on me and will often say, 'I want to make sure I am clear, so will you please tell me what you heard?'"

Encouraging Testing

"While we encourage testing, it's important to remind clients what the test involves, how the results may impact their lives, and that they have a choice to take or decline it," Dr. Hight said. "This is their test. They own it. Clients often want to know how their medical information will be stored and who will have access to it. Most clinics keep a strict 'agency staff who need-to-know only' policy. Explaining this to them will eliminate worry, build trust, and open lines of communication."

Clinics that offer rapid HIV testing must be prepared for a reactive test result. They need to have resources available—including counseling and transportation for clients who may not be able to drive themselves after getting a preliminary positive result.

Rapid Testing

Dr. Hight shared his thoughts on the rapid HIV test: "An advantage of rapid testing is that results can be delivered the same day, ensuring that people actually get their results. However, a reactive test is considered a preliminary positive, and must be confirmed. Waiting for confirmation can be very difficult. Not all clients are good candidates for rapid testing. Not all counselors are qualified and comfortable with delivering preliminary positive results without much time to prepare. Clinics should make sure they can provide counseling support and other resources, like transportation for someone who might not be able to drive themselves home or to

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their next appointment.”

Leading Effective HIV Prevention Groups

The first step to leading effective groups is to define your role—to yourself and the group.

“Your role is to create a safe, respectful, confidential environment so everyone has an opportunity to get what they need,” explained Dr. Hight. “Participants need to know that they can choose not to participate.

“To prevent someone from monopolizing the group, I always state upfront that one of my roles is to keep the discussion moving,” he said.

“Then, if necessary, I simply say, ‘I wish we had time to discuss this further, but I need to move us along.’ Often, if you restate and clarify what people say, they will feel like they have been heard.”

One mistake that some counselors make is to forget that they are not a participant. “This group is not a place to get your needs met. It’s all about their needs.” And, don’t feel like you need to know all the answers. “When I get stuck, I summarize where we are, admit my confusion, and ask the group where to go from here. This shows you’re human and builds respect. It gets them on your side. By the time you’ve expressed this, you’re usually already back on track.” Dr. Hight recommends stepping from behind the curtain on occasion to simply ask, “What do you need from me now?”

“Substance abusers are disenfranchised in many ways. Many of them didn’t grow up hearing that people cared for them... they are hungry for connection and you can be that connection that can save their lives.”

A trainer who has worked with many HIV Early Intervention Services (EIS) counselors, Dr. Hight notes that EIS workers have tremendous empathy for their clients. “It can be difficult for us



Above, Dr. Hight engages HIV Early Intervention Services (EIS) counselors in a discussion at a recent rapid HIV testing clinical consultation held at River Edge in Macon. A trainer who has worked with many HIV EIS counselors, Dr. Hight notes that EIS workers have tremendous empathy for their clients.

because we don’t usually see the change we instigate. We’ve got to believe they will change, but that change comes when it’s right for them, not for us.”

Thanks to his early work with the National AIDS Hotline, Dr. Hight has a unique perspective on the cadence of client change and the impact of HIV prevention counseling. Asked why he believes consumers will change, the answer was unequivocal, “I know we’re making a difference. Clients are more likely to trust their counselor than their doctor and disclose pertinent personal information. I would often hear from people months after they met with a counselor. Many shared with me that they were more aware of their risk factors and were now ready to look at ways to reduce that risk.”

“Although we know why we chose a career in HIV counseling, some of our clients may not; in fact, they may assume it’s for the money and the fame,” says Dr. Hight with a smile. “It’s good to express that you care what happens to them and that you want people to be as healthy as possible. Substance abusers are disenfranchised in many ways. Many of them didn’t grow up hearing that people cared for them. They were often rejected and forced to make it on their own. They are hungry for connection and you can be that connection that can save their lives.”

Prevention Vital to Stemming the Tide

According to the CDC, an estimated 1.1 million Americans were living with HIV at the end of 2006. The prevalence rate, 447.8 cases per 100,000 population, was based on:

- Reports of new HIV infections from 40 states with the best data
- AIDS diagnoses and deaths from all 50 states
- Extended back-calculation

The number of people living with HIV is growing as more people become infected and as effective treatments delay AIDS-related deaths.

“These data show the continued impact that the epidemic is having on Americans, and they really reinforce the severe toll that is expected on multiple communities,” said Richard Wolitski, acting chief of CDC’s HIV/AIDS prevention division.

“We’re not going to be able to treat our way out of this epidemic. We need to have strong prevention programs so we can prevent these infections from occurring in the first place.”

-- Richard Wolitski

The data show the epidemic disproportionately affects African Americans and gay and bisexual men. Males comprised 74.8 percent of prevalent HIV cases; 48.1 percent of all cases were attributed to male-to-male sexual contact. High-risk heterosexual sex accounted for 27.6 percent of infections, including 72.4 percent of cases among women. Injection drug use was the cause of 18.5 percent of HIV cases. African Americans represented 46.1 percent of all people living with HIV in 2006.

In 2006, one in five Americans with HIV - 232,700 - did not know they were infected.

“We’re not going to be able to treat our way out of this epidemic,” Wolitski said. “We need to have strong prevention programs so we can prevent these infections from occurring in the first place.”

Source: CDC HIV/Hepatitis/STD/TB Prevention News Update
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Resources for Prevention Counselors

*Bill Hight, Ph.D. recommends the resources below. The websites are also available at www.hiveis.com under **Links to Resources**—click on Prevention.*

The National Prevention Information Network

www.cdcnpin.org

800-458-5231 (Monday –Friday, 9 am to 6 pm ET)

A clearinghouse of published information, curricula, journal articles, audio/visual aids, and posters for professionals. Call to let them know what you need and they will guide you through the site or conduct the search for you.

American Social Health Association

www.ashastd.org

A nonprofit for professionals and clients that is dedicated to the eradication of sexually transmitted diseases. It offers clear, concise information on a whole range of issues. There’s a special section for young people.

The Body

www.thebody.org

Great information on a whole spectrum of issues related to HIV: medical, prevention, treatment, legal and social. Type in a question and receive a reply from a panel of experts. All previous questions and answers are archived so you may not even have to ask.

800-CDC-INFO (800-232-4636)

This is a good, general resource to point you in the right direction.

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For more information, visit www.hiveis.com