



Clinical Education Initiative
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HIV COUNSELING AND EDUCATION: PROVIDER BEST PRACTICES FOR HIV TESTING

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HIV Counseling and Education: Provider Best Practices for HIV Testing [video transcript]

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Cynthia Cabrera is our speaker today for this course on HIV counseling and education provider best practices for HIV testing. Cynthia Cabrera is a practicing licensed clinical psychologist. And previously, Dr. Cobell served as the Clinical Director at pride which stands for promoting resilience intersectionality diversity and equity, which is a research consortium out of Hunter College, where she provided clinical supervisory support for research focused on reducing HIV transmission and risky sexual behavior with at risk populations such as men who have sex with men and trans young adults. Dr. Cabral received her doctoral degree from St. John's University, where her research fellowship focused on the assessment and treatment of trauma in racial and ethnic minority communities throughout Western queens. She has provided clinical treatment to adolescents in day treatment settings with substance use and mental health disorders, adolescent survivors of physical and sexual abuse and students in school based settings with a variety of mental health concerns using evidence based trauma informed and culturally competent treatment interventions. In doing so Dr. Kimbrough has developed expertise in trauma informed care, and an understanding of the relationship between identity development, trauma and health outcomes. We're delighted to have you with us again, today, Dr. Carell, and now I will turn it over to you.

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Okay, thank you so much, Mark. Good morning, everyone. And to those of you who are coming back for this two part series, welcome back. And to those of you who are joining us for the first time today, welcome. Okay, so today, we're going to be talking about HIV counseling and education, best practices for HIV testing. I have no speaker disclosures. And the learning objectives for today are as follows. Right, so we're gonna really discuss best practices for HIV pre and post testing procedures, right, which include informed consent, and HIV testing, education. And then also related to that reviewing best practices for delivering HIV test results, things that all of you do at your sites already. So, you know, for these first two objectives, we'll sort of see, you know, I think something that'll be really interesting will be to compare sort of what is practice, you know, generally practice that your site with versus like what I'm saying in terms of like best practices. The twist here is that we're going to continue to discuss motivational interviewing, and how you can use motivational interviewing techniques throughout the HIV testing and counseling process in order to facilitate, you know, prevention on HIV prevention, and also, if there is a positive HIV test, linkages to care, right. So that's what we're going to do today. No worries. If you did not attend last week's session, I'm going to spend the first portion of today sort of reviewing motivational interviewing techniques, strategies and concepts. You know, and for those of you that were here last week, it will serve as a bit of a refresher. Okay. Great. So we're gonna start with what is motivational interviewing, like, what am I even talking about? Right? You know, and there's probably just like, last week, sort of a lot of variability in this group of people today in terms of like your familiarity with motivational interviewing, I just want to say as a caveat that this is not at all meant to be an exhaustive review of motivational interviewing, please don't need this training, saying like that, you're well versed in motivational

interviewing practices. Typically, when I give trainings of this type on motivational interviewing, they are about six to eight hours, if not several days, over the course of several days. So, you know, this is just like a really broad overview. And if what you see today really excites you, and it's something you'd be interested in, you know, learning more about, then like, definitely follow up to acquire more in depth motivational interviewing, training. Okay, that caveat being said, so what is it? What is motivational interviewing, I've just copied and pasted the definition right onto your highlighting the parts that I think are important, it's a collaborative, goal oriented style of communication, right, with particular language to particular attention to the language of change, right. It is designed to strengthen personal motivation for and commitment to a specific goal, by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion, right. I've highlighted some key things there, right. It's collaborative and goal oriented. You know, in this case, when we talk about what the goal is, or the target behavior is we're probably because this is a training on, you know, HIV testing, we're talking about HIV testing or HIV prevention. Right. And the major takeaways here are that you know, we're really Exploring a person's own reason for change, right? Like, you know, what's the reason to come back for additional HIV testing? What's their reason for staying HIV negative? What's their reason for if there is a positive HIV test result for connecting to care, right? So, eliciting the patient's own reasons for wanting to do those things, as opposed to us as providers like telling them what to do, right. And on the right hand side here, I've included this, I think, helpful graphic, resist telling patients which do understand their motivation, which is basically what I just said, we want to listen to empathy, and we want to empower them. Right. So more on all of this now. I've included this sort of overview. I really believe in like the power of slides, right. So I just thought, you know, if you're getting because you're getting a copy of these slides, this is maybe a slide that I would cut out and put near my desk or workstation that covers all of the basic motivational interviewing principles and a lot of the things that we're going to be talking about today. I won't spend too much time on this upcoming, go through all of these in more detail. Okay, so um, for those of you that were here, last week, you heard me talk about and my spirit or your own sort of previous experience with motivational interviewing, you may or may not have heard this come up. Um, the creators of motivational interviewing would argue that maybe this is the most important slide in this whole deck. Because if you are not engaging in a motivational interviewing conversation with this spirit, then it is not a motivational interviewing conversation. You can use all of the skills, like open ended questions, complex reflections, evocative questions, all of that stuff. But if you're not coming at it from this stance of these of these four principles, then, you know, it really doesn't, it really falls short of being motivational interviewing, right. And so we'll talk about all of these, right. The first one is compassion. I talked about this last week, you know, there are times that we're interacting with patients, and they can be rude to us, or nasty, or, you know, not particularly nice. And in those moments, it can be very hard to hold compassion for them. But, you know, motivational interviewing invites us to remember that, you know, we don't know what individual patients or individual people are going through. And that people typically have reasons for behaving the way that they do. And again, the invitation is to hold compassion for whatever, you know, the particular patient is going through that we may or may not know about, right, like, and, you know, if we don't know, all the more reason to hold compassion for them, that there are circumstances going on for them that we're not aware of. Right. So the second one of these, in terms of MI spirit is acceptance. Um, you know, this can be really challenging, I think,

particularly around the type of work that we do, you know, as folks that are in the HIV prevention space, and, you know, don't, you know, presumably, you're doing this work, because you, you know, you care about patients, and, you know, HIV prevention work is important to you. And it can be challenging at times to, you know, work with, or a lot of the time to work with patients who are engaging in risky sexual behavior, multiple STIs, really, really at high risk for HIV. Um, you know, and the feeling is, you know, you're sort of like, you just want to shake them and go, like, Oh, my goodness, like, you know, if you just use condoms, if you just took PrEP, etc. But, you know, this is where this idea of acceptance comes in that, you know, each person is doing the best they can in any particular moment. And we really have to accept the choices that people are going to make about their own lives. Really, really coming in, like, you know, in motivational interviewing, you're not supposed to come in with an agenda, right? That's obviously untrue work, you know, providers, we have an agenda, which is to keep folks HIV negative, or to make sure they're engaging in HIV care if they are HIV positive. But we really have to accept, you know, whatever choices patients make in the moment. The third one of these is education. And education simply means like, asking questions that really pull for this language of change, like you know, you know, tell me why HIV testing is important to you. Tell me why condom use is important to you, right, like, really sort of getting out like what their motivation is to to enact safe sex practices. That's a vacation. And then the last one, one that you will hear me say over and over again, throughout the course, who today is collaboration. We are all trained in Western medical models, right? We're like, we're the expert, the patient is not. But while we might be the experts on HIV prevention, HIV care, medicine, whatever, the patient is an expert on themselves. And they are able to tell us, right? What is feasible for them, what they what they are willing to do, what they can, or they, what they can or can't do, what plans work best for them. So it's really important to maintain this collaborative spirit throughout. Okay, so that's my review on my spirit. Next, we're going to talk about these four basic reflective listening skills. These are, this is the bread and butter, the meat and potatoes of motivational interviewing. Right. So we're going to talk about each of these. So the first is open ended questions. And again, if you were here last week, you've heard me talk about this. open ended questions are really important because they elicit more information from the patient, right? It's the difference between,

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you know, ah, have you ever been tested for HIV before? Which is a closed question? Because the patient can answer yes or no. Right? There's just those are the two options, right? Like, yes, I've been tested before? No, I have not, as opposed to tell me about your HIV testing history, which just invites just a lot more information, right? Like, then you're getting all of the information, right, you would have to ask four or five questions to get the same amount of information you would get from just asking them, you know, tell me about your HIV testing industry, right? This is why we really want to want to work towards using open ended questions more, in addition. For some reason, they sound less judgmental, and, you know, patients report that they feel that they feel like less like they're being interrogated and more like it's just a back and forth conversation. Right. So, again, I'm trying to make these slides as helpful as possible. I've included phrases that close question. So if you start, you know, your sentence with, you know, are you using condoms? Again, that's a closed question yes or no? Right. Versus what does condom use look like for you? Which is an open ended question, which invites, again, like

more of a general conversation about kindness. Okay. And again, I'm trying to rush through this, because we got a lot to do today. So reflections. Very, very important part of motivational interviewing. There's two types of reflections. So there's a simple reflection, right? So which is restating what the patient is saying, right? So the example I give here, I forget how often I'm supposed to come back for HIV testing providers is you can't remember how often you're supposed to come back. Right? Very simple. Now, this might seem weird. And I think I mentioned this last week, like, why would you just restate what the patient says? Because it really facilitates in the patient feeling heard, right. And it also serves as a way to continue the conversation we are used to in conversation, it's like, you know, if the patient says, I forget how often I'm supposed to come back for HIV testing. The typical response to this is often like, well, how often do you think you're supposed to come back? Right, like, right to sort of check the patient knowledge and all this kind of stuff? But a reflection can stand in for a question, because it invites the patient to keep talking. Right? So you know, you can't remember how often you're supposed to come in. And then we'll Yeah, you know, I think I thought it was every six months or three months a camera, right? And then there was an opportunity to continue the conversation, right? And again, this is because we really want to reduce demands on the patient, right questions or a demand on the patient. So if we use reflections as a way to have a conversation where you know, the patient feels hard, there's also a demand on them. And actually, you get the information you need and more, right? So here's this is a simple reflection, extra reflection. This is where it gets really interesting, right? So this is where you're adding substantial meaning or intensity to what the patient has said. And it's the difference between you can't remember how often you're supposed to come in for testing. And you wish you could remember how often you're supposed to come in for testing. Right? Notice the difference there. Write, you wish you could remember, you know, if the patient's like, yeah, it's like, then you have a task. Right? Then it's like, okay, you know, if we could get, if you could like, shore up your memory and by putting it on your calendar or something or like having you put out like a, an announcement on your phone or whatever, then you would more consistently remember and more consistently come in, right. So this is the incredible value of complex reflections that they really further the conversation. And if we think about reflections is like kicking the ball down the fields, you know, simple reflections, kick the ball down the field a little bit. And this is me out of my depth using sports metaphors. But complex reflections, kick that ball way down, way down fields. And then suddenly, it really furthers the conversation. And again, the key in motivational interviewing is that you want your reflections to really focus on change, and to really, you know, reflect the change that your change talk that you're hearing from the patient, and I'll talk more about change, talk and sustained talk in a minute. But, you know, again, the thing that you do when you say you wish you could remember is that you you target the conversation in a certain way. Now, it's like, if you could just remember that you'd come in more frequently, right? So complex reflections can continue the patient's thought, exaggerate and emotion, they're only hinting at, guess at an emotion they're not expressing at all. Or like layout the ambivalence explicitly that's usually like a double sided reflection, it's like, you know, on the one hand, you're worried what your boyfriend would think about PrEP, but on the other hand, you really want to see HIV negative. Right. So that's, that's a complex reflection. Okay. I just alluded to this. Right, so we talked briefly about, you know, what you as the provider are saying, right, we talked about open ended questions, reflections, the thing that I didn't put in here is summary statements, which are just summarizing their long reflections, where you summarize the things that the

patient has said, after you've been talking for a while, um, excuse me, but now we're going to think about patients speech, right. So, you know, because patients are talking to and, you know, these are the concepts that I just brought up, right? So, there's change talk statements, right, are things that the patient says, that tell us that they are thinking about whatever the target behavior is, um, so you know, in this, and again, in this case, it's HIV prevention, HIV testing, all that kind of stuff. So, you know, it's like, when you shouldn't say, you know, like, I really, you know, it's really important to me to get tested regularly. That's a change, toxic, right. That's them buying in, they want to engage in HIV testing, right? Good to go. Right. And so you want to listen for statements like that. And then really use evocative questions to really like, have them tell you more what they mean, and how often they would want to come in and start planning what that would look like. Versus sustained talk statements, right, which are the opposite, right? They're not thinking about changing. So you know, for example, like, yeah, like I really, I really am not sure about PrEP, I don't, I've heard really bad things about sustained talk, right? They're not there. They're not they're not into it, right. And so something that's going to be really important, when, you know, using these skills is really listening to what patients are saying, and in your mind going, is this a is this a change talk statement? Or is this more like, sustained talk, like they're not into it right now? Because that determines like, what direction you go in next. Okay. So now, having said all of that, we're going to transition to discussing, you know, HIV testing best practices. And we're going to be talking about the motivational interviewing of super brief motivational interviewing techniques that I just discussed with you. Right, so like, we're holding those in mind and are talking about best practices for testing and education. Okay, and again, this is probably stuff that a lot of you are all of you do at your sites. If anything, you can use the chat to educate me about, you know, some of the things you know, some of the best practices that your site kind of throughout this talk, right. So, again, you want to so starting off, you want to really review confidentiality and its limits here. You know, you're coming in for an HIV test. That information is confidential, just like any other medical information, right? Um, except that if the patient has positive, right, there is a requirement that you as if you're in New York State, that you report those positive results to the New York State Department of Health. Right. So that is the requirement, you want patients to know that, again, we want to provide informed consent as much as possible, right. So that is something that you would want to share with patients, then you want to move into, you know, a brief, and this is this does not have to be an extensive conversation, their history and experience with HIV testing. Now, I will say this, if this is a patient that you see consistently, every grievance for the past three years, not not necessarily a conversation you need to have they are they are veterans of this, they come in regularly they're known to, right, you don't necessarily need to have this conversation in extensive detail. However, if it is, you know, a new patient or patient you're unfamiliar with

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might be helpful to get from them, you know, what, like, what did they know about HIV testing? What does this experience been like for them? Right? You know, what are the what? What are they expecting today? Right. So, this is where you would use the open ended questions and reflections that we just talked about, right. And, you know, like I say, Here, assess the testing history, if unknown, and then really explore what the patient knows about HIV testing. And if there are gaps in that knowledge, you can sort of, quote very collaboratively say, you know, is it okay, if I share some additional information with you about this test today, and then provide

some of that information and fill in some of the gaps in their knowledge? Okay. Um, I think related to that, you're going to walk through the procedure. Again, you know, if this is a patient that's been coming in, really consistently, they know the drill, you know, not necessarily as important that you do that, although I actually wouldn't recommend that, you know, you keep it consistent. And you do that every time when it goes a change in testing procedure, etc. Now, this is going to vary depending on the test type and the procedures that your individual site, right. So of course, there's a difference between, you know, you take a rapid test and waiting 15 minutes for the result, versus like, Okay, we're going to draw blood today for a blood test, we will call you, or email you, or text you or send you a letter or something, if the result is negative, or, you know, or we'll call you positive or something. So that is going to be specific to your site. And then something I think people skip, um, because it might seem obvious, is explaining the test results. Right? You know, once you're like, Okay, you know, we're gonna, you know, do like, like a pinprick, you're gonna give us a drop, blah, blah, blah. These are the possible test results. The test result can be invalid, meaning that we don't like it couldn't read, we couldn't read it. So you would have to come in again. It could be nonreactive, or negative, or reactive or positive, right? You really want to take the time to explain that I've seen patients really get upset about an invalid result. They're like, Oh, my God, that that means I'm HIV positive. Right, like so you want to sort of prepare patients for these different possible outcomes. So you know, I say here, like, don't don't necessarily skip this part. So I see a comment here, best practice, we ensure sex positivity? Yes. Exactly. Yeah. Actually, I really liked that. So thank you, Michelle, for that comment. Um, risk. Risk is actually a stigmatizing word. Actually, you just taught me something. That's, that's amazing. Yeah. So Michelle suggests using the word the terms vulnerable or open to in lieu of risk. Because risk is actually a stigmatizing word. So that's awesome. Yeah. Thank you so much, Michelle, for that comment. That's really cool. Okay. So once you had all that conversation about, okay, like, you know, tell me about your HIV test and you drew and they talked about it and then you walk them through the testing procedure. Check again, right, so okay, like, any questions about what we've talked about any feelings about any of this? You know, a lot of patients are like, no, let's go do whatever. Although some Some patients might have questions or comments. Um, if a patient presents as very anxious, I would reflect that. Right? Like, you know, because you seem, you know, like, you seem kind of nervous about this, and then giving them the opportunity to discuss that, you know, again, brief conversation, I think matters a lot to patients, right? And then then you want to move into like, confirming the consent around this, right. So given everything we've just discussed, do you agree to receive this test? Um, right. So, and then they would confirm again, blah, blah. And then you are actually administer the test? Right. Okay. So let's practice a little bit. So, I'm gonna give you guys sort of sentences here. So close ended questions, and I want you to open the questions. So use the chat. So here's the first one, right. Have you ever had an HIV test before?

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Right? How would you open that question? Anybody else want to chime in with their responses? I've seen some good ones so far. Okay. Tell me about getting HIV testing in the past? What's your HIV testing history? Like? Great?

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How long has it been since your last test? Um Tell me about your experiences with HIV testing. Okay, great. So, exactly. So this is how we're starting to open this up. Right. And I really harp on this because I do think it's really difficult to open questions when we're used to asking closed ended questions. I know that this personally took me a while to learn, I had to practice on my friends and family using open ended questions. You know, like, tell me what was the last time you did the dish, right? Like, I had to literally do that in my house, in order to really learn how to use these motivational interviewing skills. So you know, tell me about your history with HIV testing, right is the example that I give here. Next one, do you want to tell me about your sexual health history in the past year? Do you want to tell me? This is kind of a tricky one, because I and I, because I think people say, Do you want to tell me because they're inviting collaborate? It's a form of inviting collaboration? Because if the patient says no, then it's like, well, you didn't want to tell. Right? Um, but it is technically a yes or no question. They could just say no.

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And then the conversation is over. So how do we open this question? Okay. Please tell me about your past and current sexual history.

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How do you practice safe sex in your life? Yeah. Can you tell me Yeah, exactly. So, you know, what I did with this one is I just logged off the first part. Tell me about your sexual health history in the past year. Now, that may sound lossy, right. This is why people stay away from you know, these, like very direct open ended questions, right. Um, and this is where I invite people to sort of think about, and really consider their nonverbals. Right, and am I spirit when they're asking these questions? There's a difference between Tell me about your sexual history in the past year. And like, tell me about your sexual health history in the past year, right? Like, like, facial expression, tone, all of those things make a difference when asking these types of questions, right. Um, so someone said, can you tell me a little about your sexual health? And how it looks for you? Can you tell me about your sexual health and how it looks? That's a yes or no question. Right? So

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just chop off that beginning part. Tell me about your sexual health and what that looks like for you. Period. Okay. Last one. Are you worried that you might be HIV positive? Right.

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How do you open that question? Okay. Yeah. So what concerns might you have about regarding this HIV test? Do you have any concerns about your HIV status? Tell me about how you might feel if you have a positive results, what worries you about possibly being HIV positive Excellent. Right. So, are you worried that you might be HIV positive?

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You know, I said, What are your concerns about this test today?

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Boom, very broad, gives the patient the opportunity to sort of tell you on what, you know, I'm actually really worried I had a couple of risky sexual encounters, etc. Um, yeah. Excellent, great, guys, thank you so much for participating in that. Alright, so we're gonna, there's gonna be more opportunities to participate. So, you know, keep it up. All right. So again, you're gonna so then you're going to perform an HIV test, right? rapid test versus blood test. Again, this will sort of be different depending on your site, what your procedures are, obviously, the rapid test results will be ready in 30 minutes, some people stay for that. And some people don't, again, just depends on whatever, I think even patient preference and whatever procedures are at your site. Um, so there's, there might be an opportunity to tell patients in person with the test results are or you know, it's like, okay, well, okay, you gave her sample by, like, we'll call or text or reach out and deliver results, depending on what they are. Right? Um, okay. So, um, you know, sort of regardless of like, the procedures at your site, and the type of tests that you're that you're administering, you know, obviously, the provide the results right away, is would not be applicable if the patient's on site anymore, because they left or because it's a blood test, or whatever. I've given a template here for how you should deliver all results. Or all, you know, again, like, if it's a negative result, the patient might get notified via text or email or letter or something, and there might not be a conversation. Um, but, you know, regardless if you're delivering results in person, this is, this is the best way to approach it, right? Or I can say, so patient name, your results came back negative, positive, inconclusive slash invalid, right? So kind of, regardless of the conversation you're going to have that is how you would open it. Right. So and then, depending on what the result is, that would determine what what happens next. Right? So if the result is invalid, right, and the patient is still there. Or even if they're not, even if they've gone home, it's like, are you okay, with retaking necessary, or coming back in for additional testing? Because the result is invalid or inconclusive? Right. Um, if the result is nonreactive or negative, then you want to, again, in a very collaborative manner, you know, it's like, you know, your result is negative. Is it okay, if we talk about next steps? Like? Like, they would say, yes, they need to, you know, like, Would it be okay, if we scheduled you for your net, your for your follow up testing appointment? Right, or something? Or, again, depending on your site, what your procedures are what you have time for what you don't? It's like, yeah, was it? Okay, we just spent a few minutes reviewing your sexual health plan in general, that might have been a conversation that happened before the test, that's fine. But yeah, so like, those are some sort of possibilities for that, for that conversation. You know, again, you want to check in any, do you have any questions? Or like, tell me about any questions you have, um, you know, and then, you know, that's kind of it for for negative results. Again, I'm having the patient leave with a plan. It's like, okay, we reviewed my sexual, you know, this is my plan versus HIV negative. Maybe you had a conversation about PrEP, okay, like, what's, you know, what are some next steps in terms of that or even just like, I'm leaving, and I know when my next appointment is to come back for testing? Period yet, okay. Okay, so now we get to what happens if you are delivering a positive HIV results, there are several steps here. On that, I'm going to go over each of these in detail. So you want to assess the patient reaction to this result, and then refer to mental health or counseling services as needed, or even just, you know, 988 if the patient is in a lot of distress, um, you want to conduct psychoeducation on next steps into patients questions, and you want to make linkages to or initiate HIV care. Alright, so again, we're going to talk about each of these in more detail. Um, so I want you guys to use the chat if you would, um, how do patients use Usually reacts to a positive HIV test results. In your experience, what

have you noticed? All right, so I'm seeing I'm seeing a whole range of reactions, right, I'm seeing I'm seeing everything from, you know, like, really more outward more external displays, like anger or anger or crying to sort of more internal responses, like denial, disbelief, silence, denial, disappointment, okay. To be honest, his mental breakdown, right? So again, total range, total range, right? There isn't, there's no like one way that patients respond, it can be huge, huge variability and reactions, right. So the other thing I want to say before I keep talking about this is that it is also important to acknowledge your own reaction to a positive HIV test results for a patient of yours. The reason that I'm saying that is because you know, I want to I want to name the fact that like, there is still a great deal of stigma around HIV, right. And so we might be having our own internal reactions, about a positive results, right? Especially if this is a known patient to us. And, you know, we know, for example, that they were engaging in sexual behavior that left them vulnerable to, you know, HIV positive infection, right. So it's important to take a moment to sort of acknowledge whatever reactions or thoughts or feelings you might have about that, because it will make it easier to approach the conversation that you're about to have in an empathetic and non judgmental way. Right, and I put in there mi spirit, right? Remember that? You know, I My spirit is about acceptance. And compassion, right. So something really important, I don't think that this is something that we talk about enough that actually as providers that deliver HIV test results, that that that's a really challenging thing to do. And, you know, again, there's a lot of stigma, and there can be a lot of feelings as a result, both on the patient end and on your end as a provider. Okay, so what I see here is patient reactions will vary, but your strategies for responding should be the same, right? Oh, sorry about that. So, again, we're going to some in our motivational interviewing skills, right, you're going to use reflections to make sure you are supporting the patient in processing their reaction. Yeah. And we're actually going to really walk through what that looks like. So for your knots. We want to seek permission, we want to collaborate to provide appropriate follow up education and discuss next steps in patient care. And then we want to use our bucket of questions to support patient in developing their HIV care plan. Now, the other thing I will say about this is that depending on what procedure, what the procedures are, at your say, or like resources available at your site, definitely, if your patient is reacting in very, like externalizing ways, so right if they're like crying or really upset or hyperventilating or, you know, angry or cursing or whatever, then obviously, you know, if it is available to you, then I would definitely recommend like, if there's any kind of mental health support available either on site, or referrals for mental health support, that those should be included and a conversation about those things should be had, again, that's going to really depend based on your site, but certainly, you know, thinking about, okay, like, we might not have a social worker on site that can meet with this patient, but do we have, like a list of referrals that we can provide with, you know, paperwork that we give them when they leave, including, like, you know, 988 or whatever. So, just wanted to make a plug for that. And so, yeah, we're going to talk about each of these things. So we're going to see this

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like, reminder, reflection, restates what the patient said. It can be simple, just a restatement or complex right. Now we're going to actually walk through what this looks like. And it's kind of a chooser an adventure because I'm going to we're going to like set this up and then I'm going to give you a couple of different possible interventionist responses. And you're going to tell me which one is the most consistent with motivational interviewing, right? So let's like gain this out,

right? So interventionist says, Sam, your HIV tests came back with a positive results. Sam says, Oh, my God, are you serious? I can't believe it. That's those are my fine acting skills right there. Right. So then the interventionist can respond in one of a couple of different ways. Right. And so you guys are going to use the chat to tell me which one is most. Am I consistent? Right. The first is, yeah, I'm serious. You tested positive. The second is, so you're surprised given that you had unprotected sex with several anonymous partners? Three, you're really surprised by these results? Which 112? Or three? Which one is the most? Am I consistent? Okay, oh, someone asked in the chat, what is 988? So 988 is the like, statewide mental health hotline that you can call. If you're having like any kind of mental health crisis, you know, it's it's most often used for, like suicide and suicidal ideation. But it can also, you know, I think if, again, if a patient is really dysregulated, or like really upset around finding out that they have an HIV positive test result, they can call me an idiot and get connected to mental health care. Okay, so, so Okay, so three. All right. So so yeah, so you were all in agreement? That, that three is the most sort of am I consistent response? Right? It is a complex reflection. Right? Um, Sam did not say, like, I'm shocked or whatever. You know, so that's, we know, it's not two, because two is super judgmental, and mean. And then one is not it's not a reflection, right? Yeah, I'm serious. It's not that that's sort of the interventionist kind of putting themselves into the conversation. So that's not really that, so. Okay. So you're really surprised by this results? By these results? Is the is the answer that we're going? Okay. So then I put in which one of these is most consistent with my spirit? We know it's not number two. Okay. So Sam says, Yeah, I didn't really expect this, I thought I was just coming in for a routine checkup. And the interventions can say, I'm really sorry, you're going through this. Too, you're really upset and worried about what happens now? Three, there is no reason to be sad. HIV isn't a judgment. It's, which one of these is most consistent with motivational interviewing?

43:14

Yeah, okay. So most of you are feeling like two or all of you actually are feeling like two is really the best response, you are really worried and upset about what happens now. Right? Again, a complex reflection, right? What happens now? Okay, we're definitely not saying there's no reason to be sad. HIV isn't a death sentence. I'm, I'm really sorry, you're going through this, I think is what folks can be tempted to say, right? internally, inside, especially again, if this is a known patient, you you can be really sad for this person. Like you genuinely feel that way. I'm the sort of plug that I'm trying to make is that you can convey that you can convey empathy and compassion and care for this person without actually having to say I really started going through this, you can do that by using your reflections to really see the patient and where they're at. Okay. So Sam saying, I am really worried. How am I going to tell my boyfriend and my family? So the interventionist says, You're afraid that they're going to react badly to this news? Okay, we only have a few minutes left. So I want to talk about what comes next. And three, who cares what they think they don't have the right to judge you. Okay, so which one of these you just chat again to tell me? One, two or three is the most Am I consistent? Yeah, I'm seeing lots of ones. Exactly. Great. So definitely, you're afraid that you know the how they're gonna react. Perfect. Again, cool. complex reflection, right? So number two jumps the gun a little bit in the sense that that's a hard pivot from, from like Sam's, like, processing their response to, okay, we only have a few minutes left. So I want to talk about what comes next. Um, you do want to, you know, reflect what they just said before, before going into like, it's okay to say like, we only have a few

minutes left. So I want to talk about what comes next. But before you do that, like if you combine one and two, like you're afraid you're gonna, they're going to react badly to this news. Pause, then you can say like, because we only have a few minutes, we're pressed for time here. Can let's talk about what comes next. Okay, next, I think last one, too. So Sam says, Yeah, I think my record will be so upset. The interventionists can say, well, of course, there'll be upset, he cares about you, too, it's really clear to me that you care about your boyfriend so much, because he's your top concern right now? Pause? Would it be okay, if we transition to discussing your next steps or treatment and talking to your boyfriend or three, you're really wish you could talk to your boyfriend about this and not upset him?

46:28

So this is actually so like, most of you are choosing to I'm super into it. This is a trick question. Because in the sense that you could choose to, especially again, thinking about time, and like, you know, you know, again, like you don't just have infinite time to spend with every patient. But to or three is also acceptable. If you do have time and you want to keep the conversation going, you could reflect you really wish you could talk to your boyfriend. But you know, if you're sort of like, okay, we need to like, kind of get this going notice that this reflection ties, would it be okay, if we transition to discussing your next steps for treatment and talking to your boyfriend? Right? So you've tied in the things that the patient told you that he is most concerned about? And you like, yoked that to follow up care? Right. Any hesitations that Sam may have had about like, Oh, my God, what comes next? Like suddenly you've yoked those things together. So they're like, Okay, let's talk about it. Right. So okay, now we're pressed for time, so we can kind of rush it. So after Sam agrees to discuss next steps, you want to confirm understanding, right, get feedback once information has been provided. And you want to make sure to break up information into a couple of sentences. In order to be able to stop and pause and get feedback on what you've shared. You want to provide different options when possible, and you want to use evocative questions to help shape their HIV care plan. So given what we talked about, what do you want to prioritize first? Or what's a good first step, etc? Okay, what gets in the way of using Am I in HIV testing and counseling? So you guys can use the chat to tell me what may make it difficult to incorporate what we talked about today at your site? And then also another question I have here are how are the techniques that we discussed a different from the standard of care at your site? Use the chat to tell me that because we are pressed for time. I want to sort of discuss the traditional barriers that like literally the research tells us these are the things that get in the way. Time, right, we're like, you're like, I don't have time for these conversations is way too long. I've got a bajillion patients and see, etc. Um, my plug, I want to, like validate this, that that this can take time, especially in the beginning, when you're not feeling like super proficient in motivational interviewing, I would, I would argue that actually, once you've mastered some of these skills, I think that actually, these skills and techniques cut down on time. Because again, you're able to, if you're using open ended questions, you're able to get a lot in for a lot more information a lot more quickly. The second one is related discomfort and lack of familiarity with and practice with MI strategies. I like literally, as I shared, I practiced motivational interviewing at home, I was like, I'm only gonna ask open ended questions or I'm gonna practice reflections with my friends and family. And then they were like, Why are you talking to me a weird different way, right? But that's just how I talked down. So I'm definitely taking the time to practice some of these skills or to like get additional training to, you know, like, build up your

skills is really important. And the last one, obviously, is, you know, when patients are lost to follow up, or when they're in pre contemplation stage of change, I do Talk about Stages of Change today because there was a lot to cover. But, you know, there are some patients that are just, you know, you tell them this news, you deliver the HIV positive result and they're not ready, they're not ready to I think as some of you discuss in the chat to kind of cope or like come up with a plan or deal with it, they may, they may just need some time. And, you know, again, if we're thinking about am I spirit acceptance, we just have to come to terms with that. Okay. Um, all right, let's see, oh, my goodness. So, again, using the chat if you guys have any, like one major takeaway that you have from today's training, or one way that you'll incorporate these practices in your work, you can use the chat to tell me, um, you know, that's it. That's the training today. If you have any questions, my email is in the slide deck. So if you want to just shoot me an email, and ask additional clarifying questions, I'd be happy to respond. Yeah. So that's it. That's, that's all I have for today.

51:04

Wonderful, thank you so much, Dr. Brown, we do have a few questions here. So What recommendations would you offer to include sexual positivity in obtaining sexual history?

51:17

Oh, boy, um, let's, let's see, that's a whole, I feel like that's all training. Um, I think number one, being really careful about language that you're using, as I can't remember this person's name, they were so helpful. Pointing out that the language we use is, like really important in terms of having like a sex positive conversation. And again, I learned something today that even the word risk is, is a stigmatizing word. And so using something like, you know, vulnerability to HIV infection, or something makes a difference. Um, I think that using motivational interviewing skills is inherently sex positive. And that it? Well, actually, I would say it is sex neutral. In that, again, using open ended questions using reflections. You know, there's, the point is, is and one of the reasons why I'm such a big mi fan and advocate, especially in like, the sexual health realm, that using those techniques, like really strips out for the most part, like stigmatizing language. And so those, those are just be like, my off the cuff suggestions. And then, you know, additional training on sort of sex positivity and like, like, again, looking at the scripts that you have, and the language that you're using, and really looking at that through a sex positive lens and incorporating, you know, incorporating sex positive language, and you can, yeah,

53:00

absolutely. We have a comment here about I was taught to discuss if the patient might harm themselves. This is in regards to when you disclose the HIV test results. Yeah, I want to discuss if the patient might harm themselves, or the person that may have exposed them to HIV, as well as asking them about if they have any options for a support system before doing the testing.

53:24

Oh, so are you saying like, like, doing a pre assessment of that, like, if your result is HIV positive? Like, what do you think? Like, how would that be for you? I think that's an excellent idea. i That's amazing. Yes, if you rate and then actually folks on this webinar, totally incredible suggestion. Again, I'm learning things today. Like, you know, having that conversation

beforehand, actually, when you explain it's like, these are the possible results, right, like, you know, reactive nonreactive, invalid or inconclusive, like, so if your result was positive, like, Tell me about that? How would that be for you? Right? And then, you know, really getting a sense of like, let's put a plan in place, actually, even before you get your results, especially if they're at high risk. Absolutely. I think that's a great idea. Um, yeah, yes. And, you know, if you're able to assess for suicidal ideation, even prior or afterwards, and you have the skill to do that, then absolutely, I do think that is a useful intervention.

54:26

In the event that the person this is another question we have here, like in the event that you do screen and the person does indicate suicidal ideation or harming someone else. What do you do in that in that instance?

54:39

Oh, well, okay. So, I mean, really, I would say that if there is a mental health provider on site to meet with that person to do a much more thorough assessment that I think would be like necessary, if not, that is a that is a EMS call that is 911. If that person if that That person is not safe to leave. If you're like if this person leaves, they're gonna go harm the person that they think infected them or, you know, harm themselves and whatever then that is without question. Absolutely. And EMS call 911. Yeah.

55:16

All right. So thank you again to Dr. Kimbrough.

[End Transcript]