

Personalized Cognitive Counseling (PCC)

An individual-level, single-session counseling intervention for men who have sex with men
FACT SHEET

Program Overview

Personalized Cognitive Counseling (PCC) is an individual-level, single session counseling intervention designed to reduce unprotected anal intercourse (UAI) among men who have sex with men (MSM) who are repeat testers for HIV. PCC focuses on the person's self-justification (thoughts, attitudes and beliefs) he uses when deciding whether or not to engage in high risk sexual behavior. *PCC* is a 30- to 50-minute intervention conducted as a component of *Counseling, Testing, and Referral Service (CTRS)* for MSM who meet the screening criteria. *PCC* is a five step process. The counselor assists the client to: (1) recall a memorable episode of UAI; (2) complete the *PCC* Questionnaire – list of self-justifications to rationalize risky behavior; (3) discuss the episode and his thoughts/feelings; (4) identify the self-justifications that facilitated the episode; and (5) discuss what he will do in the future.

Core Elements

The Core Elements of *PCC* are:

- Provide one-on-one counseling focusing on a recent, memorable high risk sexual encounter.
- Provide the service with counselors trained in HIV counseling and testing and in the *PCC* intervention.
- Use the *PCC* questionnaire specifically tailored to identify key self justifications used by clients in the target population.
- Using the questionnaire and discussion, identify specific self-justifications (thoughts, attitudes, and beliefs) used by clients in making the decision to engage in specific high-risk behavior.

- Explore the circumstances and context for the risk episode in detail (before, during and after).
- Clarify how the circumstances and self-justifications are linked to the decision to engage in high-risk behavior.
- Guide the clients to re-examine the thinking that led to their decision to have high-risk sex and identify ways they might think differently, and therefore have protected sex in future potentially risky situations.

Target Population

MSM who previously tested for HIV, are HIV-negative, and had UAI since their last test with a male who was not their primary partner, and that partner's serostatus was positive or unknown.

Program Materials

- Implementation Manual
- Starter Kit
- Technical Assistance Guide

Research Results

In both research studies, at six and 12 months after counseling, *PCC* participants had significantly reduced episodes of UAI among MSM repeat testers. In the first study, the average number of unsafe episodes significantly declined by about half at six month follow-up and maintained 12 months later. In the second study, *PCC* participants were more satisfied with the services received.

For More Information on *PCC* Please visit our website www.effectiveinterventions.cdc.gov. If you do not have access to the web, you may also call (866) 532-9565 or email interventions@danya.com.

Dilley, J.W., Woods, W.J., Sabatino, J., Lihatsch, T., Adler, B., Casey, S.,... McFarland, W. (2002). Changing Sexual Behavior Among Gay Male Repeat Testers for HIV: A Randomized, Controlled Trial of a Single-Session Intervention. *Journal of Acquired Immune Deficiency Syndrome*, 30(2): 177-186.

Dilley, J.W., Woods, W.J., Loeb, L., Nelson, K., Sheon, N., Mullen, J., ... McFarland, W. (2007). Brief Cognitive Counseling With HIV Testing To Reduce Sexual Risk Among Men Who Have Sex With Men: Results from a Randomized Controlled Trial Using Paraprofessional Counselors. *Journal of Acquired Immune Deficiency Syndrome*, 44(5): 569-577.