Behavior Change Strategies

John Tighe

One of the most difficult tasks for many HIV test counselors is helping clients develop strategies to change unsafe sexual behaviors and maintain behavior change. While this often involves providing information, it is a complex process that includes helping clients feel comfortable in the test counseling session, encouraging clients to disclose their concerns, fears, and behaviors, determining whether clients are interested in changing behavior or engaging in safer behavior, and providing support.

This article presents, in their own words, counselors’ responses to the question: “What counseling approaches and strategies do you find useful in helping clients to change unsafe sexual behaviors and sustain change?”

Establishing a Relationship

The client-counselor relationship in large measure determines the possible behavior changes that clients are willing to discuss or consider in the counseling session. Counselors report that this relationship begins in the waiting room, where clients determine how comfortable they feel at the test site and counselors can detect subtle characteristics of clients’ personalities from the time they introduce themselves.

“When I introduce myself to clients, I communicate through words, through the tone of my voice, and through body language that I want to help clients feel comfortable and have confidence in me and the counseling process.”

“Before discussing anything else, I outline the purpose of the counseling session, and the services I can provide. Clients often perceive the process as mysterious, and feel little power over it. I respond to this power imbalance by asking clients to choose topics they’d like to discuss.”

Language. To help clients feel comfortable talking with counselors and feel understood, it is important that counselors be aware of clients’ vocabulary and their comfort with language. Counselors may then respond by simplifying concepts and sentences for clients who struggle to understand complicated ideas.

“I use words and phrases clients use. If a client calls a condom a rubber, I call it a rubber. If a client is uncomfortable with the term ‘oral sex,’ and instead talks only about ‘sucking on a partner’s penis,’ I use that phrase.”

“With clients for whom English is a second language, I don’t assume they are comfortable speaking English. I let them know that counselors who speak other languages are available. Some-times, clients begin the session speaking English, but when they start discussing feelings, they switch to Spanish. I switch with them. I may even switch before they do if I think they have a larger Spanish vocabulary when it comes to talking about feelings.”

Attending to the Client. Actively listening, being attentive to subtleties in clients’ expression, and allowing quiet time are all crucial to the client-counselor relationship. By being aware of these possibilities, counselors can determine what clients want from the counseling session, convey respect to clients, help clients maintain focus in the session, and give clients a role in directing the content of the session.

“I don’t need instant answers to questions. Clients sometimes feel relief when they realize they can take time to figure out what they want.”

“I allow quiet time. Quiet moments give clients a chance to consider topics they want to raise, but won’t if we’re constantly talking. Quiet times can feel uncomfortable to me—and to clients—but some of the most important conversations come only after clients have had a chance to slow down and perhaps take a few relaxed breaths in silence.”

Motivation to Change

Assessing sexual risks involves asking about specific behaviors and what clients do that might put them or their partners at risk for infection. It also means asking about the role of sex in clients’ lives. Perhaps most important is determining clients’ level of desire to change behaviors or consider behavior change.

Unless clients express a desire to engage in safer sex, there is no reason to suspect they will consider or make changes. When clients express a desire for safer sex, learn the reasons for this desire, and use these reasons as “hooks” on which to further build motivation to change behavior.

“When clients show motivation to change behaviors, I say, ‘It’s great to see your motivation and excitement. How do you think you might feel when you leave here—maybe tomorrow or next week—and you are in a sexual setting?’”

“If clients don’t see any benefits to safer sex, I describe benefits others experience and see if any of these are appealing. When people see no reason to protect themselves now, I explore why they might want to avoid HIV infection for the future. I explain that if they ever consider having a child or parenting, it’s important for them to protect themselves now.”

Interventions

To determine what intervention might be useful, it is important for counselors to learn more about why clients engage in various behaviors. Throughout the intervention, continually assess what will enable clients to take—as well as what will inhibit them from taking—the next step in the behavior change process.

“I invite clients to tell me why they believe they have unsafe sex. I also ask their reasons for engaging in other behaviors. For instance, when clients say they consume alcohol before sex, I ask if they understand why they do this, and I accept that they may not. But I encourage discussion because it may give clients their first opportunity to consider their actions, and it may prompt further questioning of behaviors.”

“When clients say they engage in unprotected oral sex because they consider it a low-risk behavior, I ask them to discuss any risk they do not attach to it and, without judgment, ask how they reached these beliefs. This is an opportunity to determine risks clients might find acceptable.”

“Sometimes, it’s useful to let clients know that only they have the power to change behaviors. Neither families, friends, nor I have power over their sexual behaviors. Some people have been unaware that they have this, or any power or responsibility, and feel empowered to hear this.”
When clients say they enjoy anonymous sex, my aim is not to try to get people to avoid anonymous sex. My aim is to present ways clients can make the behaviors they engage in safer. Similarly, when clients talk about potentially illegal activities like paying for sex workers or having sex in public places, I don’t focus on the potential illegality of this, I focus on the HIV infection risks of specific sexual behaviors.

“Clients who have recently engaged in unsafe behaviors sometimes tell me they’ve decided to stop having sex. I acknowledge that abstinence is a foolproof way to avoid sexual risk, and I support them in this choice. However, I say that many people make such a resolution, and at some point change their mind. I suggest we talk about ways to make sex safer should they ever change their mind.”

Partners. Clients’ relationships with partners affect their views of safer sex and the behaviors in which they engage. By understanding these relationships, counselors can gauge the importance of these relationships and the likelihood that partners will support or resist behavior change.

“When I see female, heterosexual clients who say that male partners are unwilling to use condoms, I ask if these clients would like to speak to a male counselor. Some women I see find it useful to hear from a man that their partner refuses’ At some point in their response, I ask clients if they’ll fantasize about what it would be like if they could. We can then talk about this fantasy, and explore whether it could ever be real.”

“Ask clients in relationships which partner doesn’t want to use condoms. If it’s the other person, I tell clients they have a right to set rules based on what they desire.”

“I use role plays which I introduce subtly by saying: ‘What if you want safer sex and your partner refuses?’ At some point in their response, I’ll try to take on the voice of the partner. I encourage clients to rehearse this discussion in front of a mirror or with a friend.”

“When clients say their partners won’t talk about safer sex, I encourage them to leave educational materials in places where partners will see them.”

New Partnerships. New relationships pose additional challenges because many clients believe primary relationships protect them from HIV infection. Counter this response, but suggest that new relationships may offer opportunities to initiate and practice safe approaches independent of unsafe patterns from the past. Among these approaches are discussing sex and sex risks with partners, expanding the repertoire of safer behaviors the couple engages in, and giving further time and thought before engaging in unprotected sex.

“When clients in new relationships want to stop using condoms, I ask their reasons for this, and I learn more about the relationship. I explain that relationships can create a false sense of security, and that some clients have become infected while in relationships that clients believed to be ‘monogamous.’ I also explain that people who stop having safer sex [when they enter a relationship] may not re-adopt safer sex if the relationship ever ends.”

“People in new relationships want to express intimacy as many ways as they can, and they see condoms as barriers to intimacy. I caution that, for some people, this intense intimacy can put a heavy burden on a newly developing relationship, which may not be ready for such responsibility.”

Establishing Goals. After exploring attitudes about safer sex and clients’ relationships, counselors can help clients set realistic risk-reduction goals. Having specific goals helps clients develop a sense of what changes are attainable and a way to evaluate their success in attaining them. It is important to include among these goals following up on referrals, which help sustain the behavior change work of the HIV test counseling session. It is also essential to help clients deal with personal resistance that may keep them from pursuing referrals.

“When clients set behavior change goals in the risk assessment session [formerly the pre-test session], I note this on clients’ paperwork so that counselors in the disclosure session [formerly the post-test session] can follow-up on these goals.”

“With clients who engage in unsafe sex, but wish to become safer, I present a behavior change goal not as a lifetime commitment—which can be inconceivable and overwhelming—but as something they can do the next time they have sex.”

Conclusion
In helping clients reduce risks, counselors say it is most important to focus on behavior changes clients are willing to accept, even though this may mean clients are still engaging in risky behaviors. For instance, when clients show no interest in using condoms for oral sex, counselors can focus on what clients can do short of using condoms to reduce oral sex risks.

It is also important to know when to end the behavior change component of a counseling session. This may happen when counselors feel that they have helped clients establish goals and strategies or when they feel clients have given as much energy to the topic as they are willing to give. Counselors can conclude by offering clients a chance to review the issues covered in the session and to give feedback to the counselor on how they feel the session went.
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