Repeat Clients
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In 1990, one-third of all clients seeking antibody testing through the state’s Alternative Test Sites had taken the test previously. It is likely that these repeat testers are motivated by different reasons than those who test for the first time and so require a different counseling approach. This article describes the types of individuals who retest and explores the differences between these people and those who are testing for the first time. It offers guidance for identifying repeat testers and techniques for working with these clients.

Who is the Repeat Tester?

A study of anonymous client surveys of people testing at Alternative Test Sites in 1990 found that 47 percent of those seeking repeat testing reported they engaged in “high risk” behaviors. Eighteen percent of all positive tests were repeats of earlier positive results, and many antibody positive clients retested within two months of their original positive result. Fewer than 10 percent of all repeat testers had tested positively previously. As a group, repeat testers had a higher seropositive rate than people testing only once.

Aside from these general observations, the repeat tester cannot be easily classified. Repeat testers are both heterosexual and homosexual, young and old, and educated and uneducated. The following are descriptions of some types of repeat testers. A client may fit more than one of these descriptions.

- People who engage in high-risk behaviors and believe they are immune from infection. For these people, receiving a negative result can confirm that it is safe to engage in any sexual behavior, and it supports their denial that they are at risk. After a time, these clients want reconfirmation and seek yet another test.

- People who repeatedly test antibody negative, and use this result as a challenge to remain negative and a motivator to continue to avoid high-risk behaviors. Some of these people use the test as a routine “self-exam,” similar to exams for breast cancer or testicular cancer.

- People who follow safer sex guidelines but do not believe in their efficacy. Changes in data about transmission may encourage repeat testing. For instance, clients have grown increasingly concerned about the risk of infection from oral sex in the light of recent reports suggesting that there may be a risk, albeit a small one, of transmission. They continue to engage in oral sex and return for testing to confirm that they are uninfected. Other individuals engage in low-risk behaviors, but believe themselves to be at high risk. These people may not understand HIV transmission or accept that they are at low risk.

- Clients who express guilt about testing antibody negative. These people await a positive result, even if they have not engaged in unsafe sex, and question the accuracy of antibody negative results.

- People whose awareness of HIV infection increases in the wake of news that someone they know—either personally or as a public figure—discloses infection.

- People who believe they are continually in the infection “window period,” the time between infection and the development of antibodies. While this period rarely lasts more than six months from the time of infection, some clients believe it can continue beyond this, and they may consider themselves to be in a window period for several years after they have stopped having unsafe sex.

- People who have an irrational impulse or desire to test. These people are pre-occupied with being tested and reasoned arguments with them that they do not need a repeat test may be useless. These people may have no interest in their test result; their interest and pre-occupation is in the pursuit of the test alone.

- People who have a pre-existing psychiatric illness.

- People who tested before but never returned for their test results.

Justifying the Test

When people test and then continue to engage in behaviors that put them at risk for infection, retesting is considered to be “justified” by the science of HIV transmission. In these cases, counselors seek to understand why clients continue to engage in unsafe behaviors, and work with clients to eliminate these behaviors and to find support for sustained behavior change.

Conversely, when an individual has tested negative over a period of several years and has avoided unsafe behaviors, the risk of seroconversion is low, and the scientific justification for retesting is diminished. This analysis is helpful for counselors making decisions about how to counsel repeat testers.

Counselors may grow weary of spending time with repeat clients whose risk for infection is low, especially when many high-risk and antibody positive clients need attention. For these clients, however, counselors may be the only source of HIV education and the sole outlet for discussing fears of infection, and test counseling may be responsible for helping these clients avoid unsafe behaviors.

Approach low-risk clients by emphasizing, during pre-test counseling, the accuracy of the test. Tell these clients repeat testing may not answer their concerns. Many of these clients will benefit from seeing a therapist who can help clients address a scientifically “unjustified” desire to be retested. However, counselors should avoid directly discouraging these clients from retesting.

For antibody positive clients who are retesting, the follow-up test can provide a chance to address the client's denial, that is, his or her unwillingness to deal with an antibody positive result. Look for signs that the client is not accepting a test result, and acknowledge the client's temptation to avoid facing the reality of a positive antibody result.

While a counselor can respond to a client based on the scientific justification of a test, this is not a useful tool in determining whether it is appropriate for a client to visit an antibody test site. Site coordinators rarely place restrictions on individuals who seek repeat tests, although they generally recommend that people wait six months—the average length of the “window period” described above—before returning for retesting.
Working with a Repeat Client’s Concerns

Repeat clients require a different counseling approach from first-time testers. Traditional techniques, such as addressing an individual’s risk behaviors, have, in many cases, not adequately addressed clients’ concerns and behaviors. More client-counselor interaction is needed before counseling because counselors know clients have heard—and perhaps rejected—earlier counseling.

Some repeat clients are not interested in receiving any counseling at all. They believe they have heard all the risk-reduction messages that are appropriate to them; they understand the process for receiving a test result, and all they want is the result.

The pre-test session may offer the best opportunity to work with repeat clients. Repeat testers who want to avoid further counseling are not expecting to receive thorough attention at this point, and therefore may be drawn into an exploration of their motives. Before being tested, individuals are more likely to be aware of their reasons for retesting and more motivated to discuss them. When they return for post-test counseling, their concerns are focused on the result, and once this is disclosed, clients may have less interest in discussing the repeat testing syndrome. It is also possible that after extensive pre-test counseling, a client may decide not to take the test. If thorough counseling cannot be offered during a pre-test session, it is appropriate to discuss retesting during the post-test session.

Since it is often true that clients see different counselors each time they test, identifying repeat clients is difficult and may be complicated by the fact that some clients avoid admitting that they have tested before. Ask clients about their testing history. If they are available, use client survey forms to determine if clients have tested before. Some behaviors, although not exclusive to retesters, may signal repeat clients. For instance, repeat clients may be unwilling to watch a standard pre-test educational videotape. In response, counselors can offer one-on-one counseling and use the tailored approaches outlined below.

Clients who are reticent to discuss repeat testing may respond when counselors demonstrate an individual interest and their willingness to tailor discussion to these clients. Credit the uniqueness of the client by acknowledging the experience and expertise the client has with antibody testing. Ask clients what they are hoping to learn from the result. Ask if their concerns will be resolved by another in a series of test results. Help clients understand that their primary reason for testing may not be to learn antibody status. Through this process, clients may begin to see that test results may not address their long-term needs.

Tailored Approaches

Tailor counseling to the individual’s specific reasons for testing. For instance, many clients have not been at risk for several years but, because so many of their friends are seropositive, they are convinced that they are infected. Explain the science of infection to these clients, and explore the probability that they have in fact escaped infection. Offer these clients options on how to receive follow-up support to deal with grief, guilt, or other concerns. When appropriate, focus on the preoccupation with being tested, and help clients see that this is an issue that might be resolved through follow-up counseling.

Ask clients about behaviors they have engaged in since their last test. Ask them what they have felt both in response to the last result and in terms of relationships, or sexual or drug using behaviors. At the time of the last result, did the client expect to return for a future test? If not, is the client disappointed in having done so?

If clients state that they have maintained safer sex guidelines, ask why they feel they are at risk now. If clients have failed to engage in safer sex, ask their reasons. Are they feeling pressured by others to engage in unsafe behaviors? Are theypressuring themselves?

For clients who feel anxious prior to testing or receiving test results, explore the nature of this anxiety, since it may provide clues to underlying concerns. By discussing this anxiety when it is fresh, clients may be more apt to realize that their concerns extend beyond testing and, again, that follow-up counseling or group support may address emotional concerns. Some antibody test sites themselves offer repeat testers one-time support groups.

Explore with clients their feelings after receiving test results. Do they feel comfortable with the information? If results have not changed, have their feelings in response to these results changed? Do these clients plan to repeat testing? Acknowledge clients’ reasons for wanting to retest, and offer them alternatives to retesting.

Prepare the names of therapists and others who can meet the counseling needs of repeat testers, and offer these to clients. Contact AIDS service organizations and others to learn about counselors in the community who have a thorough knowledge of the antibody testing process. When such professionals cannot be located, social workers at AIDS organizations may be prepared to work with repeat clients.

Conclusion

Counselors may dismiss low-risk retesters, with whom they may become impatient. They may feel daunted by the challenges of counseling high-risk retesters, because these clients knowingly endanger themselves. In both cases, however, retest counseling offers an opportunity to reinforce behavior change messages and to discuss follow-up care that might lead to the resolution of psychological distress.

Repeat testing, often symptomatic of a variety of psychological issues that are not resolved by testing alone, is a cry for help. It is crucial, since it addresses the needs of people who, for some reason, are not embracing or understanding HIV prevention or information messages.

References


FOCUS On HIV Antibody Test Counseling is a quarterly supplement to FOCUS: A Guide to AIDS Research and Counseling, both published by the AIDS Health Project, which is affiliated with the University of California San Francisco.

The supplement is published under a grant from the California Department of Health Services, Office of AIDS, and is distributed to HIV antibody test sites. Permission to reprint any part of the supplement is granted, provided acknowledgment of FOCUS and the California Department of Health Services is included. Unlike the supplement, FOCUS itself is copyrighted by the UC Regents, which reserves all rights.

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