



## HIV COUNSELOR

# PERSPECTIVES

## Supplement

### PCC: An Effective New Testing Intervention

HIV testing and counseling remains the cornerstone of HIV prevention in the United States. Because men who have sex with men represent 75 percent of new HIV diagnoses annually,<sup>1</sup> the Centers for Disease Control and Prevention (CDC) has recommended annual HIV testing for MSM for many years.<sup>2</sup> More recently the CDC has suggested that MSM could benefit from testing more frequently—every three to six months.<sup>3</sup>

#### Targeting Repeat Testers

Not surprisingly, men who have sex with men test at high rates, and studies indicate that most are repeat testers.<sup>4,5,6</sup> Many of these men may have been exposed to health education messages or to traditional client-centered counseling during their previous HIV tests. In addition, some research suggests that MSM who test repeatedly have higher HIV incidence rates.<sup>4,7,8</sup> It makes sense that men who are most exposed to HIV would test more often and have higher incidence rates, but these findings also suggest the need for new prevention interventions for MSM that will be effective in reducing numbers of new infections.

Researchers at the University of California, San Francisco have developed and tested an intervention for MSM called Personalized Cognitive Counseling (PCC). PCC is only the second counseling and testing approach that the CDC has designated as an effective behavioral intervention as part of its Diffusion of Effective Behavioral Interventions (DEBI) project. The other DEBI, called RESPECT, was also the first individual-level DEBI, and remains in wide use at counseling and testing sites throughout the country. Many sites may utilize both PCC and RESPECT in work with their clients.

#### Examining Thoughts that Lead to Risk

PCC is based on the work of Australian psychologist Ron Gold, whose work with gay and bisexual men explored how people make decisions that could result in harm despite knowing the risks.<sup>9</sup> Specifically, Gold proposed



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that in the “heat of the moment” leading up to and during a sexual encounter, often people evaluate their risk differently from the way they do in the “cold light of day” (after a sexual encounter is over). They use self-justifications—that is, despite being aware of possible negative consequences, they minimize the risk to themselves in ways that allow them to engage in high transmission-risk behaviors. This “heat of the moment” thinking (also called “on-line” thinking), enables people to overcome the contradiction between what they want in the moment—for example, to have unprotected anal sex with a partner of unknown HIV sta-

tus—and their values and beliefs about the importance of avoiding HIV.

Personalized Cognitive Counseling is an intervention that HIV test counselors can use to help clients gently challenge their own self-justifications after the fact—in a

In each of these studies, men receiving the PCC intervention were more likely to reduce the number of times they had unprotected anal sex with a partner of unknown or opposite HIV status than men who had received traditional HIV

## ***PCC is an alternative to traditional HIV test counseling for MSM who have tested before.***

way that makes these self-justifications less likely to lead to HIV risk behavior in the future. The PCC counselor guides the client through a five-step process that allows the client to examine his on-line thinking about a recent episode of unprotected anal sex from a distance. The client identifies the kinds of “self-talk” that made it easier for him to engage in unprotected anal sex during that episode, and imagines alternatives—different kinds of self-talk—that he could use in the future.<sup>10</sup>

### **An Evidence-Based Intervention**

In two randomized controlled University of California, San Francisco studies, researchers proved that PCC was effective at reducing the number of unprotected anal sex episodes among men who have sex with men and who were repeat testers.

counseling and testing when follow-up was conducted at the six-month mark.<sup>11,12</sup> To be eligible for the PCC intervention, a client must:

- Be a man who has sex with men
- Have had at least one HIV test prior to the current one
- Have tested HIV-negative during his most recent test
- Since that prior test, have had unprotected anal sex with at least one (non-primary) male partner of unknown or HIV-positive status.

In order to conduct PCC, staff must attend trainings on the intervention. For more information on PCC, please visit the CDC’s Diffusion of Effective Behavioral Interventions website at <http://www.effectiveinterventions.org/en/Interventions/PCC.aspx>. ■

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