Counseling about Unclear Risks

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Behavior change counseling is an uncertain process even when a client's behavior is undeniably risky. When clients are unclear about risks or engage in behaviors whose risks have not been clearly established, the counseling process can become entirely confusing as counselors work with clients to sort through possibilities and contextual variables. In the confusion, counselors may become frustrated and clients may lose motivation to change behavior. This article will discuss behaviors whose risks are often ambiguous to clients, even though these risks may be clear to counselors, and it will offer tools to help counselors provide effective counseling in these situations.1

Risk and Sources of Ambiguity

While clients may be uncertain about the HIV infection risks of nearly any behavior, they commonly report a lack of clarity regarding the following behaviors and prevention methods: oral sex, either fellatio or cunnilingus; cleaning injection drug-using equipment; and open-mouthed kissing. Clients also often express uncertainty about the risk of condom breakage and whether two people with HIV infection can have unsafe sex together.

Ambiguity often results from a variety of processes; a person receives messages that conflict over time or from one source to the next; methods to reduce risks appear complicated or feel overwhelming: or a person feels internally conflicted about changing behaviors and in some cases does not clearly integrate messages about risks. With any behavior or for any client, a combination of these factors may apply. Uncertainties about oral sex, for instance, often involve both confusion about conflicting messages regarding the risks of this behavior and emotional resistance to adding oral sex to the list of behaviors that require protection.

Conflicting Information

Because it can involve the exchange of semen, vaginal secretions, or blood, oral sex is considered a route of HIV infection. There are both published and anecdotal reports of HIV transmission through oral sex. Many researchers and educators have interpreted these findings to mean that people should use barriers such as condoms during oral sex, and the Department of Health Services, Office of AIDS, has clearly communicated that oral sex is risky.2 Yet others, including service providers at some community-based organizations and researchers in other countries, have interpreted the findings otherwise, minimizing the risk of transmission and the necessity for protection.

Such inconsistencies in interpretation lead to confusion and challenge clients' abilities to make decisions about acceptable risks. They may lose confidence in any or all of the information and even in the necessity of behavior change. The resulting sense of ambiguity may support personal resistance to making changes.

While counselors cannot take responsibility for the flood of HIV-related information that confronts clients, they can ensure that they are consistent in the presentation of prevention messages. Each provider of health information brings a different set of beliefs, personal experiences, and ways of assessing information to his or her work, and as a result, clients may receive a variety of messages—some of them conflicting—about the risks of sexual behaviors.

To achieve consistency, counselors must first remain versed in the latest information about HIV-related risks. Second, they must present a consistent delivery: it is important to discuss information about risks as directly as possible and in a neutral tone and manner. Finally, counselors should acknowledge common inconsistencies that occur as a result of new research findings and differences among various educational mediums, for instance what is communicated in schools, in media campaigns, and in press reports.

Counselors should ask clients about their sources of information about a given behavior, assess the credence clients place on this information, and evaluate their comfort with the conclusions they have reached. It is important for counselors to remember that the risk of some behaviors is justifiably open to interpretation. When there are several valid interpretations, it may be most useful to determine how the client views each rather than to resolve the conflict for the client. To do so, counselors should help clients distinguish the scientific possibility of transmission from the likelihood of transmission to a specific person. The task of counseling should be to define this possibility in terms of the best information available and then to help clients decide what level of risk they are willing to accept given this information.

It is crucial to validate clients' feelings of confusion, frustration, and anger in response to inconsistent information. It is also important to acknowledge that while there is clear information about most risk issues, there are some questions for which there are no absolute answers. When this occurs, counselors can assess whether clients feel able to make a decision about a given behavior in the face of limited information.

Complexity of Information

Ambiguity can arise as a result of being overwhelmed with information, even if the information is consistent with previous health education. The information itself may be overwhelming in its quantity or it may challenge ideas held by the client.

This often occurs with needle cleaning. Needle-cleaning guidelines emphasize that a person fill syringes with liquid bleach three times and hold the bleach in the syringe for a minimum of 30 seconds each time. A person rinses syringes before and after bleach use by filling them with water three times. Researchers report that less complete cleaning offers no assurance of effectiveness.

Such a protocol is often not practical given that a clean water supply or sink may not be available. Clients may be overwhelmed to hear about a method they cannot follow and may be unclear of what they can do or are willing to do. Clients may have similar reactions to condom use, believing that proper use is too difficult.

Internal Conflict: Beyond Information

While the risks of some behaviors may be well-established and prevention strategies may be easily understood, clients may continue to express uncer-
tainty about their risks. For instance, there are no reports of HIV transmission through open-mouthed kissing and the concentration of HIV in saliva is extremely low. While it is theoretically possible that transmission might occur if there is an exchange of blood—if there are open blisters or sores, deep cuts, or scratches in the mouths of both partners—kissing is believed to pose an extremely low risk of HIV transmission. Yet, some clients experience significant conflict about their “deep” kissing behavior. In these cases, the source of the conflict most likely has nothing to do with the information itself; it relates to psychological resistance often tied up in the response to the epidemic, to sex, to risk, to fear, and to many other factors.

Often, uncertainty exists as a result of life changes. There are a variety of changes that may lead people to become unclear about risk. They may experience changes in social support. Their friends may challenge them either about being unsafe or “too” safe. They may face institutional pressure, for example, from community leaders who are opposed to condoms. Their alcohol or other drug-using behavior may change, and they may therefore feel a greater desire to take or avoid risks. After receiving repeated negative antibody test results, clients who have a history of safer behaviors may believe they have been safer than necessary and may consciously or unconsciously decide to increase their risks. Depression or the loss of a job or a relationship may diminish self-esteem and the desire to maintain safer behaviors.

Clients may focus on their lack of clarity about risks without being aware that factors other than factual ambiguity are affecting them. For instance, clients may attribute unsafe behavior to unclear risks when, in fact, resistance actually arises from the belief that they are not skilled enough to engage in safer sex. In some cases, clients may subconsciously feel shame about engaging in behaviors they once considered to be unsafe, and instead of viewing these behaviors as risky, they become unclear about the risks of behaviors. Alcohol or drug intoxication may facilitate this denial. Uncertainty about low- or no-risk behaviors may also divert their attention from the clearly unsafe behaviors in which clients engage. For instance, a client may express significant concerns about kissing partners but pay little attention to the risks of having vaginal sex without a condom.

Ambiguity may provide a compelling excuse not to deal with uncomfortable choices by making things seem to be too complex to resolve. Often, however, the problem is not so much making a decision but articulating it on a conscious level. To be more conscious of thoughts and actions, it is important for clients to explore the desires and motivations related to the behaviors they engage in or wish to engage in, and to assess the potential benefits and drawbacks of these behaviors.

Explore the context of that person’s risk behaviors and experience. In relation to sex, ask clients what events lead them to be safer on some occasions than on others, and why they make decisions to engage in certain behaviors.

Rely on open-ended questions and make statements such as, “I’m interested in hearing more about what these feelings are about for you,” and “How do you feel having this uncertainty?” Allow clients a chance to explore their feelings or beliefs. Be careful not to interrupt this process or to try too quickly to resolve client concerns.

Once counselor and client clarify the source of a client’s uncertainty and the client’s feelings about it, provide referrals to follow-up services such as individual counseling or a support group, either focused on general issues or on risk reduction strategies. These services may help a client explore uncertainties or reinforce desires to avoid unsafe sex. In the absence of referrals for formal services, talking about risk issues with supportive, non-judgmental friends may help clients confirm healthy decisions.

**Recognizing and Dealing with Client Anxiety**

Uncertainty and the conflict between desire and risk bring up anxiety. Clients may reveal this when they seek absolute answers to questions about the risks of specific behaviors or when they discover risks they had not previously known. Anxiety may also evoke further uncertainty, and clients may become anxious about behaviors that are clearly safe, for instance, hugging. In some cases, no amount or type of information will reduce this anxiety, and it is helpful to acknowledge this possibility.

Counselors sometimes feel anxious when clients ask questions about risks or prevention methods that they cannot answer absolutely. In response to anxiety, counselors may leap to offer some answer—even an inaccurate one—rather than acknowledging the reality that there is no absolute answer. By providing information and immediate support, counselors may help clients reduce anxiety or recognize its source. It is unlikely, however, that clients will eliminate their anxiety through the work of one HIV test counseling session. Since anxiety is often deep-rooted and its origins are difficult to identify, the counselor’s most important role may be in referring clients to other sources of support.

**Conclusion**

Uncertainty about risks is not unique to HIV behavior change counseling. Many activities—including eating high-fat foods and drinking alcohol—pose potential but uncertain risks. For other behaviors, such as cigarette smoking, information about risks has changed over time. It may be useful for counselors to look at information about these behaviors and how people react to it. Through this process, they may see that at a minimum, counseling can help a person gain a clearer awareness of behavioral risks.

**References**
