

HOW TO HELP PATIENTS ADOPT S.A.F.E. SEX PRACTICES

1. THE S.A.F.E. ASSESSMENT SCREENING TOOL

When patients present with the following issues, consider these questions to highlight their risk of STI/HIV infection.

SEXUAL RISK PRESENTATIONS

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Unsafe sex episode

- Have you had unprotected sex when you would have preferred not to?
- Do you feel that you would like sex to be safer/ cause you less anxiety?
- Are you concerned that the people you have unsafe sex with may have HIV or an STI and not know it?

An STI Screening

- Does it concern you that an STI may increase the chance of HIV infection?
- Does it concern you that an STI may increase your HIV viral load?

HIV PEP

- You are concerned about not becoming HIV positive. What can we do to help you not have this risk again?

Unsafe sexual practises eg, withdrawal or insertive position

- Are you aware you may be exposing yourself to HIV or other STIs?
- Does this concern you?

ALWAYS ASSESS

A

New patient

- To get a comprehensive view of the health of our patients we always ask questions about sexual behaviours. Is this OK?
- Who are your partners?
- Regular/casual?
- Condoms?

Regular review

- This practice/clinic is asking all our patients about safe sex this month.
- Can I ask you about your sexual behaviour?

New partner (unknown status) esp. if 'in love'

- Have you ever been swept up in the intimacy of sex and forgotten about condoms?

New partner is HIV serodiscordant

- What are the barriers to consistent condom use?

CLIENT FEELINGS

F

Distressed

- Your distress shows a desire to change your future behaviour.
- Are you worried about HIV or an STI?

Embarrassed

- You seem to be finding it embarrassing to talk about safe sex to partners but you are also worried about getting HIV/STI.
- Shall we talk about what we could do to address this worry?

EYE OPENER ABOUT POSSIBLE SEXUAL RISK

E

Alcohol and other drug issues

- Are there times where you can't remember whether condoms have been used or not?
- Does this concern you?
- Have you ever felt drugs and/or alcohol contribute to you having unsafe sex?

Erectile dysfunction medication

- Do you use 'Viagra' with party drugs?
- Does this affect your safe sex practices?

Multiple sexual partners

- Are there times when you're not sure whether a condom has been used or not?
- Have you ever had unsafe sex with a partner that you later found out had an infection?
- Is it possible that if your partner has unsafe sex with you they may also be having unsafe sex with other people?

Frequent presentation for HIV tests or the morning after pill

- It seems that having sex without using a condom is a concern to you.
- What about if we spend some time addressing this worry?
- Are you aware you are also at risk for STIs?
- Would you like to look at how we can also prevent these infections?

2. CONSIDER FROM YOUR S.A.F.E. ASSESSMENT ABOVE WHERE THE PATIENT IS AT IN THE STAGES OF CHANGE MODEL OVERLEAF

BRIEF INTERVENTION PRINCIPLES: The strategies overleaf recognise that the most effective means of influencing behaviour change is through highlighting patient's motivations, avoiding argument, amplifying patient's ambivalence and increasing self-efficacy.

READINESS FOR CHANGE TOOL What to do with patients at risk of HIV and STIs
 These strategies are designed to promote behaviour change. The patient may present at any stage of change.

3. STAGES OF CHANGE*

COUNSELLING STRATEGIES

PRECONTEMPLATIVE STAGE

Patient sees no need to practise safe sex

"There's no way I need to worry about safe sex"

STORY-TELLING:

Tell patient a "success story" that highlights similar obstacles to change and potential solutions

- ✓ Another one of my patients...

INFORMATION GIVING:

Specific to patient's situation.

- ✓ What do you know about...?
- ✓ Would you be interested in knowing more about...?

DISCUSS IMPACT OF BEHAVIOUR ON OTHERS:

How behaviour is negatively impacting on others

- ✓ Does your partner know they are at risk? How would a STI/HIV affect your relationship? Your family?

CONTEMPLATIVE STAGE

Patient sees the need to practise safe sex, but has barriers and so is not ready to take action

"Yes, I worry about unsafe sex but..."

EXPLORE AMBIVALENCE/OFFER SUBSTITUTES:

Help patient see why he/she is "on the fence"

- ✓ It seems that you enjoy taking drugs but you are anxious that you have unsafe sex when intoxicated. What difference would it make not having this to worry about?
- ✓ Having this STI seems to have shocked you, have you thought about how to reduce the chances of this happening again?

DISCUSS PROS & CONS:

Exploring patient's Costs and Benefits of change:

- ✓ What, for you, are the good and bad things about using condoms?

OFFER SUBSTITUTES:

harm reduction options.

- ✓ E.g. Not mix alcohol/drugs and sex or reduce number of sexual partners

DISCUSS BEHAVIOUR IN RELATION TO SELF-IMAGE:

- ✓ You seem to be a sexual adventurer but don't want to be irresponsible for your and others health

INCREASE SELF-EFFICACY:

- ✓ You gave up smoking so it seems you can make difficult changes...
- ✓ What is the difference between the times you use condoms and when you don't?

READY FOR ACTION

Patient is ready to practise safe sex and may have already be trying safe sex

"I want to stay infection free"

GETTING STARTED/PLANNING:

Help the patient to plan to accomplish the behaviour change

- ✓ E.g. Patient aims to buy and carry condoms.
- ✓ Patient gets condoms immediately upon entering a venue for sex.

BUILD SELF-EFFICACY, CONFIDENCE, PRACTISE SKILLS, AND ESTABLISH A FIRST STEP:

- ✓ E.g. Practising masturbation with a condom.
- ✓ Role play practising asking partners to wear condoms

SUPPORT AND REFERRAL:

Increase access to prevention tools and services by referral.

- ✓ E.g. Provide counselling and support contacts
- HIV/AIDS Information Line 1800 451 600
- ✓ Refer patient to relevant support groups eg. AIDS Council

ACTION AND MAINTENANCE

Patient is implementing safe sex

"I carry and use condoms"

IDENTIFY SUPPORTS:

Help patient find a support system

- ✓ E.g. GP, friends, counsellor

AVOID CUES:

Assist patient in recognising and avoiding the cues, which lead to risk behaviours.

FIND SUBSTITUTES:

for previous risky behaviour.

- ✓ E.g. Joining non-sexual social groups, exercise, hobbies, etc.

IDENTIFY REWARDS:

for maintaining the change.

BECOME A ROLE MODEL:

Help patient become a role model of change for peers.

RELAPSE PREVENTION

Patient may have had a time when they didn't use a condom

"I forgot to use a condom this time but..."

RECOGNISING RELAPSE AS PART OF CHANGE PROCESS:

Help patient identify and understand circumstances that led to lapse

HIGHLIGHT TRIGGER/BARRIERS TO LAPSE:

Review plan and encourage confidence that they are able to commence safe sex again

REVIEW & MODIFY PLAN:

Identify what has worked and what has not

- ✓ A lapse doesn't mean failure it means we just need to review

* Adapted from: Prevention & Management of STD in PLWHA, Eastern Quadrant, 2003, Based on W.R. Miller and J. Prochaska: Motivational Interviewing Developed by Hennessy, R., McCann, L., Edwards, B., Austin, D., Ogier, A., Ryan, L., and D'Amato, A., Date of Issue: January 2006; Further copies call (02) 9332 9700