



Northwest (HHS Region 10)

**ATTC** Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



Northwest ATTC presents:  
**Addressing High-Risk Sexual  
Behavior Among People in SUD  
Treatment**

Mary Hatch-Maillette, PhD  
Alcohol & Drug Abuse Institute  
University of Washington



ADAI

ALCOHOL &  
DRUG ABUSE  
INSTITUTE



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# LANGUAGE MATTERS.

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# Words have power.



**PEOPLE FIRST.**



We value your feedback on our ability to provide culturally-informed and inclusive services.

Please email us at [northwest@attcnetwork.org](mailto:northwest@attcnetwork.org) with any comments or questions you have for us!

# Today's Presenter

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## Mary Hatch-Maillette, PhD

- Co-director, Clinical Trials Network Northwest Node
- Researcher, Alcohol & Drug Abuse Institute, University of Washington
  - Substance use treatment
  - HIV risk behavior
  - Counselor workforce issues
- Private psychotherapy practice in Seattle



# ADDRESSING HIGH-RISK SEXUAL BEHAVIOR AMONG PEOPLE IN SUD TREATMENT: TIPS FOR COUNSELORS

**Mary Hatch-Maillette, PhD**

University of Washington, Alcohol and Drug Abuse Institute

Department of Psychiatry and Behavioral Sciences

Northwest Addiction Technology Transfer Webinar Series

December 19, 2018

Grant Support: NIDA U10 DA 13714 (Donovan, Hatch-Maillette); NICHD R01HD078163 (Wells, Hatch-Maillette)

# MEN'S AND WOMEN'S HIV RISK REDUCTION CLINICAL TRIALS

NIDA Clinical Trials Network

Protocol 0018 / 0019

2003 – 2007



# SAFER SEX SKILLS BUILDING FOR WOMEN

National Drug Abuse Treatment

Clinical Trials Network Protocol 0019

**Principle Investigator: Susan Tross, Ph.D.**

**National Project Director: Aimee Campbell, Ph.D.**

# REAL MEN ARE SAFE - REMAS

National Drug Abuse Treatment

Clinical Trials Network Protocol 0018

**Principle Investigator: Donald Calsyn, Ph.D.**

**National Project Director: Mary Hatch-Maillette, Ph.D.**

# CULTURAL ADAPTATION OF AN HIV PREVENTION INTERVENTION (REMAS-CA)

**Principle Investigator: Donald Calsyn, Ph.D.**

**Co-Investigator: A. Kathy Burlew, Ph.D.**

**Project Director: Mary Hatch-Maillette, Ph.D.**

**NIDA 1RC1DA028245 (Calsyn)**



# **MAXIMIZING THE PATIENT- COUNSELOR RELATIONSHIP TO REDUCE SEXUAL RISK BEHAVIOR**

**Principle Investigators: Elizabeth Wells, Ph.D. & Mary Hatch-Maillette, Ph.D.**

**NICHD 5RO1HD078163 (Wells & Hatch-Maillette)**

# Overview

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- Part 1: Why talk about sex?
- Part 2: How to talk about sex comfortably and competently

# WHY TALK ABOUT SEX?



# WHY?

- Why would you want to discuss sexual topics with patients?

- What makes it possible?

AND

- What do you need to do it successfully?

# WHY NOT?

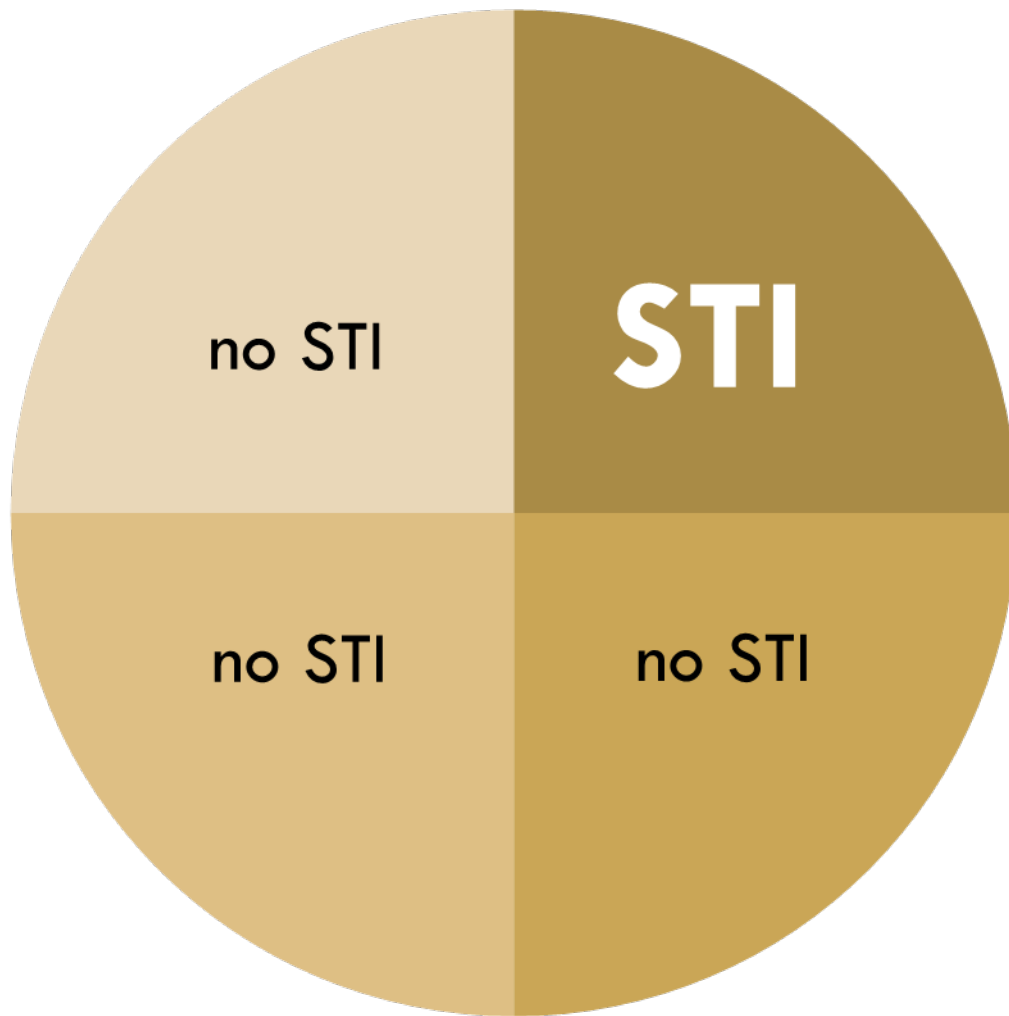
- Why would you NOT want to discuss sexual topics with patients?
- What makes it difficult?
- Or what keeps you from doing it successfully?

# Sex and substances are linked

- Sexuality and addiction are intertwined in complex ways
- Sex can present risks to patients
  - STIs
  - Relapse triggers
  - Unwanted pregnancies
  - HIV

# SEXUALLY TRANSMITTED INFECTIONS







# Many patients are sexually active

Among **men** in addiction treatment,

- 91% of 20 to 29 year olds,
- 89% of 30 to 39 year olds,
- 81% of 40 to 49 year olds, and
- 76% of over 50 year olds

had at least one sexual partner  
in the past 6 months.

# Many patients are sexually active

Among **women** in addiction treatment,

- 94% of 18 to 29 year olds,
- 92% of 30 to 39 year olds,
- 83% of 40 to 49 year olds, and
- 68% of over 50 year olds

had at least one sexual partner  
in the past 6 months.

# Many men and women in treatment...

...had more than one sexual partner

- 37-58% of men (depending on age)
- 16-55% of women

...had more than two sexual partners

- Up to 37% of younger men AND women
- Among 40-49 year olds, still 26%

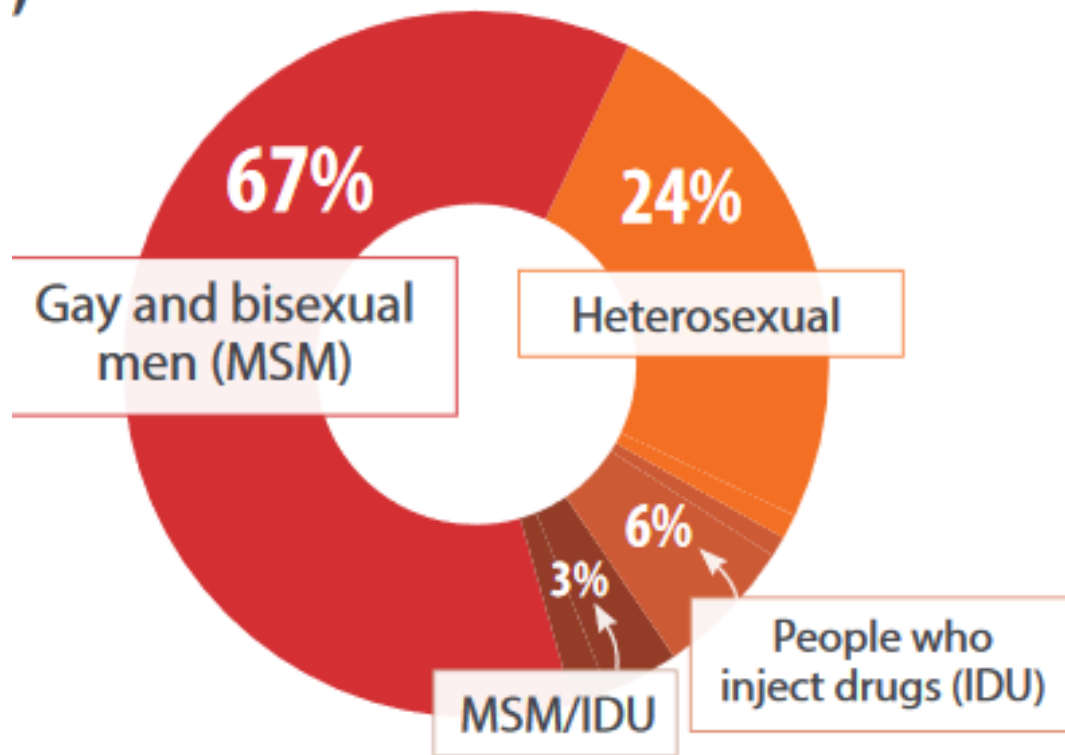
People in addiction treatment

**are at high risk of STIs.**

# HIV/AIDS Prevention in the US

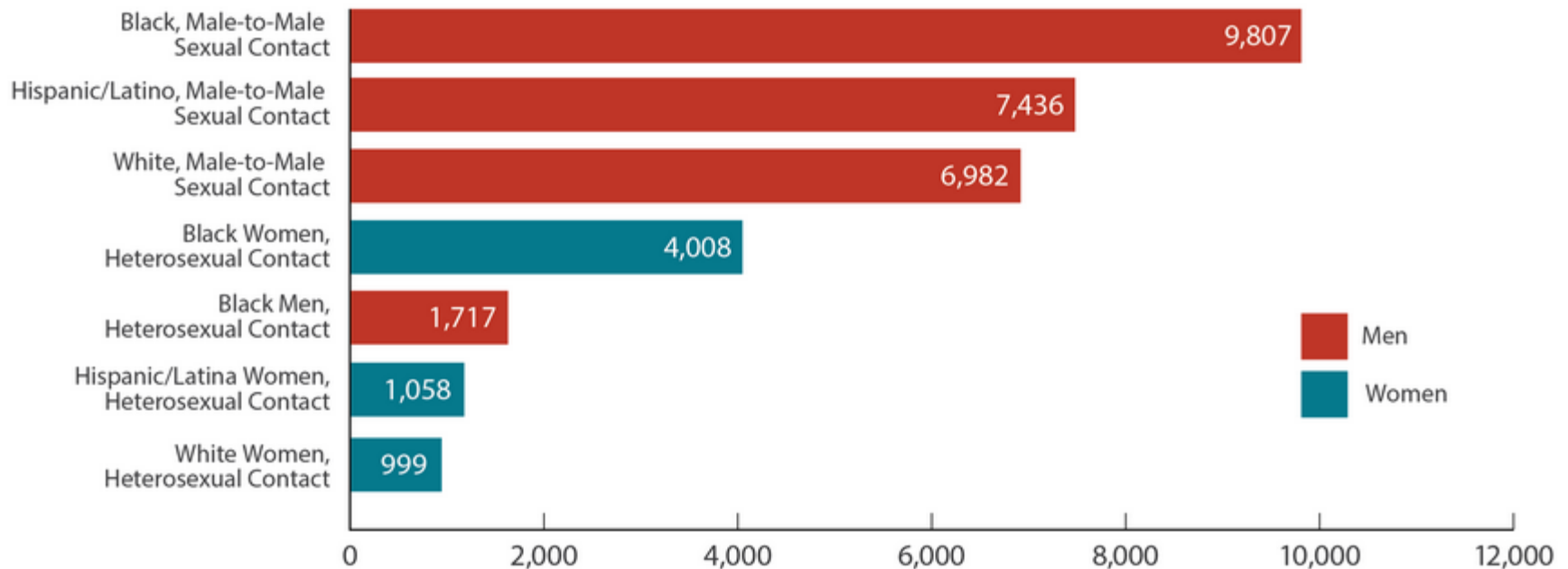
- ~39,000 new infections each year, 1.2 million people living with HIV/AIDS
- Number of new infections has been stable 2012-2016
- Young people are at highest risk:
  - ▣ 25-34 yr olds, then 13-24 yr olds
  - ▣ 51% of 13-24 yr olds don't know their HIV status

# HIV/AIDS New Diagnoses in 2017



# Estimated New HIV Diagnoses: Most Affected Sub-populations

New HIV Diagnoses in the US for the Most-Affected Subpopulations, 2017



Subpopulations representing 2% or less of all people who received an HIV diagnosis in 2017 are not represented in this chart.

Source: CDC. [Diagnoses of HIV infection in the United States and dependent areas, 2017](#).  HIV Surveillance Report 2018;29.

# HIV/AIDS Incidence Among Women

- The primary route of HIV transmission among women is heterosexual sex (84.8%)
- Among all women diagnosed with HIV:
  - ▣ 61% African-American, 19% White, 16% Hispanic/Latina



# HIV/AIDS and Substance Abuse

- HIV incidence has decreased overall but still in 2017
  - ▣ 6% of new infections were in drug injectors
- Stimulants and alcohol are important drivers in the sexual transmission of HIV
- Drugs and alcohol impede: HIV testing, entry into HIV care, and adherence to HIV antiretroviral therapy (ART)
  - ▣ Some providers fear adherence to PrEP will also be reduced?
- Untreated PLWHA have higher viral loads, and higher risk for HIV forward transmission

CDC, 2018; Colfax & Shoptaw, 2005; Des Jarlais et al., 2007; Mellins et al., 2009; Metsch et al., 2009; Hendershot et al., 2009; Lucas, 2010; Wood et al., 2008; Hull & Montaner, 2011

# HOWEVER...

People still have sex!



Discussing sexuality  
and  
providing safer sex information

**DOES NOT**  
make sexual activity more likely.



**NOT** discussing sexuality  
or  
providing safer sex information

**DOES NOT**  
prevent sexual activity.

# EXCLUSIVE ABSTINENCE FOCUS

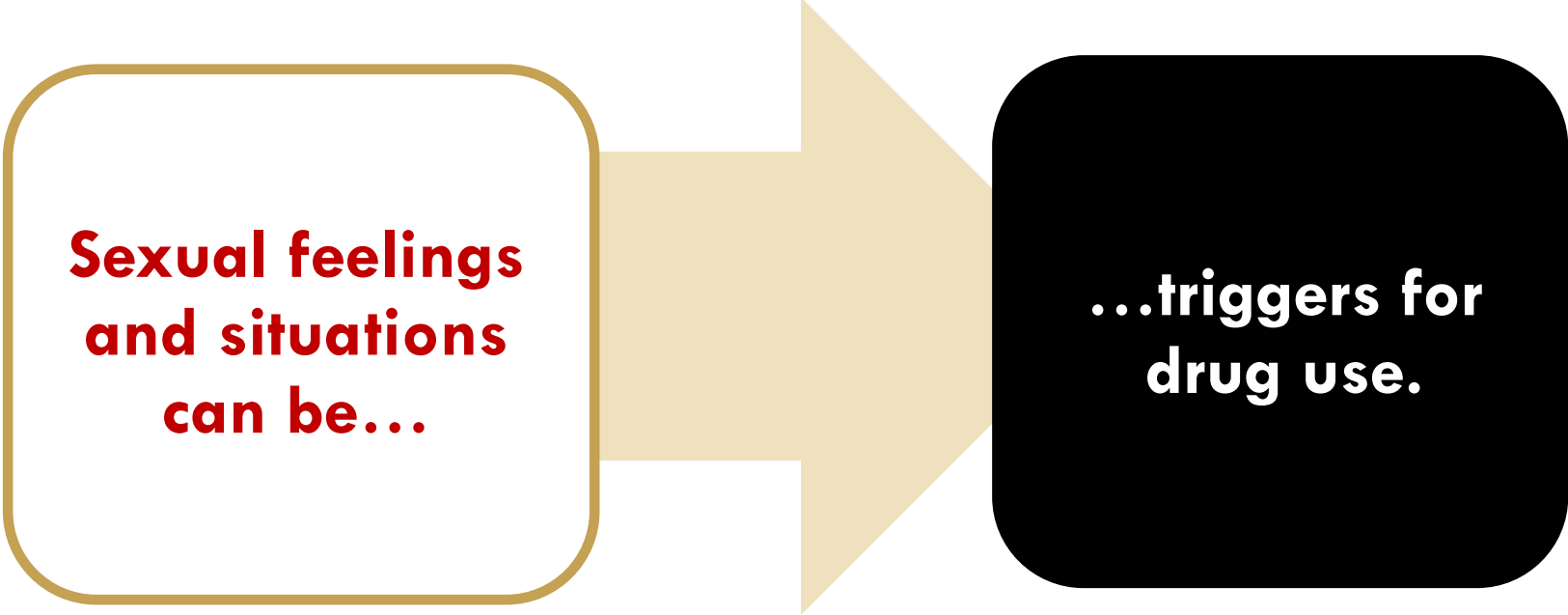
May actually  
be harmful  
to patients

- Lost risk reduction opportunity
- Incentive to keep secrets



# Patients say...

- They use substances to have any sex or good sex
- Substances help them feel disinhibited/relaxed/comfortable enough to meet partners
- They exchange sex for drugs, money, a place to stay, protection
- Substances combat low sexual desire when taking methadone, motivating them to go off MAT
- They have sex they didn't want while under the influence
- They self-medicate for sex-linked challenges or trauma



**Sexual feelings  
and situations  
can be...**

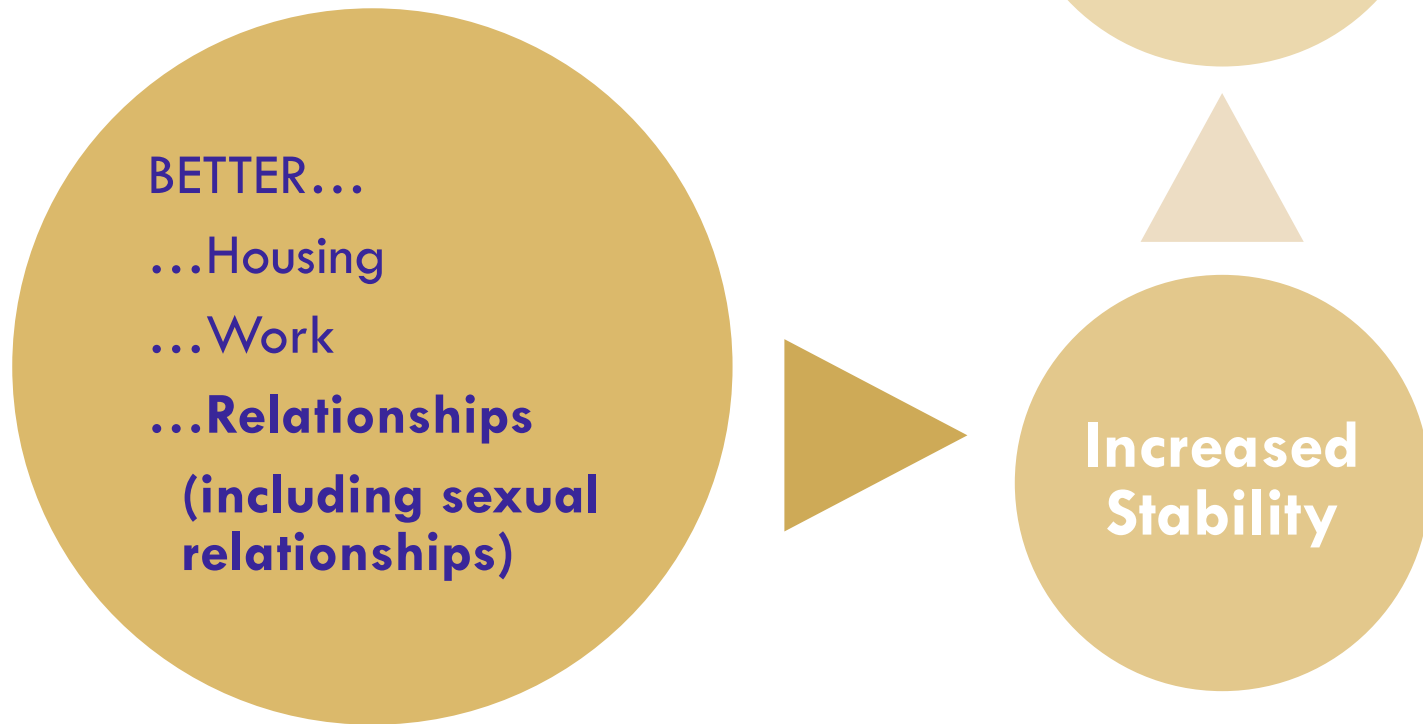
**...triggers for  
drug use.**



# SO...

If clients can learn  
to cope with  
sexuality  
in safe ways...

...they will  
be at lower risk  
of relapse.



**BETTER...**

**...Housing**

**...Work**

**...Relationships**

**(including sexual relationships)**

**Recovery**

**Increased  
Stability**



# Sex

# can be healthy.

Diamond, L M. & Huebner, D. M. (2012). Is good sex good for you? Rethinking sexuality and health. *Social and Personality Psychology Compass* 6/1, 54-69.

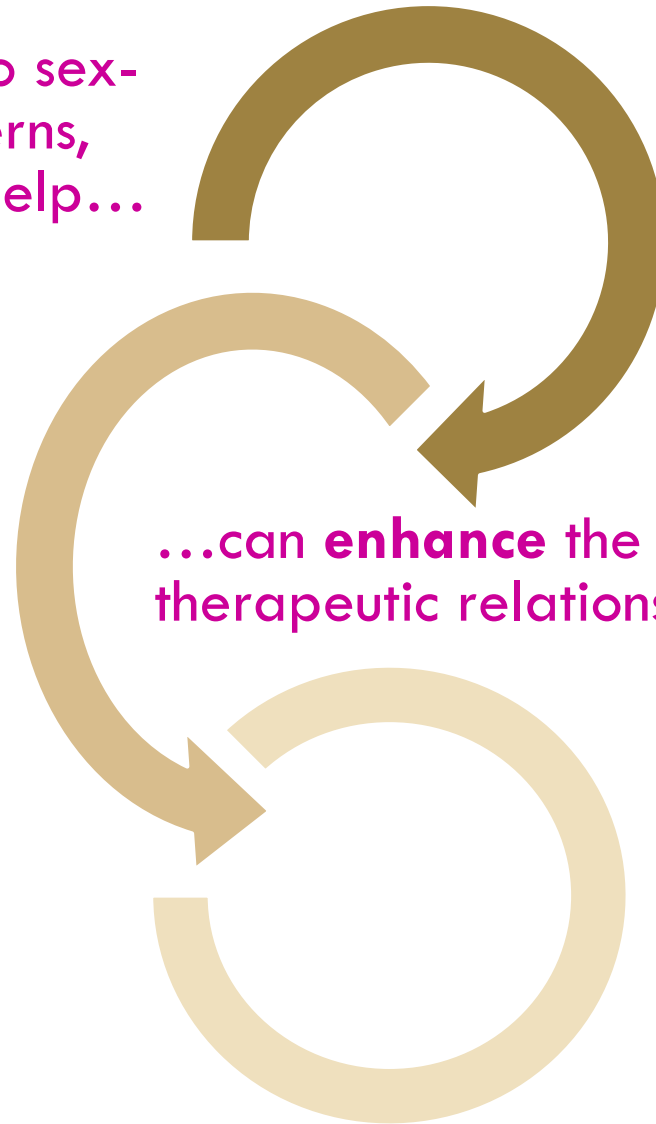
Davey Smith G, Frankel S, Yarnell J. Sex and death: are they related? Findings from the Caerphilly Cohort Study. *BMJ* 1997;315:1641-4.



# Sex is important to patients.

Nicolosi et al. (2004). Sexual behavior and sexual dysfunctions after age 40: the global study of sexual attitudes and behaviors. *Urology*, 64, 991-997.

Being **open** to sex-related concerns, and **able** to help...



...can **enhance** the therapeutic relationship...

...and make providers more **effective** at preventing relapse.

**SO WHAT CAN  
PROVIDERS DO?**



# ASK PERMISSION

**Patients take cues  
from counselors.**

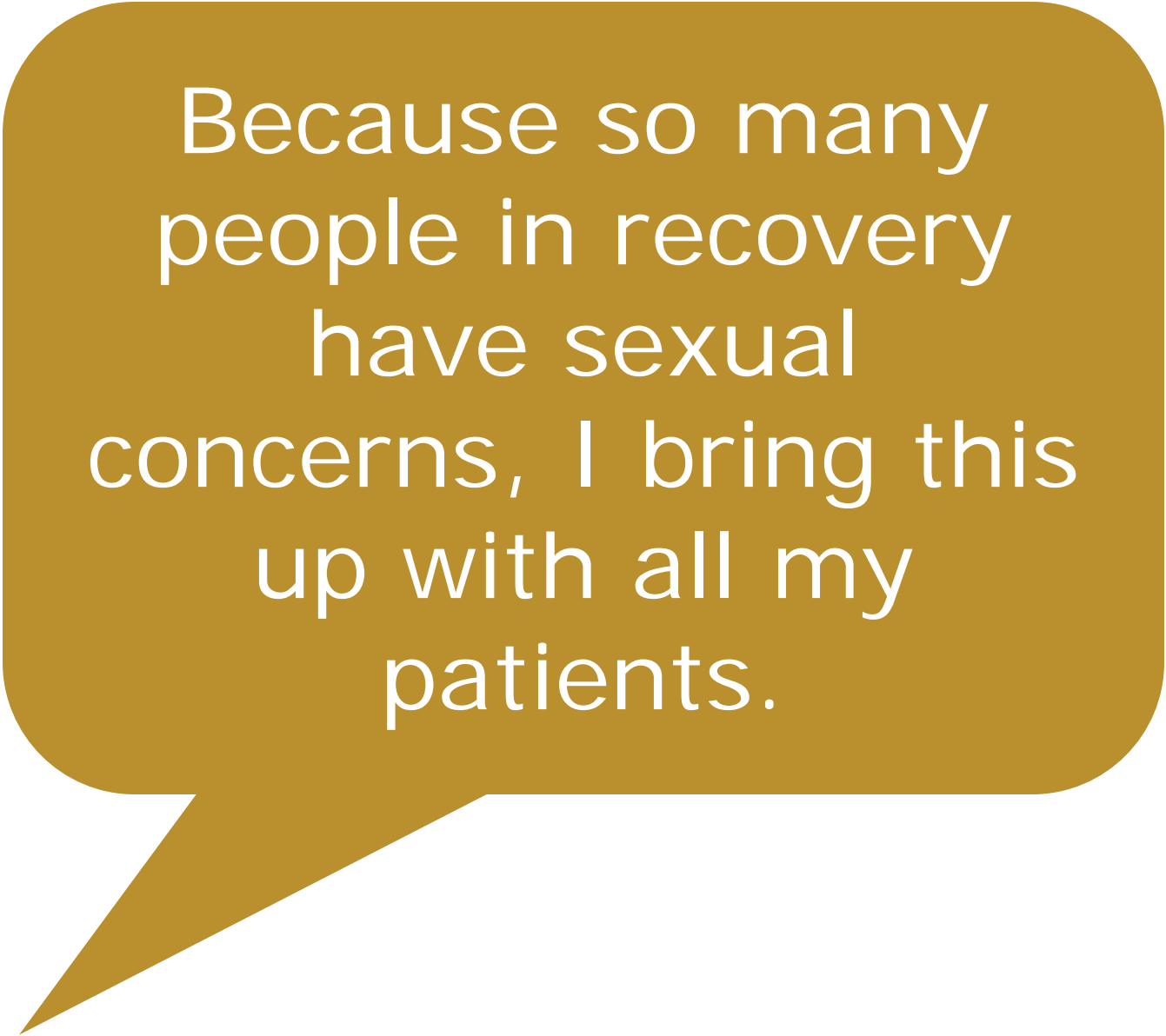
**By bringing up sexual  
issues, you show that  
they're a legitimate part  
of your work together.**



**Give:** "If you have questions or worries about sex or intimacy, I'm open to any topic you want to bring up."

**Get:** "I have some information about sex and recovery that might be useful. Can I tell you about it?"



A gold speech bubble with a pointed tail pointing towards the bottom-left. The text inside is white and centered.

Because so many  
people in recovery  
have sexual  
concerns, I bring this  
up with all my  
patients.

# NORMALIZING STATEMENTS

Statements that  
let patients  
know it's OK to  
discuss sexual  
issues with you

# CHECK YOUR BIAS

What is a default  
belief I have about  
sex?



# CHECK YOUR BIAS

What is a default belief I have about sex?

**Think about** either a

1. Disconfirming statement, OR
2. Way to put that bias to the side

# DIVERSITY

How do

- sexual orientation
- gender identity
- partner choices
- other ways people are different from you sexually

...complicate your discussions with patients?

humility



# APPROACH WITH MI SPIRIT



# What is Needed for Change?

*People are generally better persuaded by the reasons which they have themselves discovered than by those which have come in to the mind of others.*

- Pascal, Pensées, #10, written in 1660.



# Why MI?

- Helpful with sensitive topics like sexuality
- Avoids defensiveness in therapeutic relationships
- Arguments (between counselor and client) are the best predictors of bad outcomes!
- MI helps to elicit clients' own ideas about changing health risk behaviors

# Motivational Interviewing

## Technical Definition

MI is a **collaborative, goal-oriented style** of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by **eliciting and exploring** the person's **own reasons for change** within an atmosphere of **acceptance and compassion.**"

Miller & Rollnick, 2013



Collaboration

Compassion

Acceptance

**MI  
Spirit**

Evocation

# MI Spirit: Compassion

The work is in the best interest of the Client (the intention is a compassionate one).



# MI Spirit: Collaboration

Honors the Client's expertise and perspectives by providing an atmosphere that is conducive to change rather than coercive to change



# MI Spirit: Collaboration

## **Collaboration**

Counseling involves a partnership that honors the client's expertise and perspectives. The counselor provides an atmosphere that is conducive rather than coercive to change

## **Confrontation**

Counseling involves overriding the client's impaired perspectives by imposing awareness and acceptance of "reality" that the client cannot see or will not admit.

# MI Spirit: Evocation

## **Evocation**

The resources and motivation for change are presumed to reside within the client.

Intrinsic motivation for change is enhanced by drawing on the client's own perceptions, goals, and values.

## **Education**

The client is presumed to lack key knowledge, insight, and/or skills that are necessary for change to occur. The counselor seeks to address these deficits by providing the requisite enlightenment.

# MI Spirit: Acceptance

Absolute  
Worth

Affirmation



Autonomy

Accurate Empathy



# Autonomy Support

Overt recognition of the  
patient's right & capacity  
for self-direction



# MI Spirit: Autonomy Support

## **Autonomy**

The counselor affirms the client's right and capacity for self-direction and facilitates informed choice.

## **Authority**

The counselor tells the client what he or she must do.

# Principles of MI in Health Care

## “RULE”

- Resist the “Righting Reflex”
- Understand the Client’s perceptions and motivations
- Listen to the Client
- Empower the Client

Rollnick, Miller, & Butler, 2009

# SODAS

Stop

Options

Decide

Action

Self-Praise

# SODAS

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- Use to help patients plan or “re-do” problem situations
- Elicit their ideas for Options, Decide, Action
- An invaluable problem-solving approach that supports recovery

# What You Can Do: Summary

- Ask Permission
- Normalizing Statements
- Check Your Bias & Consider Diversity
- Approach with MI Spirit
  - ▣ Compassion
  - ▣ Collaboration
  - ▣ Evocation
  - ▣ Acceptance & Autonomy Support
  - ▣ RULE
- SODAS problem solving model

# BEST Study Counselor Training Findings

- ❑ Compared 2 trainings:
  - ❑ 10-hr “Enhanced” training vs 2-hr “Basic” training
- ❑ 61 SUD treatment counselors, 4 agencies
- ❑ Enhanced training counselors significantly improved in
  - ❑ self-efficacy
  - ❑ use of MI reflections
  - ❑ Use of SODAS and other communication strategies
- ❑ Results held at 3-month follow-up
- ❑ Conclusion: Counselors can learn these skills

# Resources for Sexuality/Sex Education

- [www.plannedparenthood.org](http://www.plannedparenthood.org)
  - ▣ Plain language info about STIs, birth control, relationships, sexual orientation and gender identity, and other topics.
- [www.scarleteen.com](http://www.scarleteen.com)
  - ▣ “Sex ed for the real world.” Accurate information in a casual style. Live chat and discussion board functions for questions.
- [www.ohjoysextoy.com/category/comic/education-comic/](http://www.ohjoysextoy.com/category/comic/education-comic/)
  - ▣ Sex ed comics. Accurate information on condoms, STIs, sexual behavior, and more, delivered with a sense of humor. Explicit but non-pornographic visuals.





# Upcoming Events

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**Join us for our next webinar!**

## **Brief Interventions for Cannabis Use Disorders: The Check-Up Model**

Denise Walker, PhD  
January 23rd, 2018, 12-1pm



gracias cảm ơn bạn धन्यवाद 고맙습니다  
شكرا جزيلًا salamat благодарю вас 谢谢  
Dziękuję Ci **Thank** ευχαριστώ  
quyana tack **you!** አመሰግናለሁ  
धन्यवाद danke asante grazie  
hík'wu? merci הודת obrigado ขอบคุณ  
ありがとうございました спасиби mahalo