



Clinical Education Initiative
Support@ceitraining.org

CONDUCTING A BEHAVIORAL RISK ASSESSMENT II

Patricia Coury-Doniger, FNPC

6/29/2016

Conducting a Behavioral Risk Assessment II

[Video Transcript]

00:00:06

- [Nurse Practitioner] So April, I know that you came here to get a PAP, and obviously you've had your exam. And they were gonna check for vaginal infections while you were here. And I know they did other testing.

- [April] Right.

- [Nurse Practitioner] In terms of testing for STDs. But I wanted to talk to you a little bit about prevention. Because we talk to everybody that comes here, to an STD clinic, about preventing STDs, and, you know, also HIV, obviously. So, why don't you talk to me a little bit about your partner situation right now? What's your-

- [April] Oh gosh, I haven't had sex in five years.

- [Nurse Practitioner] Okay, okay. And at that time, five years ago, was it a regular partner, different partners, that you were involved in?

- [April] Oh, well I kind of went through this crazy stage, and had a bunch of different partners after I got divorced. And, so yeah, there were a bunch. But then, you know, just kind of straightened my act out, and, um.

- [Nurse Practitioner] Okay. So no contact for five years.

- [April] Right.

- [Nurse Practitioner] Okay. And then, what about in terms of your history of getting tested for HIV and STDs?

- [April] Um, I got tested when I was pregnant with my second child.

- [Nurse Practitioner] How old is that child?

- [April] He's 12 now.

- [Nurse Practitioner] Okay. So you were pregnant, and obviously they were doing the testing then.

- [April] Yeah.

- [Nurse Practitioner] Do you have other children?

- [April] I have a 15-year-old daughter.

- [Nurse Practitioner] Okay. And the 12-year-old- is that a male or female?

- [April] Male.

- [Nurse Practitioner] Okay. Good, okay. And so, you're not thinking that you need a test again today- the HIV test?
- [April] Oh no, I mean, I haven't had sex in five years.
- [Nurse Practitioner] Okay. And how about in terms of any experience with substance use? In the past or present?
- [April] Oh, maybe a little during that crazy part. But none- none lately. I've been focusing on my family and raising my kids.
- [Nurse Practitioner] Great. Sounds like your kids are important to you.
- [April] Yeah, they are.
- [Nurse Practitioner] Good, good. So when you said a little bit, was it like, what kind of drugs, or, at the time?
- [April] Um, well, you know, alcohol, um, a little marijuana, maybe a little coke.
- [Nurse Practitioner] Okay. And any needle use, like injecting anything?
- [April] No.
- [Nurse Practitioner] And how about the people that you were seeing at the time? Do you think in terms of drug use?
- [April] Oh, some of them, I have no idea. Yeah.
- [Nurse Practitioner] But some of them used some other kind of drugs, you think?
- [April] Oh, yeah. Yeah. There was a lot of drugs around.
- [Nurse Practitioner] A lot of drug use, yeah, okay. Okay. So, you know, we do recommend the HIV test for everyone that comes in, in particular if you haven't been tested recently. And, it sounds like you're saying to me that you're not seeing a need for this, because you haven't had sex in five years.
- [April] Right.
- [Nurse Practitioner] And you're not currently involved with anybody.
- [April] Right.
- [Nurse Practitioner] Okay.

00:03:17

- [Nurse Practitioner] So this is a demonstration of a behavioral risk assessment for a different patient, April. And April is not sexually active and hasn't been sexually active for five years. So really, condom use is not the preventive strategy that we need to explore with her. We did, however, talk about substance use. She doesn't have a history of needle use in terms of substance use, but she did involve herself with different people who use recreational drugs and she used recreational drugs. She's not sure whether

any of her partners at that time, after her divorce, were- she was seeing multiple partners- were using needles at all or not in terms of drug use. But the focus today is on HIV testing because she said she was tested 12 years ago during her last pregnancy, but she hasn't had a test since. So the target behavior for today's behavioral counseling session will be to get her to see the need for testing, because currently, she's pre-contemplative for testing, and doesn't see the need at all, because she's not having sex.

00:04:18

- [Nurse Practitioner] So April, what you're saying is, you're not seeing a need for an HIV test today, because you're not having sex.

- [April] Yeah, no, I'm-

- [Nurse Practitioner] I understand. The one thing about HIV though, that's a little bit different than other kinds of sexually transmitted infections, is that a person can be infected for actually ten years and not have any symptoms at all, So I'm just thinking to myself, you know, you said your last HIV test was 12 years ago, right? And then, you know, no involvement, no partners, in the last five years, right? But then, during that time, maybe six, seven years, what was going on for you, you said?

- [April] (laughs) Crazy time. Yeah.

- [Nurse Practitioner] And, different partners, long term, short term, different?

- [April] Oh, just, yeah, short, short term.

- [Nurse Practitioner] Okay, and how did you meet up with these people?

- [April] They were mainly at parties or rock concerts, or, you know, that kind of thing.

- [Nurse Practitioner] So after your divorce you were having some fun again?

- [April] Yeah. (chuckles)

- [Nurse Practitioner] Okay, good. And so you said you're not sure what some of them were doing in terms of drug use, right?

- [April] Oh, yeah, sure, a lot of them were into a lot of different things.

- [Nurse Practitioner] Okay.

- [April] But, I don't, you know, I feel fine. So I really don't think I need another HIV test.

- [Nurse Practitioner] Yeah, yeah. No, I hear you, and I understand what you're saying. It's just that this whole issue about how long a person can have HIV without any symptoms, is what is of concern here, okay? Because I'm just raising the possibility, that, obviously you were not HIV positive 12 years ago when you had your son, but, you know, during this time, you had different partners. And in terms of condom use?

- [April] Oh, no.

- [Nurse Practitioner] Not really, not too much?

- [April] No.

- [Nurse Practitioner] So I'm just concerned about whether something could have happened, you know, during that period of time, that is maybe potentially impacting you now. Like, maybe perhaps if somebody was using drugs, you know people that get HIV can get HIV from sharing needles, too, not just from having sex? Like for shooting up cocaine or heroin, or, you know, different drugs, different recreational drugs. And so, I guess I'm just thinking about your scenario. I mean you're here, taking care of your two kids.

- [April] So are you saying that if somebody back here had it, I could be way down here and still not have any symptoms?

- [Nurse Practitioner] That's true. And actually, HIV is being diagnosed in women who are older. You think of STDs as a young person's disease, but because it has that whole 10 year period, you know, where you can have it and not know. Women your age and older are being tested and then find out that they had something all this time that they didn't know. And I guess I'm thinking about, you know, you're taking care of your kids, right? And you obviously are very close to them and are very involved in your motherhood role.

- [April] Yeah.

- [Nurse Practitioner] And so if something were to happen to your health, how do you think it would impact on them?

- [April] They would be devastated, because they, I finally just got them back in my life five years ago.

- [Nurse Practitioner] Okay. So you sort of feel like you started over with them, a little bit, in terms of how your relationship has been in the last five years compared to before?

- [April] Yeah.

- [Nurse Practitioner] Well, what do you think about making sure something else didn't carry forward from that time too?

- [April] I, I think that I better get an HIV test.

- [Nurse Practitioner] Is that what you want to do?

- [April] Yeah.

- [Nurse Practitioner] Okay. Well, you know, it's not a likelihood, but it is a possibility. And so I think it's being very mindful of taking care of yourself. I can see that, you know, you want to take care of yourself because of your family situation, and because of your own health.

- [April] Yeah, I do.

- [Nurse Practitioner] Is that okay?

- [April] Yeah.

- [Nurse Practitioner] We'll get that done for you today. We can give you the results in about 20 minutes.

- [April] Okay.

- [Nurse Practitioner] Okay.

00:08:33

- [Nurse Practitioner] And what you just saw was the behavioral counseling strategy that I used with April. Remember that April had not been sexually active for five years. And so her target behavior for HIV prevention would be to have an HIV test today, since she hadn't been tested in 12 years. But she was pre-contemplative for that goal, because she saw no need for testing, because she hadn't had sex for five years. So the behavioral counseling strategy that I used is called impact on others. And that is a strategy derived from the trans-theoretical model of behavior change theory. Information giving is one that you saw in a previous demonstration, but this one is called impact on others. So I was exploring the impact that her period of time between her child's birth and five years ago, when she stopped having sex, you know, it was a period of time when she was involved with a lot of different partners: some of whom were drug using, and possibly sharing needles. And the idea that HIV that could have been transmitted at that time- how that might impact on her and her life today, and on her children. So it got her to see the situation differently, and to thus see the need for an HIV test, whereas prior she was pre-contemplative and didn't see that as an important effort for her today.

00:09:50

These demonstrations were demonstrating both taking a sexual history, but then also conducting a behavioral risk assessment followed by using a behavioral counseling strategy that matches the patient's readiness. And this is a method of behavioral counseling that we provide training for, here at the New York State STD Center of Excellence. We provide classroom training on what we call stage-based behavioral counseling, or, you can sign up for a preceptorship, and come to the STD clinic and see the nurses and nurse practitioners who are seeing patients in the STD clinic, performing the behavioral risk assessment followed by the behavioral counseling strategy, and so you could see sort of live stage based behavioral counseling in practice.

[Video End]