



Personalized Cognitive Counseling:

An adaptation for
working with trans women



Personalized Cognitive Counseling (PCC): An adaption for working with trans women.

UCSF's Center of Excellence for Transgender Health (CoE) and Center for AIDS Prevention Studies (CAPS) have provided trans-specific DEBI adaptation assistance since 2005, with particular expertise in SISTA, the Mpowerment Project, Healthy Relationships, WILLOW and PCC. As a directly funded CDC capacity building assistance (CBA) provider, we were tasked with creating adaptation guidance for PCC. In order to create the adapted PCC questionnaire, our staff first attended the PCC Training of Facilitators. We then scheduled a series of meetings to discuss how the language and content of the questions might be changed for use with trans women. Once a strong working draft was created, we solicited feedback from our National Advisory Board (NAB), a national body of thirteen transgender identified individuals with an expertise in trans health and HIV prevention among trans populations. After incorporating the NAB's feedback, four CDC-funded CBOs piloted the questionnaire (in English and Spanish) with local trans women. UCSF asked the four CBOs to answer the following questions:

- How were the questions received by the participants (were the questions easy to understand)?
- Were there any questions the women reacted to and if so, what type of reaction(s) did they have?
- Did the test counselors need to change any of the wording of the questions?
- Is there any additional information that you would like to share with us regarding the adapted PCC questionnaire?

Feedback from the four CBOs piloting the adapted questionnaire was obtained through emails and conference calls and incorporated into the questionnaire. Finally, the eligibility screener was revised to reflect the population change from men who have sex with men (MSM) to trans women who have sex with men.

This adaptation is only for trans women who have sex with men. Implementation with any other trans population will require additional adaptation and technical assistance.

ACKNOWLEDGEMENTS

UCSF would like to extend appreciation to the CoE NAB for their continued support and guidance including their involvement in the creation of the adapted PCC questionnaire. We would also like to thank the following agencies for piloting the adapted questionnaire and providing us with insightful feedback:

- Community Health Awareness Group, Detroit, MI
- AIDS Project East Bay, Oakland, CA
- La Clinica del Pueblo, Washington, DC
- Women Accepting Responsibility, Baltimore, MD

We're also thankful to the Centers for Disease Control and Prevention (CDC) for their ongoing collaborative support. We would like to acknowledge the original authors of the PCC Implementation Manual, The Alliance Health Project and Allen/Loeb Associates. The original research for PCC was conducted by James W. Dilley (UCSF, Alliance Health Project), William J. Woods (UCSF, Center for AIDS Prevention Studies), James Sabatino, Tania Lihatsch, Barbara Adler, Shannon Casey, Joanna Rinaldi (UCSF, Alliance Health Project), Richard Brand (UCSF, Center for AIDS Prevention Studies), and Willi McFarland (San Francisco Department of Public Health).

REQUIREMENTS FOR IMPLEMENTATION OF PCC WITH TRANS WOMEN

All staff who implement PCC should attend the PCC training of facilitators. This guide is not a substitute to attending the PCC training of facilitators. Attending the PCC training of facilitators is a prerequisite for PCC implementation and adaptation. More information is available at www.effectiveinterventions.org.

Similar to the original PCC requirements of having nonjudgmental attitudes regarding men who have sex with men (MSM), high levels of MSM cultural competence, high levels of knowledge and experience with working with MSM, and sex positive attitudes, implementing PCC with trans women requires the following:

- Nonjudgmental attitudes regarding risk behaviors of trans women, including sex work, substance use, and injection silicone use;
- High levels of trans cultural competency, including all staff using preferred names and pronouns;
- High levels of knowledge of trans-specific HIV risk behaviors and risk factors as well as the social determinants of HIV/AIDS for trans women; and
- Approaching the intervention with sex-positive attitudes.

The UCSF CBA team is available to provide technical support in implementing the adapted PCC questionnaire with trans populations. For more information on trans-specific HIV risk behaviors, risk factors and additional trans health information, please visit our website: www.transhealth.ucsf.edu.

Implementing PCC with trans women
requires non-judgmental attitudes,
high levels of trans cultural
competency, knowledge of
trans-specific HIV risk behaviors,
and sex-positive attitudes.

Screening and Transitioning to PCC

● PURPOSE

To determine if the client is eligible for PCC and begin the session.

● SKILLS

Open-ended questions: use of prompts; remaining nonjudgmental; instructing/directing.

● HOW TO DETERMINE IF THE CLIENT IS ELIGIBLE FOR PCC:

In many agencies, much of the PCC eligibility screening can take place in the context of the initial questions that all testing clients are asked.

You should begin the eligibility screening by asking what brought the client in for testing and obtaining some basic risk information about them. If you learn that the client is transgender and has had unprotected anal intercourse (UAI) with a non-primary partner since their last HIV test, consider moving ahead to the PCC intervention. Check first to confirm that the client understands that UAI puts them at risk for HIV.

The eligibility criteria for PCC are spelled out and the terms are defined below. Then, the next section shows the process in graphic form.

● ELIGIBILITY CRITERIA FOR PCC

Trans women are eligible for PCC if they have:

- Had sex with men
- Tested for HIV at least once before and were found to be HIV-negative
- Had one or more episodes of unprotected anal sex since the last test
- Had UAI with a non-primary partner (definition of “primary” follows below)
- Not known the HIV serostatus of their sex partner or known the partner was HIV-positive
- Understood that this behavior put them at risk for HIV

Key terms are defined below.

Serostatus: PCC is designed to be used with a client whose sexual episode is with a partner whose serostatus is either unknown or known to be positive. If the client assumed or guessed the partner was negative, for the purposes of PCC their serostatus is considered unknown. If the client believed the partner was negative based on an explicit discussion with the partner, the status of the partner is considered known. As a result, an instance of UAI with this partner would not be appropriate for the PCC intervention.

Perception of risk: PCC is for clients who already have a basic understanding of how HIV is transmitted. While a moderate degree of denial does not mean a client cannot participate in PCC, clients who truly do not feel at risk or do not know that HIV is transmitted by UAI are not suitable for PCC. An intervention that provides information about HIV transmission would be more appropriate in these cases.

Primary partners: If the only partner with whom the client has had UAI is their primary partner, then PCC is not suitable. For PCC purposes, a primary partner is defined as a partner who the client defined as “a boyfriend of greater than three months, a husband, or domestic partner.”

Transgender: Refers to a person whose sex and/or gender does not correspond to the sex they were assigned at birth. Transgender (or the shortened version, trans) may be used as an umbrella term and/or to refer to a individual person’s gender identity.

Trans woman (previously referred to as MTF): A person who was assigned a male sex at birth and whom now identifies as female. Some trans people use the term MTF, male-to-female, to refer to the same concept.

SCREENING QUESTIONS

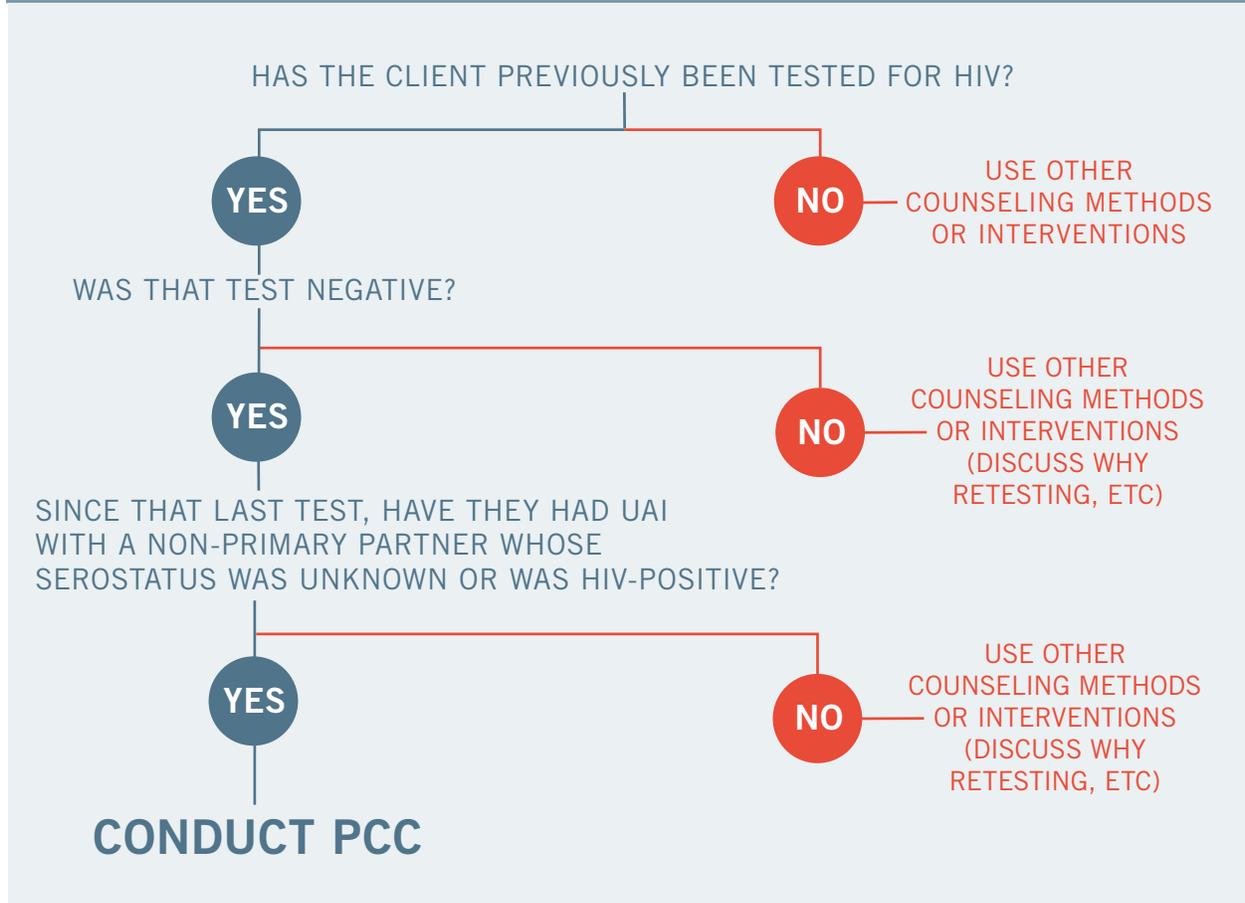
Screening questions should be specific and phrased in a way that is comfortable for the client. Typically, trans women use slang terms for sexual activities, but the counselor should select language based on experience, judgment and the language used by the particular client.

In PCC screening, do not put several screening criteria into one question. The screener would never ask, “Since that last test, have you had unprotected anal sex with a non-primary partner whose serostatus was unknown or was HIV-positive?” Instead, screening is conducted through a process involving a series of questions and careful listening. Always use language appropriate for the individual client.

TYPICAL QUESTIONS

- **Have you had an HIV test before?**
- **So, what made you decide to come in for an HIV test now?**
- ***[If not covered in answer to above question:]* Since your last test, have you had sex without a condom?**
- ***[If yes:]* Was that with a boyfriend or a primary partner?**
- ***[If no:]* Did you know if he was HIV-positive?**
- ***[If not mentioned:]* Did you think this might have put you at some risk for getting HIV?**

FLOW OF THE PCC SCREENING PROCESS FOR TRANS WOMEN PRESENTING FOR HIV TESTING



● SCREENING FLOWS INTO PCC

Screening is a separate activity for the counselor, but it leads very naturally to identifying a particular UAI episode. To the client, this experience should seem like a seamless conversation. When possible, this smooth flow is desirable.

Begin the PCC session and tell when HIV antibody testing will take place, according to your agency's protocol

Once screening has confirmed that the individual is eligible and in the target population, briefly orient the client to what is going to happen next and its benefits. It is not pertinent to give the name “PCC” or explain the research. Simply explain that you would like to talk with the client about a recent, memorable episode of unprotected anal sex with the goal of helping them reduce their risk of becoming infected with HIV while allowing them to have the most satisfying sex life possible. See below for sample language when transitioning from the screening process to conducting PCC.

SAMPLE LANGUAGE TO TRANSITION FROM SCREENING TO PCC

This is not a script to be used word-for-word; each counselor will learn to transition to PCC in their own way.

I would like to talk to you about a recent, memorable episode of unprotected anal sex—one that you remember pretty well. The process we will go through is to help you reduce your risk of becoming infected with HIV while allowing you to have the most satisfying sex life possible. May I talk with you about that?

[As part of transitioning to the PCC session, continue to ask questions to help identify and specify the UAI episode.]

● WHAT IF THE CLIENT IS RELUCTANT TO PARTICIPATE?

Some clients may be reluctant to participate. No one should be compelled or coerced. Usually some encouragement is all that is needed. If the client seems reluctant to continue with the session, discuss this with them and provide information as needed. For example, the client may be hesitant to disclose personal information. You can respond that the information they disclose will be kept confidential and not written down. Or, the client may be expecting the standard HIV testing session that they are familiar with and not sure if they want something different. You can respond that the new intervention has proven to be helpful and that clients have said it is more interesting than repeating the standard testing session.

If the counselor is reluctant to conduct PCC, the client may well pick this up and become reluctant to participate. This is usually a problem only when the counselor is just starting out. The answer is for the counselor to have more practice, along with discussion of the issue in clinical supervision.

SAMPLE OF ENCOURAGING A RELUCTANT CLIENT

CLIENT: *Client: I don't want to talk. I just want to get an HIV test and go.*

COUNSELOR: *Well, I can understand that, but at this clinic we talk when we give a test. It takes less than an hour, and whatever you say is confidential. People find it helpful. Why not give it a try?*

It is not the counselor's responsibility to persuade every single client to participate. A small percentage of clients will decline. If, after being encouraged to participate, the client still does not want PCC, this decision should be respected. The next time the client comes back for testing, they should be offered PCC again.



PCC QUESTIONNAIRE ADAPTED FOR TRANSGENDER CLIENTS

Note: Because the terms “Personalized Cognitive Counseling” and “PCC” are not used in conversations with the client, the version of the PCC Questionnaire given to the clients should simply be titled “Questionnaire.”

QUESTIONNAIRE

I. Below we have listed some statements. For each one, please indicate how true each statement is for you:

	very true	moderately true	slightly true	not true at all	I can't remember at all
1) Neither of us really meant to have sex without a condom, it just happened.	<input type="radio"/>				
2) I didn't want to have sex without a condom but I was so horny , I couldn't think properly.	<input type="radio"/>				
3) I didn't want to have sex without a condom but I couldn't find the words to tell him.	<input type="radio"/>				
4) I didn't want to have sex without a condom but I couldn't find the right moment to tell him.	<input type="radio"/>				
5) I didn't want to have sex without a condom but I was too embarrassed to tell him that I'm transgender (and/or about my genitals).	<input type="radio"/>				

II. Next is a particularly difficult section. So please try to think very carefully before you answer. We would like to find out what sorts of things you were thinking or saying to yourself (even in the back of your mind) that allowed you to have sex without a condom. How did you justify to yourself having sex without a condom? Below, we have listed a number of ways that you might have done this. For each one please indicate whether you had that thought, or not, at the time you decided to have sex without a condom. Some of the justifications may seem silly, but they've been included because they may apply to other people.

I had this thought **STRONGLY** (in the forefront of my mind)

I had this thought to a **MODERATE** degree

I had this thought **SLIGHTLY** (in the back of my mind)

I **DIDN'T** have this thought at all

I can't **REMEMBER** at all if I had this thought or not

6) I thought to myself

something like: "This guy and I have been faithful to each other for a long time now, and neither of us has symptoms of HIV. So it will probably be OK."

7) I thought to myself

something like: "We take chances every day—after all, it's even taking a chance to cross a road. Taking a risk is part of life."

8) I thought to myself something

like: "I'm feeling low and I need something to make me feel good and this will do it for me."

9) I thought to myself

something like: "It'll be safe to have sex without a condom, so long as we don't cum inside each other. So we'll just have sex without cumming."

I had this thought STRONGLY (in the forefront of my mind)

I had this thought to a MODERATE degree

I had this thought SLIGHTLY (in the back of my mind)

I DIDN'T have this thought at all

I can't REMEMBER at all if I had this thought or not

10) I thought to myself

something like: "Other girls have sex without a condom much more often than I do. I'm at less risk than most trans women."

11) I thought to myself

something like: "I'm fed up with having to think and worry about HIV all the time. It's so depressing. At the moment, I just can't handle thinking about it at all. I refuse to think about HIV right now."

12) I thought to myself

something like: "I had an HIV test a while ago, and it was negative. After all the things I'd done, it was still negative; I was OK. So it can't be all that easy to get infected."

13) I thought to myself

something like: "This guy looks so healthy, he can't possibly be infected."

14) I thought to myself

something like: "It's hard to find guys that are attracted to women like me and it's really great that I've managed to get this guy. I just can't afford to be very choosy about what I do. I don't get many opportunities."

I had this thought **STRONGLY** (in the forefront of my mind)

I had this thought to a **MODERATE** degree

I had this thought **SLIGHTLY** (in the back of my mind)

I **DIDN'T** have this thought at all

I can't **REMEMBER** at all if I had this thought or not

15) I thought to myself

something like: "I'll be all right. I've always been lucky and my luck will hold."

16) I thought to myself

something like: "I love this guy. A condom would spoil all the romance. I can't have a condom separating me from the man I love. I can't have a condom coming between us."

17) I thought to myself

something like: "I'll have one last fling and do only safe sex from then on. I'll be good starting tomorrow—I won't have sex without a condom after this last time."

18) I thought to myself

something like: "I want to feel what it was like when you could do what you liked sexually, as it was before HIV."

19) I thought to myself

something like: "This guy doesn't seem to be on the trans scene much (he told me he hasn't dated any of the girls / he told me he doesn't get around much / I've never seen him before, etc.), so he's probably not infected."

I had this thought **STRONGLY** (in the forefront of my mind)

I had this thought to a **MODERATE** degree

I had this thought **SLIGHTLY** (in the back of my mind)

I **DIDN'T** have this thought at all

I can't **REMEMBER** at all if I had this thought or not

20) I thought to myself

something like: “If I’m doing him (I’m penetrating him), my chances of getting infected are low. He’s the one at risk. So that’s his problem, not mine.”

21) I thought to myself

something like: “I just have to have good sex and I can’t have good sex with a condom. Condoms just don’t feel natural.”

22) I thought to myself

something like: “I always use condoms with my tricks. I wanted sex with him to be different than having sex with a trick.”

23) I thought to myself

something like: “I can’t talk to him about condoms because I haven’t talked to him about my gender identity/don’t want to talk to him about my gender identity/ don’t feel safe talking to him about my gender identity.”

24) I thought to myself

something like: “Condoms destroy the magic of sex. How can we suddenly interrupt everything just to put on a condom?”

I had this thought STRONGLY (in the forefront of my mind)

I had this thought to a MODERATE degree

I had this thought SLIGHTLY (in the back of my mind)

I DIDN'T have this thought at all

I can't REMEMBER at all if I had this thought or not

25) I thought to myself

something like: "Most of the time I'm careful, but I can't be perfect-it's only human to slip up occasionally."

26) I thought to myself

something like: "The two of us have had sex without a condom before, not so long ago, so there is no point in stopping now."

27) I thought to myself

something like: "We've both had the HIV test, and the tests were both negative, so neither of us is infected."

28) I thought to myself

something like: "Part of being in love with a guy is trusting him and showing him that you trust him. I want him to know that I trust him."

29) I thought to myself

something like: "If he puts on (or I put on) a condom, he (or I) won't be able to get hard, and the sex will be spoiled."

30) I thought to myself

something like: "This guy was so hot I didn't want to use a condom with him."

I had this thought **STRONGLY** (in the forefront of my mind)

I had this thought to a **MODERATE** degree

I had this thought **SLIGHTLY** (in the back of my mind)

I **DIDN'T** have this thought at all

I can't **REMEMBER** at all if I had this thought or not

31) I thought to myself

something like: “This guy really made me feel like a woman. I didn’t want to ruin it by asking him to use a condom.”

32) I thought to myself

something like: “I’ve been trying to find a trick for over an hour and someone finally came up to me. I didn’t want to risk losing the money by insisting he use a condom.”

33) I thought to myself

something like: “He’s offering me more money to have sex without a condom. It’s more important for me to cover my living expenses now than to worry about HIV in the future.”

34) I thought to myself

something like: “This guy is clearly concerned about HIV, so I’m sure he’s been careful. So he can’t possibly be infected.”

35) I thought to myself

something like: “I want to have unprotected sex because it feels good.”

I had this thought **STRONGLY** (in the forefront of my mind)

I had this thought to a **MODERATE** degree

I had this thought **SLIGHTLY** (in the back of my mind)

I **DIDN'T** have this thought at all

I can't **REMEMBER** at all if I had this thought or not

36) I thought to myself

something like: "Some people seem to be immune to the virus. I've done lots of risky things in the past and have never gotten infected so I must be one of those people who's immune."

37) I thought to myself

something like: "Sex is more exciting when it's dangerous, when it's breaking the rules. I want to feel that thrill when I have sex without a condom."

Were there any other reasons for having sex without a condom that you can remember giving yourself (even just at the back of your mind)? If so, please describe them.

Supplemental Material: PCC Interviewing Tips

Probing questions (“probes”) are used to help the client tell their story and identify the thoughts and feelings they were having before, during, and after the UAI encounter. This appendix provides additional information about possible probing questions. The probes are to be used as needed. Some clients will tell their story easily and the counselor’s main focus will be to stay out of the way. Others will need more guidance and encouragement.

● DOS AND DON'TS

How you use probes is even more important than the probes you use. The table below gives some dos and don'ts to help you make your probing questions work for you.

● DO	● DON'T
Use open-ended probing questions	Ask a series of closed questions
Tie your next question to what the client just said	Read off the probes like a checklist
Let the client be in charge of their own narrative	Let your probes structure the narrative
Use the client’s own words, echo or briefly summarize the content and feelings the client is expressing to show you understand	Spoon-feed words describing the client’s experience, making you rather than the client responsible for telling the client’s story
Use silence to cue the client to think about and expand on what was just said	Interrupt while the client is thinking

● PARTNER PROBES

In this context, “partner” refers to the sexual partner in the episode of UAI.

- “Tell me about your partner.”
- “How did you meet?”
- “What made him attractive?”
- “At what point did you realize that your interaction with this man might become sexual? How did you know? How were you feeling about it?”
- *[Only if interaction was with a boyfriend]:* “How did being in a relationship influence the types of sex you had and how you felt about it?”

● MOOD PROBES

- “How were you feeling emotionally the day before you had sex with [name]?”
- “How were you feeling about yourself in general?”
- “What kind of mood were you in that day or week?”

● TIME PROBES

- “What time of day was it when you had sex?”
 - “What had you just been doing at the time you met?”
 - “Were you expecting to hook up with someone that night/day? Why?”
 - “What were your thoughts about whether or not you would have sex that night/day?”
-

● PLACE PROBES

(Type of venue, chat room, time of day, environment, social situation, work setting, etc.) .

- “Where did you meet your partner?”
 - “Where did you have sex?”
 - “What was the place like?”
 - “How were you feeling about the place?”
-

● SUBSTANCE ABUSE PROBES

- “Were either you or your partner drunk or high?”
 - “How much had you been drinking/using?”
 - “How was the alcohol/drug making your body feel?”
 - “Was it affecting how you were thinking? How?”
-

● SEX PROBES

- “How did having sex get started?”
 - “At that time, what was going through your mind?”
 - “What did you do sexually?”
 - “At what point did you decide to have anal sex?”
 - “What was going through your mind while you were having sex?”
 - “What were you feeling afterward?”
 - “Was the sex satisfying? How so/why not?”
-

● COMMUNICATION PROBES

- “What kinds of body language did the two of you exchange about whether you would use a condom?”
 - “What did you say about whether you would use a condom?”
 - “Did you make any assumptions about your partner being HIV-negative or positive? Based on what?”
 - “Did these assumptions affect what you did?”
-

● PERCEIVED HIV RISK

- “Would you consider what you did to be safe or unsafe with respect to HIV?”
- “What part made it safe or unsafe?”

● PROBES FOR THOUGHTS BEFORE SEX

Goal: Make sure you have a clear understanding of any difference between the on-line thinking/self-justification and the off-line thinking the person had prior to sex that could have influenced his behavior. This is important because it lays the groundwork for the next step.

- “What kinds of thoughts were you having earlier that day?”
 - “Do you have a sense of what was triggering those thoughts?”
 - “How does that kind of thinking make you feel? What does that mean to you?”
 - “What were you thinking when you first got there? What were you saying to yourself?”
 - “At what point did that thought change? What made it change?”
 - “What were you thinking when you first started talking?”
 - “How long were you thinking that? Do you usually think those kinds of things when you are in situations like that?”
-

● PROBES FOR FEELINGS BEFORE SEX

Goal: Make sure you have a clear understanding of the client’s feelings prior to sex that could have influenced her behavior. Strategies used to manage feelings may be important in leading to risky behavior.

- “How were you feeling earlier that day?”
 - “Do you have a sense of what was triggering those feelings?”
 - “What does that mean to you that you were feeling that way?”
 - “What were you feeling when you first got there? What was that like for you?”
 - “At what point did your mood shift? What made it change?”
 - “How were you feeling when you first started talking?”
 - “How long did that feeling last? Do you always feel that way when you are in situations like that?”
 - “What do you usually do when you feel that way?”
-

● PROBES FOR THOUGHTS DURING SEX

Goal: Get a sense of the specific thoughts at various moments during the sexual encounter. Give the client plenty of time to recreate it mentally in order to give you specifics.

- “While you were having sex, do you remember what you were thinking?”
- “How did that thinking make you feel?”
- “At what point (of sexual encounter) did your thought change?”
- “Do you think those thoughts had anything to do with what you did sexually? How or why? If not, can you imagine how your thoughts might interfere with being able to have safer sex?”

● PROBES FOR FEELINGS DURING SEX

Goal: Get a sense of the specific emotions at various moments during the sexual encounter. As with probes for thoughts, give the client plenty of time to recreate it mentally in order to give you specifics.

- “While you were having sex, do you remember what you were feeling emotionally?”
 - “Do you think your feelings had anything to do with what you did sexually? How or why?”
 - “At what point (of sexual encounter) did your feelings change?”
 - “If not, can you imagine how your feelings might interfere with being able to have safer sex?”
-

● SUGGESTED PROBES FOR THOUGHTS AFTER SEX

Goal: This will be helpful information to know when the counselor is identifying a difference between the on-line thinking/self-justification and the off-line thinking. These questions will reflect the negative consequences of the client’s behavior, which the client will want to avoid re-experiencing.

- “What about afterward? What were you thinking then? What were you saying to yourself about that encounter?”
 - “So when you have thoughts about _____ before or during sex and after unprotected anal sex you end up feeling _____? Is that right? Do you see that as a problem?”
 - “How did you feel about yourself at that point?”
-

● SUGGESTED PROBES FOR FEELINGS AFTER SEX

Goal: This will be helpful information to know when the counselor is identifying a problem. These questions will reflect the negative consequences of the client’s behavior, which the client will want to avoid re-experiencing.

- “What about afterward? What were you feeling then? How did you feel about yourself?”
 - “So when you feel _____ before or during sex and after unprotected anal sex you end up feeling _____?”
 - “How long did you feel that way? What did you do?”
 - “Is that right? Do you see that as a problem?”
-