



Video AD Transcript: Delivering HIV Rapid Test Results

Taryn Kegler (00:00): Even though this person knew—you know, it was pretty much sure that their test result was going to be positive—I still had to go back into that room, look them in the eye, and tell them, you have HIV.

Lori (00:13): That's a hell of a thing to have somebody tell you that you had the virus or that you have AIDS.

Tasha Blanco-Douglas (00:22): That is something huge and life changing for a patient to have to hear that news and for you to have to deliver that news.

Ruthie (00:32): My greatest fear was leaving my kids.

Description Narrator (00:34): Ruthie starts to cry.

John Olivares (00:40): We're dealing with human beings and we're dealing with the possibility of giving them a result that's going to change their life.

Speaker 1 (00:52): As HIV testing is increasingly integrated into a wide variety of health care and community settings, more providers face the difficult task of delivering what is often life-changing news. This video will offer you strategies and approaches for: stating and explaining HIV rapid test results, responding effectively and compassionately to the client's immediate reactions, assessing the client's support network, and providing effective referrals.

You will hear from clients who have received HIV test results, and from providers who have given them. You will also view three scenarios which demonstrate approaches for delivering HIV rapid test results, both reactive and non-reactive.

Description Narrator (01:51): Clients share their stories.

Chris (01:59): She came in the room, you know, and she told me that I should sit down. And she put her hands on my shoulder. She said, Chris, I got bad news for you.

Description Narrator (02:08): Chris. Tested positive for HIV.

Chris (02:11): And I seen the look on her face. It was as if she had got bad news and she tried to console me before she even she even gave me the news. And then she told me that I had HIV and it seemed like she was ready to bust out and cry. But she tried to keep it professional. And, you know, she did it very well. She handled it very well.

Through my experience, I've had a lot of a discrimination against me because of my HIV status. I mean, you would think by now that, you know, people would have a better understanding about this disease. But... The stigmas are still there. They look at us as dirty people. I know I'm not a dirty person. I'm a good father, you know, and I try to portray that every day. I try to set good examples for my daughter.

I think the message should really get out there that people should really know more about this disease before they start discriminating against us just because we're sick. That's all it is, is that we are sick.

Lori (03:31): My name is Lori. I was diagnosed in 1991 with full-blown AIDS. I was five months pregnant, 64 pounds. They said my baby was fine, but I would have to be on medication probably for the rest of my life, which I am. It's a hard thing to go through.

I would say to providers, just to be there for the people who have HIV or AIDS. Don't look down on 'em, don't be scared of 'em. Treat 'em like they're a normal human being. Because we are, we're normal human beings. But you can also be cautious without making it so known to them. You know, it's a terrible thing when you have a disease, and health care providers don't even want to be bothered with you. It's really a hurtful thing. It really is.

Description Narrator (04:28): Evelyn. Tested positive for HIV.

Evelyn (04:30): When these people told me that I had the virus, right after, they all just scattered and went their own way. I just wish I would have had somebody to comfort me when they told me. It broke my soul. It did.

I felt like they could have taken me alone, one on one. Put your arm around me and tell me. You know, take me into a room. Would you like a cup of coffee? Would you like some juice? You want a donut? Or, let's take a walk even. Come on, let's go outside. It's a nice day. Let's take a walk. Be a friend, you know...care.

Description Narrator (05:12): Ruthie. Tested positive for HIV.

A photo of Ruthie's husband on a couch next to a baby.

Ruthie (05:17): I noticed my husband was looking ill. He was losing weight. I didn't want to accept that it was possibly AIDS. That's what made me go get the test. My sister was with me. They called us into a room, it was just this lady sitting behind a desk with the folder. And...in an inadvertent way, she told me that my results were positive. Because as soon as she said the words, would you like a psychiatrist or a psychologist to be here? I already knew what the what the end result was. I knew that I was positive.

And then she was sort of very robotic about it. I guess she was just, you know, like just doing her job. People fail to realize that when you get a disease like this, it affects your friends, it affects your family. It affects your whole circle of, you know, people that surround you on a daily basis. So, it's devastating. Put yourself in that person's shoes. How would you feel?

A person needs compassion at that time...and a little more kindness from the person. Don't be so cold about it, because remember, this is devastating news that you're going to give to someone.

Description Narrator (06:45): Providers share their stories.

Tasha Blanco-Douglas. Family Planning Center Coordinator.

Tasha Blanco-Douglas (07:52): My first experience in giving positive results was very scary. Bringing that patient back, it just felt like a long walk for me, even though it was a very short one. And to bring that patient in and just have to tell them...it was very hard. The patient kind of just looked at me and...started crying. There was no screaming, or you're wrong, or walking out or anything like that.

So, I just immediately started crying as well. And allowed him to have the moment that he needed. I took him upstairs to get him some water. We talked about resources, contacts, people that he could talk to, and I felt as though that he walked out feeling the best that he could for that moment.

Description Narrator (07:50): Aurelio Lopez. Program Manager HIV/AIDS Prevention Services.

Aurelio Lopez (07:55): It can be nerve wracking in the beginning because every person that comes in is a potential positive. I've had to deliver a few positive results now, and none of them have been easy. And the first one was difficult. Ah, the person was already showing symptoms.

He had a partner for seven years that was HIV positive. He was coming yearly to get tested, and it so happens that this was the year that he was going to be, you know, he was going to get his positive result.

I must admit that he took it better than I did. You know, I tried my best to remain calm and to keep everything, but I knew that I... My ears, for example, I couldn't keep them from turning red. No matter how many...how much of a poker face I was trying to hold. There was emotions going through me.

Description Narrator (08:37): Taryn Kegler. Advanced Clinic Assistant.

Taryn Kegler (08:39): Giving results has become easier for me. I actually have a conversation with them now beforehand asking them, you know, if this result comes out positive, you know, what is that going to be like for you? How do you think you're going to react? Are you coming in here...have you done previous tests? Is this another one of the tests? Are you trying to confirm it? I can come back in, be a little bit more confident, be a little bit more helpful in terms of getting them referrals or just talking with them about it. Instead of being this nervous wreck.

Description Narrator (09:08): John Olivares. HIV and Comprehensive Risk Counselor.

John Olivares (09:12): Where we have someone with really, really high risk, you know, there's a million things going through my mind. How am I going to reduce this person's risk, so that they don't give somebody HIV if they are positive? Or, how am I going to reduce this person's risk so that they won't catch HIV? How am I going to comfort this person if I have to deliver a positive result?

Some people say that they don't take it personally. We're going to take them personally. You know, this is the type of job it is. We're dealing with human beings and we're dealing with the possibility of giving them a result that's going to change their life.

Description Narrator (09:53): Scenarios: delivering HIV rapid test results.

Speaker 1 (10:02): You will now view three scenarios illustrating interactions between providers and clients as HIV rapid test results are delivered.

These scenarios are only examples. They demonstrate some good approaches for giving rapid test results, both reactive and non-reactive, but they are not meant to show all possible strategies.

When delivering HIV test results, health care providers must tailor their approach by listening and responding to the client's specific needs.

Description Narrator (10:37): Scenario 1: Antonio and Eric.

Speaker 1 (10:40): 22-year-old Antonio has come in today specifically for an HIV test. While waiting for the test result, he has told the counselor, Eric, that he has had multiple sex partners and regularly uses club drugs.

Description Narrator (10:57): The scene changes to a clinic. Eric sits across from Antonio.

Eric (11:01): Antonio, the test is finished. The result is negative, which means that you are most likely not infected with HIV.

Description Narrator (11:13): Antonio grins with excitement.

Antonio (11:15): Negative?! Wow! Are you sure?

Eric (11:19): It's great news, huh? [They laugh]

Antonio (11:23): You know, I really did think it was going to be bad. So, I'm okay, huh? [Laughs]

Eric (11:29): Here's what the negative results tell you. At this time, you're not showing signs of HIV infection, but there is something important for you to know.

For the particular HIV rapid test that we use today, if you were exposed to HIV any time within the last three months, this test might not pick that up.

Antonio (11:53): Well, it's still good news, right? I mean, I don't have it.

Eric (11:57): Antonio, you've been really open to me about everything that's going on in your life, the partying and all. Have you been in any situations in the last three months that would put you at risk for HIV?

Description Narrator (12:09): Antonio looks down, thinking.

Antonio (12:13): Yeah...well, I can come back for another test in three months. And then I'll be okay, right?

Eric (12:20): I sure hope so. Antonio, it would be great if you got another negative result.

Antonio (12:26): You got that right. [Laughs]

Eric (12:28): And if you want to get another negative result, and make sure that it means that you're not infected with HIV, then you want to make sure that you are protecting yourself. So, how can you do that?

Antonio (12:38): Well...I guess I could try those things we've been talking about; using a condom every time, and take it easy with the drugs.

Eric (12:52): So, I'll see you again in another three months.

Description Narrator (12:54): Eric grabs a basket of condoms and passes it to Antonio, who grabs a handful.

Eric (12:59): Here's some condoms that you can take with you. In the meantime, if you want to talk about any of this some more, call me.

Antonio (13:10): Hey, brother, thanks. Really, thanks.

Speaker 1 (13:17): Here are some tips and approaches for delivering a non-reactive negative HIV rapid test result. Present the test result clearly and simply, and explain the meaning of a negative test result. Discuss the seroconversion period (the "window period") with the client and the possible need to return for another test.

Tasha Blanco-Douglas (13:44): We always have to assess what their risk levels are. Is this the appropriate time for them to be having their test? Are they within the window period? Do they need to come back? Are they using condoms effectively? So, we always have those conversations.

Speaker 1 (14:04): Recognize that while many clients will be relieved to receive a negative test result, some will have mixed feelings, including guilt and anxiety. Use this teachable moment to reinforce messages and plans for reducing HIV risk.

Taryn Kegler (14:24): If they're coming in and they've had inconsistent condom use, or they've had a lot of partners in the past year, any sort of high risk behavior, the test comes back negative, and it's almost a situation where you look them in the eye. Okay. You know that nervous feeling you had? Your palms were sweating, you know, shortness of breath. You're freaking out because you think this is going to come back positive. You're lucky—it didn't. It came back negative. And, you know, you've had this high risk behavior in your past. You can do different things in your future so you don't have to be in this position again.

John Olivares (14:55): I have a negative result in front of me and there's a lot of high risk. The important thing for me is to educate the client on lowering that risk. Whether you call it harm reduction or risk reduction, the thing is to lower it. So, then we start talking about what's comfortable for that client. Condoms is, of course, number one protection that we're going to have in the situation.

Aurelio Lopez (15:17): You know, this is a good time to make condoms sexy. To talk about different lubricants and glow in the dark condoms, or whatever it may be that you're going to try to make the condom seem like it's the greatest sex that ever was. Now again, you can't really lie to them and say how fantastic it is. But at the same time you want to put the risk level, if it's high, along with how hard they need to work to in order to not contract HIV. You want to make it the same, and not just, use condoms, and I'll see you later. More of a, listen, there's other condoms out there. There's these stores that are in your local area that you can go to, and the sex would be fantastic, and at the same time, you'll remain safe.

Speaker 1 (15:56): Be supportive, encouraging and non-judgmental.

John Olivares (16:03): Whatever personal biases you have, you have to check them at the door, and you have to make sure that they stay outside of the door. Whether it's a bias that you may have against prostitution, it might be a bias you may have against homosexuality. You are not there to judge whatsoever. You're there to provide results and you're there to assess the risk that the person is taking at the time, and see if you can lower that risk.

Description Narrator (16:32): Scenario 2: Keith and Carolyn.

Speaker 1 (16:35): Keith has come to the STD clinic because of symptoms and has agreed to be tested for HIV, along with testing for other STDs. Keith has disclosed to the provider, Carolyn, that he has had sex with both women and men in the past, and has been going to a Narcotics Anonymous group for the past year.

Description Narrator (16:55): The scene changes to Keith seated in a clinic. Carolyn enters the room with a clipboard and sits across from Keith, who appear depressed.

Keith (17:05): Okay, let's get this over with. What's it show?

Carolyn (17:08): Keith, the rapid test result is positive...

Description Narrator (17:12): Keith hangs his head in disappointment.

Carolyn (17:14): But we won't know for sure if you're infected with HIV until we get the results from a confirmatory test.

Keith (17:22): I knew it. This time, I just... I knew it. Okay, look, I'm going to... I'm going to get going. I'll be okay.

Description Narrator (17:32): Keith starts to get up.

Carolyn (17:34): Keith, can you wait just a few minutes? I just gave you a really difficult piece of news. Sounds like you were expecting this result.

Keith (17:44): Yeah... No... I don't know... I guess I knew it could happen. I messed around, what'd I think was going to happen? Look, Miss, I know all about HIV. I don't think there's anything I don't know. I just screwed up.

Carolyn (17:05): I know this is not easy to think about or talk about, but...what's the first thing on your mind right now?

Keith (18:16): Look, I... Look, I know you mean well.

Carolyn (18:23): Keith, you don't have to talk to me. Of course, you don't, but there's some information I'd like to give to you. Now, if I bring up something you don't want to talk about, or ask a question you don't want to answer, that's okay.

Keith (18:42): You asked me what I'm thinking. I'm thinking HIV caught up with me, and I'm going to be sick. If I want to live, I'm probably going to take those medications and I'll still be sick. And how I'll ever pay for that? I, I, I...I have no idea.

Carolyn (19:02): You're right, some people who take the medications do have a hard time with them, but many people don't. And you may not even need medications right away.

Keith (19:12): What do you want me to do?

Carolyn (19:15): As a first step, we need to get the results from the confirmatory test. And then I can connect you with Dr. Lyman, a specialist in HIV treatment, who can see how you're doing and work with you to find the best way to fight the virus and keep you healthy. Now, if she decides that you do need to be on medications, the clinic there has a social worker who can help you get set up in a program that will help to pay for HIV medications.

Now, I know these people. They provide excellent treatment, and they really care.

Description Narrator (19:47): Keith scoffs and rolls his eyes.

Keith (19:48): Uh-huh.

Carolyn (19:49): Keith, you told me that you recently started a recovery program, was it, was it umm Narcotics Anonymous, you mentioned?

Keith (19:56): Yeah, for all the good that's going to do me.

Carolyn (19:58): You know, there are NA programs around town specifically for people with HIV.

Description Narrator (20:06): Carolyn hands Keith a pamphlet.

Keith (20:08): Yeah...well...maybe one of these days I'll check it out, but not right now.

Carolyn (20:16): Okay. Well, what will you do when you leave here today?

Keith (20:21): I don't know. Maybe I'll call my sponsor.

Carolyn (20:25): And how do you think your sponsor will react to your news?

Keith (20:30): He's handled everything else I've handed him. He's cool. He's there for me.

Carolyn (20:37): If you'd like to call before you leave here, I can find a private space for you to do that. Otherwise, please just know that you can call me back at any time, if you have any questions at all, or just need to talk. Here's my number.

Description Narrator (20:51): Carolyn passes her card to Keith.

Carolyn (20:53): I'll be here.

Speaker 1 (21:00): Here are some tips and approaches that providers have found helpful when delivering reactive, preliminary positive HIV rapid test results. State the test result clearly and simply, and emphasize the importance of the confirmatory test. Be prepared for a full range of client reactions. Some will cry, some will shrug, some will storm, and some will be ready to bolt.

Ruthie (21:31): Anybody I think, that is getting news like that or that are waiting for a test results of a AIDS test, you...you're going to be anxious. You know? And when she told me that it came back positive, I was just like...

Even though I knew, in the back of my mind, I knew what he had, and I knew that that...you know, I was at risk because I was with a person that was ill, I was devastated.

Taryn Kegler (21:57): There are many patients who will have a variety of reactions. They might look one way or talk to you one way, and you have no idea how they're going to react when you do give them a positive result.

Tasha Blanco-Douglas (22:07): One of the things that we learned in training was, have an envelope with you. So, if that person wants to ball and get out of there, at least you've given them the resources to take. They may not take them, and that you don't think that you haven't done your job because maybe they just need to get out of there. Most patients come back or they call and ask for you.

Speaker 1 (22:32): Really know your referral network. Have referral information at your fingertips, both referrals for HIV medical care and for other services, such as substance abuse treatment and financial assistance.

Aurelio Lopez (22:48): What I would tell providers is to know their referral sources and know somebody at least in there by first name. And sort of drive around the places where you're going to be sending them. Ah, walk in there, find out whether or not it's crowded. Find out whether or not, you know, it's empty and there's nobody there, and why there's nobody there.

Some programs look great on paper, you know, and some programs don't look great on paper. But you go there and, oh my goodness, you know, all that other stuff that's out there.

Lori (23:15): It's very important to have a support system. Without one, I really don't know where I would be. I might have stopped using drugs, but I could have gone back. I could have ended up getting worse with the virus by doing that. Umm...just to have a whole support system, whatever it is that you're dealing with— the virus, drugs, whatever it is, sex— you have to have those support systems.

If I didn't have it, I probably wouldn't be here. I really wouldn't. I don't think I would.

Speaker 1 (23:54): Ask the client what he or she will do after leaving the clinic. Work with the client to make a short-term plan to get support, and to take next steps.

Tasha Blanco-Douglas (24:08): Some people do have a person that they can talk to and some do not. We kind of try to flesh out who would be the first person that you would want to tell, to help you support you through this time. It doesn't have to be right away, but we always encourage them to have someone they can trust that can help them through this situation.

Speaker 1 (24:33): Close the session, but not the door. Let the client know that he or she can call you or come back with any questions or concerns.

Description Narrator (24:44): Scenario 3: Nicole and Angela.

Speaker 1 (24:47): Nicole is a young mother of two children, ages six and three. In discussing her medical history with the nurse practitioner, Angela, she has revealed no risk factors for HIV infection. She has come in today for a checkup and Pap test and has agreed to a rapid HIV test, which is offered routinely at the community health center.

Description Narrator (25:09): The scene changes to Nicole sitting across from Angela in a clinic.

Angela (25:12): Nicole, I have the results from your test. Your rapid HIV test is preliminary positive. That means that you most likely are infected with the HIV virus. Now, we don't know—

Nicole (25:28): What?! What did you just say? Wait, wait.

Description Narrator (25:32): Nicole stands with a shocked expression and paces around the room.

Nicole (25:38): Are you telling me I got the virus? Are you telling me I got HIV? Listen, we got to do this test again. This has got to be a mistake.

Angela (25:48): We do have to do another test to confirm the results. At the same time, I don't want to mislead you, this test is very accurate, and it's most likely that the confirmatory result will be positive.

Nicole (26:00): But wait...wait. No, no...

Description Narrator (26:06): Nicole begins to cry. Angela looks at her with sympathy.

Nicole (26:11): No, no. What does this mean? I mean, I got kids.

Angela (26:16): I know.

Nicole (26:17): Oh, God. What does this mean about my kids?

Angela (26:20): Listen, I want to answer all your questions. Okay? Any questions that you have. Will you let me do that? Okay. You're asking about your kids. What is concerning you most about your kids right now?

Nicole (26:34): If I got it, do they? If I got it, what's going to happen to them?

Angela (26:38): Listen, I know most mothers like you get so worried when they hear the results that they want to have the children tested. And I can help you do that if you want.

Nicole (26:48): Yeah...okay. But...what'll happen to them if I get sick and... die?

Description Narrator (26:57): Nicole puts her head in her hand.

Angela (26:59): Listen to me. I want you to listen to me. You can live with this. People are living a really long time with HIV now. As long as you follow the doctor's advice, as long as you take proper care of yourself, you can be here for your children. I have several patients myself that have HIV. I can help take care of you too.

Nicole (27:24): But...how could this happen to me? What do I do now?

Angela (27:31): Listen, I know that you're probably feeling extremely overwhelmed, and this news is hard to hear, but let's focus on things. Let's take one step at a time. Let's get you hooked up with the right care that you need today. I'll call the lab, set up a confirmatory test, and when we're finished here, we'll do that, if that's okay with you.

Who else knew that you were coming in today for a checkup?

Nicole (28:00): My mom. She has the baby, and she can get my son from the bus. Oh, my mom. This is going to kill her.

Angela (28:10): She loves you a lot.

Nicole (28:13): Uh-huh...and I put her through a lot.

Angela (28:17): It is really important that you have someone you can talk to about this. And if your mom can handle the news, then that's great. But you may want to wait to tell her until the test results come back and you're sure. Because once you tell someone, you can't un-tell them. Do you have someone in your life that can be supportive now?

Nicole (28:39): I don't know. I just don't know.

Angela (28:43): Okay, Nicole, we have a counselor, here right now, that can talk to you and support you through this. And if you'd like, I'll take you down to her right now.

Nicole (28:55): Okay.

Speaker 1 (28:59): Here are some tips and approaches that providers have found helpful when delivering reactive, preliminary positive HIV rapid test results. State the test result clearly and simply, and emphasize the importance of the confirmatory test. Let the client express emotions. Listen and stay engaged. Compassionate listening is a powerful response.

Chris (29:28): You know, you deal with a lot of people that have health issues, and a little compassion will go a long, long way.

Tasha Blanco-Douglas (28:38): I think that we are all so used to saying—I want to give them the results. I'm going to give them all the referrals. I'm going to give them this information—and that's satisfying and gratifying as a professional, but on the humanistic side of it, you have to allow that person to process that information, especially since it's life-changing.

Speaker 1 (29:58): Help the client to understand that HIV is not a death sentence. With appropriate medical care, it is a treatable, manageable, chronic illness.

John Olivares (30:12): Today, HIV is not a death sentence anymore. It's important that even in a negative and in a positive result that you remind and you educate the client on what HIV is today as compared to what it was 25 years ago.

So today, as testers, we also have to be educators within our session, with within the counseling and testing session, to remind the client that there are medications that they can take today that can give them a normal life span. And if they follow their doctor's advice, which is basically a healthy lifestyle and making sure that you go in and you see the doctor every three months, and you keep your appointments that you can actually live a normal life.

Ruthie (30:55): I'm healthy now, and that's because I take the medication as directed. I have a healthy diet and I exercise every day. I take very good care of my body.

Speaker 1 (31:10): Explore who the client is able to confide in and rely on for support. Be ready to refer the client to a counselor or mental health care provider, if indicated.

Aurelio Lopez (31:23): Most of the people that go there, you know, are going there by themselves, unless, of course, their significant other's bringing them there or something. So, they don't want nobody to know that they're there. So, when you ask them the question, do you have a support system? They didn't think about that. So, they start thinking, oh, my goodness, who am I going to tell?

That's usually when I say, is your mom around, your dad around? The closest family, brothers, sisters, maybe have a cousin, a best friend that you've had for a while, but is somebody that really could keep your status confidential? You can't be somebody that likes to kind of run, da da, you know, and we all have people like that in our family.

So, you have to get them to start thinking, who is the best person to kind of share this with? Because this person is actually going to be holding something for you, also.

Lori (32:03): I had some...I had a lot of support from my husband. I had a lot of support for him. I went to meetings. You have to keep people within your reach. So, if you do need them, they're there. You can't just let yourself go with nothing, nobody to talk to. You have to have that kind of access.

Description Narrator (32:24): A montage of footage from the client and clinician scenarios.

Speaker 1 (32:32): As you have seen, delivering HIV test results can be emotionally charged and difficult work, but it is also an opportunity to provide real help to a person in need.

Description Narrator (32:44): A montage of footage of the interviewed HIV-positive clients.

Speaker 1 (00:48): You cannot change the outcome of the test, but how you deliver HIV test results and referrals can make a world of difference to the client.

John Olivares (32:59): I don't want to see that client walk down with their head hanging down to the floor, you know. I want them to walk out of my office and have some type of hope, even if it's a positive, because there is hope.

Taryn Kegler (33:13): Going in there, you know, of course, you're going to have to deliver bad news, it's never easy. But not being afraid to give them a hug or just hold their hand, or tell them, it's not the end of the world. We can figure out what you need to do next, so that you may live a long and happy, healthy life.

Aurelio Lopez (33:30): I've come to the realization that even though I may never see this person again, and there's a really good chance of that, they're always going to remember me, whether it's my name or whether it's my face. But that is a life-changing moment.

Tasha Blanco-Douglas (33:42): Me being that person delivering the news, I don't want them to think that that has changed my view on who they are, and I'm kind of a touchy-feely person, meaning that I'll... if they need a hug, I'll give them a hug, a handshake. I do that with just anybody.

So, I just want to make them know that that hasn't changed my view, and that that's probably not going to change the view of the people who care and love them.

Evelyn (34:09): Think of that person as if they were...your family member...maybe your daughter, your son. That's all. Be nice. It's a good thing.