HIV Risk Assessment & Risk Reduction
HIV Risk Assessment
Why assess?

• Risk assessment:
  - Can increase the likelihood that clients will be tested and receive their test results
  - Can reduce rates of infection through targeted prevention efforts
  - Can increase opportunity to talk with client about secondary issues (social services, financial assistance) that can negatively impact medical adherence

• HIV stigma can hinder successful assessment & referral for HIV testing
Patient Barriers that Hinder HIV assessment & testing

- Perceived lack of confidentiality
- Limited encouragement from current social network
- Competing priorities
- Use of substances
- Mental health issues
- Chaotic lifestyle
- HIV related stigma
- Trauma survivor
Adverse Childhood Experiences

• Abuse
  1. Physical
  2. Sexual
  3. Verbal/Emotional

• Household Dysfunction
  4. Mental Illness in the Household
  5. Substance Abuse in the Household
  6. Witnessing Domestic Violence
  7. Separation/Divorce
  8. Household Member in Prison

• Neglect
  9. Physical
  10. Emotional
Mental Health

- It is estimated that 1 in 4 adult Americans suffer from a diagnosable mental illness during a given year.
- Mental illness carries enormous stigma and remains one of the most challenging barriers for effective client care.
- General anxiety disorders are estimated to occur in approximately 16% of people living with HIV/AIDS (PLWH), compared with 2.1% of the general population.
- An estimated 20% to 40% of PLWH will suffer from depression during their lifetime, more than twice the rate of the general population.

HRSA CAREAction (January 2015)
Substance Use (General Population)

• In 2012, **22.2 million** (8.5% of adolescents & 91.5% adults) met criteria for **substance abuse or dependence** (National Survey on Drug Use and Health, 2013)

• **Alcohol** abuse and dependence represented the majority of the 22.2 million (**17.7 million**)

• Remainder (**4.5 million**) **split** between **drug disorders only** and **combined use** of drugs and alcohol

[www.samhsa.gov NSDUH, 2013](www.samhsa.gov)
Case Example

• 23 year old woman with fatigue, sadness, sexual abuse history
• Diagnosed with HIV at clinic after moving back to the Kenai Peninsula from Anchorage
• Past history of drugging and drinking
• Comes to you for court-ordered substance abuse treatment
Harm Reduction & HIV Risk Reduction

- Public health approach for intervention with behaviors that harm individuals & their communities
- Focus on improving the health of the public & the individual as well as decreasing the harmful behavior of the individual
- The focus is on one behavior at a time
- Requires checking in with a client regarding their “change” goal at each client visit
Three Steps

1. Use client’s risk assessment responses to identify risk factors
   - (Identify client’s *personal perception* of risk)

2. Work with client to select a safer goal behavior
   - Identify client’s level of readiness for change
   - Assess supports & obstacles

3. Develop a personalized action plan
   - *Negotiate small, realistic risk-reduction steps*
   - Refer to specialized services, if needed
References


• Herman, Judith Lewis (1992). Trauma and recovery: The aftermath of violence from domestic abuse to political terror. Basic Books: New York


Questions