

**“Drug workers are more focused on the specific drug problem. As HIV workers, we are free to engage clients by focusing on *them*: ‘How’s your day going? How can I help you?’”**

## Working With Consumers One-on-One

From an interview with Edith Springer, ACSW

### How to start

Edith: You start by engaging clients:

‘Tell me what your life is like.’

‘Tell me your dreams and goals.’

You start where they are. Focus on what it’s like to be new coming into treatment or into your agency. Begin with their presenting problems. Begin with safety issues and survival needs. You don’t hit them right away with HIV (unless they bring it up). Start with whatever the client wants to address.”

### Discovering the barriers

As counselors listen, without judgment, to clients' needs and experiences, the barriers to HIV testing are revealed.

Edith: Part of our job is to find out what the barriers are. Problems like depression, family issues, hopelessness, homelessness, battering, chaotic drug use. Strategize with them on how to overcome their barriers. People in drug treatment have a lot of issues, a lot of things to sort out.

Edith: HIV workers need to be *with* them and look for ways to bring in HIV, not just shove it down their throats.

Edith: My definition of HIV services is holistic. If there’s a barrier, deal with the barrier, no matter what it is. If someone is being battered, what are you going to do, just shrug your shoulders? If he’s gonna beat the crap out of her for mentioning a condom, she’s not gonna mention it. So you ask, ‘What does it feel like to go home and face this every night?’ You become a listener, validating them so they want to come back and see you.

Edith: An HIV worker can be more open than a drug worker can. Drug workers are more focused on the specific drug problem. We are free to engage clients by focusing on *them*: ‘How’s your day going? How can I help you?’ Anywhere you intervene with a person will affect the goal. If they feel more positive about themselves, they will be more open to the HIV message.

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which avoids engaging resistance.  
Resistance is a good thing.  
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But worker-created resistance  
is counter productive.**

### **Using risk reduction to empower consumers**

Most seasoned counselors can testify to the fact that clients are unenthusiastic about goals that are imposed on them. This is often considered to be a failing on the part of the client.

Edith: If a client is attentive and answers 'yes' when questioned, we think we've succeeded. But really, they're shining us on. They want the drug treatment or they want a place to sleep and they've learned that they have to act a certain way for us to like them. They've learned to manipulate the system to get their needs met. If they have to be drug-free to get housing, they'll say they're drug-free, even if it isn't true. No one asks them what *they* want and then explains how they can get it.

Edith: Provider solutions don't work for customers. Customers have to come up with their *own* solutions. It's powerful for them to do their own work. There is power in the realization, 'This is an issue for me and I'd like to know more.' If we keep telling people what they should do, we make them dependent upon us. If we help them to learn how to solve problems and to think in a conscious way about their lives, we eventually make ourselves unnecessary. That's the goal of good work.

### **Allow space for consumers to set their own goals**

Edith: In risk reduction, the client sets the goals, the tone, and the time frame. In the stages of change model, the second stage is contemplation, wherein people look consciously at the issue -- say drug use or safer sex or domestic violence -- and evaluate both the good things about it and the downside. They work through their own ambivalence and come to their own decision about whether they want to make a change. The worker takes a neutral position, which avoids engaging resistance. Resistance is a good thing, because it means the person has a sense of self. But worker-created resistance is counter-productive.

Edith: And people have to mourn as part of the process. Mourning is part of any change. During contemplation, they mourn the loss of carefree sex, naked sex, spontaneous sex. A lot of workers don't want to take the time to listen to a client say things like, 'Safer sex really stinks. I have to worry if a condom breaks. It's not like it used to be.' In risk reduction, we don't give them the party line. We validate their feelings. If they say, 'I hate condoms,' I tell them, 'I do too.' When they ask, 'Do *you* use condoms?' I explain, 'Oh, yeah, I use condoms. And I hate them. But I don't want to get AIDS. I go to the dentist too.'

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### **How to help clients reach their goals**

Edith: After contemplation is the preparation stage, where the person actually makes a commitment to change and makes a plan with the worker of what they will change and how. The worker's job is to provide choices and offer resources.

Edith: The next stage is action, where the person attempts to make changes in his or her life. Interventions become the focus here. But we can't just do the same old lectures and interventions that have already proven ineffective. We have to think 'out of the box.' You can do work in non-traditional settings and ways. Sit in the park with a mother and her baby, having a conversation while you model parenting. Take a walk to the store with a client and chat on the way. Work can be naturalistic; it doesn't have to be artificial and stilted and take place with a desk and two chairs. Make home visits. Take groups of clients on outings to the beach or the park or the movies.

Edith: Even when clients don't change during the time you work with them, you are still a very important link in a chain. Maybe the person isn't ready right now. How you behave with the client will affect whether they will seek help when they *are* ready.

Edith: If you try always to have a positive relationship with the client, if you are seen as a helpful worker, you have accomplished a great deal. A client engaged by you in a therapeutic relationship is more likely to seek another such relationship down the road. Judge yourself as a worker by what *you* do (process) rather than by what the *client* does (outcome)."

### **How to bring up HIV**

Risk reduction suggests that any discussion of HIV be introduced in response to cues from the client's own story.

Edith: If a client tells you that they were so intoxicated that they placed themselves at risk, or that they were beaten up or robbed or in an accident, talk about the risk. Maybe you ask, 'Do you ever have sex when you're in that place?'

Edith: Learn to be clever connecting the HIV information to their lives, to their concerns. Don't just give those horrible HIV 101 lectures. You need to be more interactive. Design a board game. Show a video and lead a discussion. Make it fun and make it *relevant*.

Edith: Using the stages of change model, which is recommended by the CDC, allows you to walk on the journey *with* the client toward the readiness that is essential before taking the HIV test.