

# VCT TOOLKIT

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## HIV Voluntary Counseling and Testing: Skills Training Curriculum Facilitator's Guide

January 2005

Family Health International

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For further information, please contact:

Family Health International  
Institute for HIV/AIDS  
2101 Wilson Boulevard, Suite 700  
Arlington, VA 22201  
USA  
**Tel** 1-703- 516-9779  
**Fax** 1-703-516-9781  
**URL** [www.fhi.org](http://www.fhi.org)

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## ACRONYMS

AIDS	acquired immunodeficiency syndrome
ARV	antiretroviral
CAA	children affected by AIDS
CDC	U.S. Centers for Disease Control and Prevention
CSW	commercial sex worker
EIA	enzyme immune assay
ELISA	enzyme-linked immunosorbent assay
EUA	exploration, understanding and action
GUS	genital ulcer syndrome
ART	antiretroviral therapy
HBC	home-based care
HIV	human immunodeficiency virus
HPV	human papilloma virus
IEC	information, education and communication
MTCT	mother-to-child transmission
NGO	nongovernmental organization
NNRTI	non-nucleoside reverse transcriptase inhibitor
NRTI	nucleoside reverse transcriptase inhibitor
OI	opportunistic infection
OVC	orphans and vulnerable children
PCM	protein calorie malnutrition
PCR	polymerase chain reaction
PCP	pneumocystis carinii pneumonia
PI	protease inhibitor
PLHA	persons living with HIV/AIDS
RIPA	radio-immunoprecipitation assay
STI	sexually transmitted infection
TB	tuberculosis
TCEUA	trust, communication, empathy, understanding and action
UNAIDS	Joint United Nations Programme on HIV/AIDS
VCT	voluntary counseling and testing
WHO	World Health Organization
ZDV	zidovudine



## PREFACE

Voluntary counseling and testing (VCT) for HIV has the potential to be a powerful intervention for reducing high-risk behavior, and it provides a gateway to prevention, care and support services. Because high-quality VCT services depend on well-trained and motivated personnel, standardized counselor training is needed.

Many ministries of health and other institutions have trained counselors since the beginning of the AIDS epidemic, and many VCT curriculum guides address HIV counseling training. These guides have various goals and theoretical backgrounds, and, to date, have not adequately addressed the interaction/intersection between prevention, care and support activities. Consequently, the activities in this curriculum are designed to train counselors to appreciate the prevention-to-care continuum and to help trainee counselors derive maximum benefit from their practical experience. This guide standardizes training in and provision of counseling services in various settings using a variety of service-delivery models. It also helps to ensure consistent, high-quality training and VCT services.

The materials in this training curriculum were selected from a variety of HIV/AIDS counseling training manuals. Although no training curriculum can be exhaustive, this one attempts to outline the key activities and information necessary to train people to provide VCT services. FHI conceived this document recognizing the wide variability in the organization, infrastructure and capacity of VCT services in resource-constrained settings. Family Health International (FHI) strongly encourages a flexible approach in using this training curriculum.

This is a generic document intended to be liberally adapted to suit specific socio-cultural contexts. The guide should be seen as a living document to be revised as needed, ensuring that counselors have the most up-to-date information to deliver high-quality VCT services.

This manual was developed to guide the training of VCT counselors and is meant to be a facilitator's guide or a VCT training curriculum. The intended users of this guide are VCT trainers at the national, district and facility levels who are beginning or expanding VCT services. The manual is accompanied by two related documents: the *VCT Reference Guide*, which provides technical content to support the training curriculum, and the *Participant's Manual*, which includes worksheets and checklists for the sessions, as well as texts for demonstrations and exercises.

By helping to improve standardized, high-quality VCT services, FHI hopes this document will contribute to the prevention and control HIV/AIDS and other illnesses in developing countries.



## BACKGROUND

### The evolution of HIV counseling and testing: Where are we now?

Now more than ever, the benefit of knowing one's HIV status is apparent. Increasingly, people can take advantage of a variety of prevention, treatment, care and support options when they know their HIV status. Yet few people who need to know their HIV status have access to testing services. Voluntary counseling and testing (VCT) is an important strategy for increasing the number of people who know their serostatus (see Box A).

#### Box A: Benefits of Knowing One's HIV Status

##### Individual level

- Creates more realistic self-perception of client's vulnerability to HIV
- Promotes or maintains behaviors to prevent acquisition or further transmission of HIV
- Alleviates anxiety and facilitates understanding and coping
- Facilitates entry to interventions to prevent mother-to-child transmission of HIV
- Helps client plan and make informed choices for the future
- Leads to early referral to HIV-specific clinical care, treatment and support

##### Community level

- Creates peer educators and mobilizes support for appropriate responses
- Reduces denial, stigma and discrimination and normalizes HIV/AIDS

The World Health Organization (WHO) and major international public health organizations<sup>1</sup> have drawn attention to the urgent need to rapidly increase access to HIV testing services. They have advocated for innovative strategies to deliver HIV counseling and testing in a greater number of settings and on a much larger scale so that more individuals can benefit. All such innovations must ensure, at minimum, the voluntary nature of HIV testing, informed consent, confidentiality and access to high quality supportive counseling (see Box B).

#### Box B: Core Principles for HIV Counseling and Testing

- HIV testing should be voluntary (mandatory testing is neither effective nor ethical).
- Informed consent should be obtained, although its definition may vary in different contexts and settings. Elements to ensure true informed consent for HIV testing include: providing pre-test information on the purpose of testing and on treatment and support available once results are known, ensuring understanding, and respecting individual autonomy.
- Confidentiality must be protected.
- Post-test support and service are crucial.

Adapted from *The Right to Know: New Approaches to HIV Counseling and Testing*, WHO/HIV/2003/08.

This training curriculum attempts to support such strategic thinking. Counselors should be aware that different outcomes (e.g. clinical care or HIV prevention goals) require different approaches to delivering HIV testing and counseling in different settings. However, to be effective and ethically sound, all innovations or adaptations must satisfy recommended and internationally required standards of care.

## Evolution of HIV testing and counseling services

### *In the 1980s*

The first VCT model was introduced in developed countries during an era when stigma and fear were high and little or no HIV treatment was available. In the 1980s, emphasis was placed on providing voluntary testing with informed consent and on VCT's contribution to meeting HIV prevention goals. The core components—defined and endorsed by number of agencies, including WHO, the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention (CDC), included pre-test counseling, HIV testing and post-test counseling. In 1986, the CDC published VCT guidelines focusing on the need for testing and confidentiality; in 1987, the guidelines were revised to emphasize reducing barriers to counseling and testing, especially by protecting personal information.

### *In the 1990s*

With access to drugs for treating HIV diseases and for prevention of mother-to-child transmission increasing in the 1990s, the benefits of knowing one's serostatus increased dramatically. Studies showed that VCT could be a cost-effective intervention in developing countries, including in low prevalence settings. As the cost of VCT declined per client, it began to be considered a basic prevention strategy, a shift that resulted in an increase donor and government support. The CDC guidelines were revised in 1993 to focus on a model of interactive personalized risk reduction, and again in 1994 to emphasize linking standard VCT procedures with treatment goals.

### *Current thinking in 2004*

Today, many agencies agree that VCT creates synergy with HIV/AIDS prevention, care and treatment, primarily because the most effective HIV prevention and care activities require that people know their status. VCT facilitates early referral to care and support, including anti-retroviral therapy and interventions for the prevention of mother-to-child transmission (PMTCT), the treatment of sexually transmitted infections (STIs) and the prevention of tuberculosis (TB) and other opportunistic infections (OIs). In addition, there is agreement that VCT plays a critical role in prevention; studies demonstrate that VCT promotes and sustains behavior change. The current thinking is that VCT needs to be scaled up using innovative strategies so that more people can benefit from knowing their HIV status.

Recently, CDC and WHO guidelines were revised to allow for flexibility in the counseling approach and to ensure that services are available for those who want to know their HIV status, wherever medically indicated in the context of clinical care, and as part of services for preventing HIV in mothers and their infants. These guidelines also stress that regardless of the HIV testing approach and target group being addressed, there is a need to safeguard and maintain the core principles—voluntary testing, pre-test information, informed consent, post-test support and confidentiality.

## Suggested approaches for VCT services delivery for different groups

Different strategies offer maximum coverage and ensure accessibility, acceptability and affordability of VCT services, especially for those who want to know their HIV status, those who are medically indicated, and those seeking VCT services in the context of antenatal care.

For those who want to know their HIV status:

- The recommendation is for a traditional VCT approach = with an emphasis on HIV prevention goals, as the potential for behavior change is generally high. This is the most costly and difficult approach to scale up.
- The proposed target groups should include:
  - Young people, although barriers to services must be explored and removed
  - High risk groups, regardless of sero-prevalence rates
- For those who are medically indicated in clinical care settings, WHO recommends that HIV testing and counseling should be considered as standard of care for:
  - Patients with signs and symptoms of HIV infection or AIDS to support clinical diagnosis and treatment
  - TB patients regardless of sero-prevalence rates

- Both medical and psychosocial considerations should be included in a comprehensive care package or treatment plan for these individuals.
- In sexual and reproductive health care settings, the counseling process should address sexual and reproductive health care needs, as well as HIV prevention.

For those seeking VCT services for the purpose of preventing HIV infection in mothers and their infants:<sup>2</sup>

- In this situation, clients may not have considered the risk of HIV, may not be ready to undergo testing and may have misgivings about confidentiality procedures.
- In high prevalence areas, HIV counseling and testing should be offered to all pregnant women as part of standard care, and the approach can be “opt in” or “opt out.”<sup>3</sup>
- Primary prevention of HIV infection among pregnant women or reduction of unintended pregnancies among HIV-positive women can be done as part of traditional VCT services or in conjunction with other services such as family planning.

### **What are the implications of these new approaches to the counselor?**

As strategies for counseling and testing continue to evolve to meet the needs of different populations, it is important for counselors to be flexible and knowledgeable about the different strategies. Counselors should be aware of services available in their community that will benefit both HIV-positive and -negative people and be able to determine the client’s need for referral. By working in variety of settings and utilizing multiple strategies, counselors help to ensure that most people who are HIV infected or at risk have access to HIV counseling and testing and are referred to the other prevention, care, treatment and support services that they need.

It is FHI’s hope that counselors who go through this training will be better equipped to address the needs of clients to help them benefit from learning their HIV status.

## SESSION LIST

This session list may be changed according to the needs and circumstances of different training programs.

Session Title	Time Needed
<b>Phase 1: Introduction and Pre-Training Assessment</b>	<b>3 hours</b>
1. Introduction to Training and to Each Other	1 hour 30 minutes
2. Pre-Training Assessment	1 hour 30 minutes
<b>Phase 2: Core Skills Training</b>	<b>38 hours</b>
3. The Global Impact of HIV/AIDS	1 hour
4. HIV/AIDS in Your Country	1 hour 30 minutes
5a. Preparing for HIV/AIDS Presentations	2 hours
5b. HIV/AIDS Presentations	2 hours
6. Testing for HIV Antibodies	2 hours
7. Clinical Manifestations of HIV and Common Opportunistic Infections	2 hours
8. Self-Awareness and Objectivity	3 hours 30 minutes
9. Talking About Sex	1 hour 30 minutes
10. Counseling Skills	3 hours
11. Client-Centered Counseling	1 hour 30 minutes
12. Risk Reduction	3 hours
13. Partner Communication, Negotiation and Condom Demonstration	2 hours
14. Pre- and Post-Test Counseling Steps	3 hours
15. Counseling Session Role-Plays	3 hours
16. Handling Positive Test Results	2 hours
17. Positive Living Presentations	3 hours
18. Identifying Resources and Making Referrals	2 hours
<b>Phase 3: The Practicum</b>	<b>17 hours 30 minutes</b>
19. Ethics in Counseling (2 hours 30 minutes) and the Practicum (8 hours)	10 hours 30 minutes
20. Processing the Practicum	2 hours
21. Practicum Case Study Presentations	5 hours
<b>Phase 4: Advanced Skills Training</b>	<b>12 hours 30 minutes</b>
22. Special-Needs Populations	5 hours
23. Challenging Situations	2 hours
24. Stress Management	3 hours
25. Self-Improvement Guide and Monitoring, Counselor Supervision and Quality Assurance	2 hours 30 minutes
<b>Phase 5: Conclusion of Training</b>	<b>7 hours 15 minutes–9 hours 15 minutes</b>
26. Role-Play Assessments	3-5 hours
27. Post-Training Assessment	1 hour 15 minutes
28. Feedback to Participants and Certification	3 hours

# HIV/AIDS VCT SKILLS TRAINING CURRICULUM: INTRODUCTION TO THE TRAINING PROGRAM

## Overview

HIV/AIDS voluntary counseling and testing (VCT) has the potential to be a powerful tool for reducing risky behaviors. It also serves as a key entry point to care and support services, making it an important complement to other HIV/AIDS prevention and care strategies.

Successful communication about HIV/AIDS is best achieved through dialogue. The counselor's ability to create a safe and secure environment—one in which the client can ask questions, share personal information, gather information and make decisions without feeling judged or pressured—is critical to the success of the interaction. To create such an environment, the counselor must offer the client time, attention and respect, while bringing verbal and non-verbal skills to the counseling session that enable the client to explore his or her problems, to reach a better understanding of the problems, and to make choices and take action (i.e., the exploration, understanding and action [EUA] counseling model). By applying these skills, the counselor can provide information, ensure confidentiality and facilitate the growth of a trusting relationship.

## About This Guide

This facilitator's guide provides VCT counselor-teaching methodologies. It is a component of the Family Health International (FHI) VCT Toolkit.<sup>4</sup> The *VCT Reference Guide*, an important resource for participants in training, accompanies this facilitator's guide. A participant's manual containing all of the handouts for participants is also included in the VCT Toolkit as a separate document. During training sessions, participants will receive copies of worksheets, checklists and texts for demonstrations and exercises, so it is not essential that participants take detailed notes. Participants also will receive copies of relevant reference materials from their course coordinator and from the *VCT Reference Guide*. Each session of the curriculum indicates what information can be found in the *VCT Reference Guide* and which handout or activity is found in the participant's manual. For training purposes, the content of this facilitator's guide may be supplemented with other resource materials.

This curriculum is primarily for training counselors to work in VCT settings. It attempts to outline the key activities and information involved in training VCT counselors and is designed to give trainers as much flexibility as possible within the given framework. This facilitator's guide is a living document that should be revised as needs and contexts change.

## About This Training

### Duration

The curriculum consists of approximately 80 hours of training. Because evidence has shown that 10 days of training is generally needed for trainees to gain the skills and confidence to flourish as VCT counselors, this curriculum works with the assumption that the training will be conducted as one session consisting of 10 working days (80 hours). The fieldwork phase (the practicum) of the training is carried out within these 10 days. However, given the difficulties in some settings of getting trainees out of work for 10 days, this course can also be reorganized into two separate 40-hour trainings. In such circumstances, the training process will consist of an initial five-day training followed by an additional five-day training between six weeks and three months after the initial training. In this instance, the practicum should be conducted during the six-week to three-month period between the two training sessions.

### Structure

This training curriculum is comprised of an introduction and pre-training assessment phase (3 hours), three training phases (68 hours total) and a conclusion phase (7-9 hours). During the three training phases, specific topics are presented in a logical sequence. The Core Skills Training phase includes sessions 3 through 18 and requires 38 hours to complete. The Practicum (sessions 19 through 21) requires 17 hours and 30 minutes, including preparation time and 8 hours of the practicum itself. Advanced Skills Training is covered in sessions 22 through 25 and requires 12 hours and 30 minutes. Sessions 26, 27 and 28 comprise the Conclusion, which requires 7 to 9 hours.

This training structure is important, as each phase is designed to build upon the previous phase, and facilitators and supervisors must ensure ongoing monitoring of each trainee's performance throughout this process. However, if necessary, this sequence may be changed according to the needs and circumstances of different training programs. At the end of the training, the trainer determines whether the trainee has satisfactorily completed the training, and if so, the trainee receives certification from the relevant national or regional governing body.

### **Phase 1: Introduction and Pre-Training Assessment (Sessions 1-2)**

This phase introduces the participants to the training and to each other. It contains a pre-training assessment.

### **Phase 2: Core Skills Training (Sessions 3-18)**

Phase 2 includes basic information about HIV/AIDS epidemiology and virology, the disease and how it develops, basic counseling skills, self-awareness and the role it plays in VCT counseling, client-centered counseling, identifying and using counseling skills, the steps of a VCT counseling session, issues for VCT counseling, and creating a support group or identifying an existing group with whom to work. It is important that all sessions in Phase 2 are covered before engaging in the practicum experience.

### **Phase 3: The Practicum (Sessions 19-21)**

This phase starts with a review of the ethical issues in counseling and includes an opportunity for participants to shadow an experienced counselor, to have direct contact with clients, and to build and improve counseling skills. At the end of their practicum, participants prepare a case study based on their experience for their fellow participants.

### **Phase 4: Advanced Skills Training (Sessions 22-25)**

Participants return to the classroom setting to discuss issues arising in the field and further strengthen counseling skills through describing lessons learned and sharing experiences. The key components of this phase are presenting the practicum case studies, processing the practicum, and developing a guide to self-improvement that addresses quality assurance and supervision. Participants also address issues related to counselor burnout and write an action plan for working with special needs populations and support groups.

### **Phase 5: Conclusion of Training (Sessions 26-28)**

This phase includes post-training assessments, certification and training evaluation. Upon successful completion of all training objectives, training phases, and assessments, participants receive a VCT Training Certificate of Completion.

Each session in this curriculum lists learning objectives and training elements, provides theoretical input and technical guidance, suggests questions for self-evaluation, and, when feasible, provides handouts. Each session is structured and presented in the following manner:

- Session title
- Estimated time for the session
- Session agenda
- Session objectives
- Preparations (list of materials and resources required for the session)
- Activities, including an introduction to the session, component activities and a session wrap-up
- Trainers' notes with relevant handouts for that session; some of the handouts are also in the participant's manual
- Breaks are also suggested, although the timing and placement within the session are left up to the trainer

For each session, trainers should determine the needs and experience level of their participants and shape the training around that information. Trainers should add activities where they see a need for additional skills development and remove activities that may not be appropriate for their group of participants.

## Training Methods

The training's goal is that the three areas of learning objectives—knowledge, skills and personal development through increased self-awareness and change in attitudes—are achieved in an experiential and participatory environment. During the classroom phases of the training, sufficient and adequate time must be allowed for the participants to process the information, engage in training exercises, and provide feedback to and receive feedback from their fellow participants and the trainer.

Effective counselor training always has a closely supervised practical component. Therefore, it is important that during the practicum, opportunities for practical training with adequate supervision are provided. For supervision to be effective, supervisors need to acquire additional skills as trainers and facilitators and develop relationships that have clear boundaries and role requirements with their trainees.

To accomplish these goals, this curriculum's training activities include a wide variety of interactive methodologies that allow for instruction, skill building and feedback. All three of these methods are crucial if trainers are to become effective counselors who can address the sensitive and confidential issues discussed during VCT. Full participation on the part of the participant is expected.

Methods of training used in this curriculum include games, participant presentations, guest speakers and panels, action plan creation, small group discussions, brainstorming, self-awareness exercises and a mapping exercise. Trainers should also use these additional methods:

### *Interactive lectures and notes*

- Trainers should use brief lectures and feedback during discussions to encourage participatory and experiential learning.
- Trainers can build on participant answers or reactions by responding and providing suggestions or comments as appropriate.
- Trainers should make training as interactive as possible by encouraging questions from the group during and following presentations and by assigning questions for discussion after the presentations.

### *Role-plays*

- Role-plays, which can be more easily organized than real client/counselor situations, are a useful way for participants to practice skills.
- Role-plays are a safe way to rehearse skills and activities, and they provide good preparation for genuine situations.
- Role-plays allow participants to experience activities and not just discuss them in theory.
- Role-plays help participants fully express and interpret concepts.

### *Case studies*

- Case studies are an excellent way to give trainees an understanding of the effect of HIV infection on the individual and to enable them to deal with problems they may encounter in the practice setting.
- Case studies allow participants to examine a problem that mirrors the outside world and to develop confidence and an understanding of complex issues.
- Trainers should develop case studies that are specific to the local setting. Case studies should provide a detailed description of an event, including different characters and settings.
- Case studies may be followed by a series of questions that will challenge the trainees to discuss the positive and negative aspects of the event.

### *Visual aids*

- Visual aids are a common method in training, and they can be used to summarize key points, illustrate concepts and assist in learning. Common visual aids include flipcharts, photocopied materials, transparencies, slides, videotapes, posters, maps and photographs.

### *Demonstrations*

- Demonstration activities, whether done in pairs, small groups or large groups, illustrate issues and are an excellent way for the trainee to learn that the counseling experience can be complex for both the client and counselor.

### **Site visits/fieldwork**

- The training's onsite practicum facilitates the practical component of the training. A minimum of eight hours of fieldwork is required. Participants can carry out this requirement either during the second week if the training is done as a block of 80 hours, or within the six-to-eight week interval if the course is conducted as two 40-hour sessions. During the practicum, participants should have a minimum of eight hours of direct client/counselor contact. In addition, participants should be exposed to other aspects of VCT services. An experienced counselor/counseling supervisor must support participants.
- A minimum of two formal support visits to the trainee by the trainer is required during the practicum.
- Trainers should identify one or two local sites where VCT is already established and the staff is willing to host a practicum.
- Trainers should arrange transport for the trainees and ensure that the VCT counselors at the site are prepared for the practicum. Depending on the distance, trainers may have to arrange for lunch to be delivered.

## **Trainers**

### **Trainers**

In order to build skills building, this training program is designed to be very hands-on and experiential. Ideally, the course should be conducted by at least two trainers who are professionally trained counselors with advanced training in VCT. These trainers should stay for the whole course to ensure consistency, to facilitate group interactions and to foster assessments of the participants.

### **Panels of experts and other visitors**

For some sessions, trainers will be assisted by outside speakers or panels of experts on certain topics. Outside speakers and panels of experts should be kept to a minimum to increase opportunities for group bonding. However, the section on testing must be done by a laboratory technician, and it is recommended that a medical practitioner who is an HIV specialist should take the session on HIV information and ongoing care.

The involvement of expert panels and outside speakers must be well organized. Trainers should ensure that the visitors:

- Have confirmed their attendance and are committed to being there;
- Are aware of when they are expected to arrive and how long they are expected to stay;
- Are familiar with what they are expected to do;
- Have any equipment they need; and
- Are well informed about the group being trained and the group's norms.

Trainers should also ensure that participants are familiar with the visitors and introduce themselves to the speakers at the beginning of each session.

## **OTHER IMPORTANT CONSIDERATIONS**

### **Optimum Class Size**

The course is designed for a minimum of eight participants and a maximum of twenty. An ideal group size is between 12 and 15. Smaller group size allows for greater participation and the practice of new skills. It also allows trainers to better assess and aid the participants' skills development.

### **Criteria for Selecting Participants**

It is crucial that individuals are appropriately selected for attendance. Numerous counseling initiatives have been unsuccessful in part because of selection of inappropriate trainees, resulting in the training of a large number of individuals who do not "counsel." Individuals with the following qualifications are good candidates for training:

- They are in positions where they will be encouraged to use their skills once they complete the course (for example, health workers in settings where VCT or other HIV/AIDS activities are or will be offered; workers in community programs and religious, youth or women's groups; teachers who work closely on student social issues and military staff responsible for welfare/social issues).

- They demonstrate personal qualities that may make them effective counselors (e.g., they are approachable, warm, non-judgmental, mature, and able to address a range of sensitive subjects, including sexuality, relationships, illness and death).
- They currently work in related areas and are known as "support people" within the community, but they have not been trained in counseling.
- They have an educational background that ensures written and verbal literacy in the given language.

### **Monitoring and Evaluating Participants**

Evaluation is an opportunity to assess participants' levels of understanding, competence and feeling. Throughout the course, trainers are encouraged to build in evaluations and reviews because these tools allow trainers to determine their own effectiveness as trainers and to understand the direction the participants are taking. Trainees are evaluated on attendance during all course phases, level of participation, adequate completion of the practicum and completion of a client-based case study. Various methods may be used to evaluate participants, including:

- Observation throughout the training
- Pre- and post-training knowledge assessment
- A daily opening round or recap of the previous day, which can be a means of reviewing the course
- A daily end of the day evaluation, during which each participant describes four things:
  - What they learned or enjoyed
  - Things they found difficult
  - What they would like to learn the next day
  - Their overall impression of the training course
- Evaluation based on two case study presentations, audio recordings or transcripts that provide evidence of the participants' counseling skills;
- Mid-course evaluation and monitoring to determine what participants have learned and what they feel they still need to cover
- Observation during the course to determine participants' ability to link theory and practice in HIV/AIDS counseling
- Participants' self-evaluations
- Final evaluation at the end of training.

### **Certification**

Individuals who satisfy all course requirements will be issued a certificate in basic counseling skills endorsed by the National AIDS Control Program or any other relevant governing body. Those who have not satisfied all requirements but who demonstrate counseling capabilities should be given the opportunity to complete outstanding requirements. After these requirements are completed, they may also be issued a certificate.

### **Refresher Training and Monitoring Systems**

Learning is an ongoing process, and completion of this training should not be viewed as the "end of the road." This training program provides training in a basic level of counseling skills. Counselors are encouraged to continue their learning using a variety of methods, including peer supervision, refresher courses, regional advanced skill training, individual supervision, development and/or attendance at a local counselor support group/association. Where such structures do not exist, organizations must take action to create them to ensure that clients and communities receive high-quality VCT services.

## PREPARING FOR A VCT TRAINING COURSE

Trainers should start to prepare for each training course at least one month in advance by carrying out the following activities:

- Identify and confirm the venue.
- Identify and book outside speakers.
- Coordinate with the relevant authorities to purchase or acquire all the equipment and stationery required for the course.
- Review the Facilitator's Guide, determine which case studies, role-plays, instructions and handouts are to be used, and photocopy them. It is important for trainers to read ahead in the Guide because some sessions require advance planning, such as inviting guest speakers or photocopying materials.
- Ensure that prospective participants have been invited and have confirmed that they will attend.
- Prepare materials for each session, such as flipcharts.
- Plan each training day by selecting exercises appropriate for the topics to be covered.

Trainers should also gather together the following materials that will be used during the sessions:

- Pens, both felt and biro
- Flipcharts, both blank and prepared
- Flipchart stand
- Sticky tape for putting up flipchart sheets
- Cards
- Scissors
- Timer or watch
- Post-Its™ or small pieces of paper and tape
- Penile and pelvic models, and female and male condoms, depending on availability
- Video player and videos
- Overhead projector
- PowerPoint presentations, if required
- Handouts (Once they are photocopied, handouts for each module should be kept in separate folders for easy access.)
- Evaluation forms
- A copy of the Participant's Manual for each participant
- A copy of the VCT Reference Guide for each participant
- Daily training plan
- Materials for each participant (pens, notebooks, folders, etc.)
- Materials for all outside speakers

Breaks and session times are flexible and should be determined by the trainers and participants as appropriate. It is also recommended that games and energizers be used throughout the training course. Trainers should make it clear that no one is forced to take part if they do not wish to do so. Particular attention needs to be given to those who are not physically well and who may find some of the exercises too demanding.

At the end of the course, trainers should give the participants time to say goodbye to each other and to share their feelings about leaving. Participants can make good-bye cards if they wish. Participants should be given sufficient time to read what has been written to them and to comment on how it feels.

## HIV/AIDS VOLUNTARY COUNSELING AND TESTING TRAINING OBJECTIVES

The overall goal of the HIV/AIDS VCT training program is to train VCT counselors to effectively provide clients with useful, accurate information about HIV/AIDS in a safe, positive environment so that clients can make informed decisions about their personal health needs and practices.

The goal of this training manual is to professionally train VCT counselors to provide high-quality VCT services in a variety of settings. Three basic elements are involved in learning to counsel effectively: knowledge and understanding, skill development and self-knowledge.

By developing these three elements, this training program is designed to foster competencies in three main areas: information skills, counseling and communication skills, and resource development and referral skills. By the end of the training program, the participants will demonstrate the ability to do the following:

### Information Skills/Knowledge and Understanding

- Gain knowledge of:
  - The concepts of effective counseling
  - The theory underlying the counseling approach used in HIV/AIDS counseling
  - Common psychological processes, for example human sexuality, loss, and relationship interactions.
- Transfer information about HIV/AIDS (using the VCT Reference Guide as a resource) to clients during presentations and post-training role-play assessments. This includes information about: transmission, testing, progression of HIV infection, treatment, positive living, prevention and risk reduction.

### Counseling and Communication Skills/Skill Development and Self-Knowledge

- Understand the client-centered approach to counseling found in the VCT Reference Guide.
- Demonstrate the ability to assess client needs and readiness, create risk reduction plans, give condom demonstrations, create plans for partner negotiation, obtain informed consent, communicate test results, create positive living plans, and create plans for follow-up and referrals.
- Conduct a pre- and post-test counseling sessions.
- Facilitate behavior change in relation to HIV/AIDS prevention.
- Assess clients' psychosocial needs and provide necessary support.
- Acquire basic counseling skills that involve:
  - Building a professional and ethical relationship
  - Maintaining this relationship throughout the counseling process
  - Building trust, assessing and exploring, understanding and being understood, and determining action
- Create strategies for counseling special needs populations using case studies, and write an action plan to create a support group or establish a relationship with an existing one.
- Create a Self-Awareness Guide that includes a personal values and attitudes assessment, strategies for developing/maintaining objectivity in client interactions, and strategies for managing personal stress and burnout.
- Assess personal strengths and weaknesses as a counselor and write a three-month action plan that includes strategies for quality assurance, supervision, and building and improving communication skills.
- Give and receive counseling performance assessment feedback using the Performance Checklist and other criteria according to the guidelines for feedback found in the Participant's Manual.

At the end of the training, participants will have developed increased self-awareness, positive attitudes and values. This will result from having an opportunity to:

- Express their self-perceived strengths as HIV counselors.
- Voice their concerns about doing this work.
- Learn how the training is designed to draw on their strengths as it addresses their concerns.
- Identify the basic values and attitudes they bring to HIV-prevention counseling.
- Learn how to separate their own feelings from those of the client.
- Increase levels of self-awareness to enable them to work more effectively with clients.

Trainees will also have an opportunity to develop attitudes and values that:

- Are consistent with their particular country's policy on ethics and human rights in relation to confidentiality of information, screening for HIV infection and testing for HIV.
- Enable them to feel comfortable when discussing sensitive issues such as sexual behavior.
- Enable them to deal with their own emotions in relation to HIV/AIDS and STIs and the care of people living with AIDS (PLHA).
- Avoid discrimination against high-risk groups or against clients with HIV/AIDS or STIs.

### **Resource Development and Referral Skills**

- Identify client information needs and efficiently access information addressing those needs in the VCT Reference Guide and Participant's Manual.
- Identify client referral needs for preventative, psychological, economic, social, and medical services and/or support information and develop plans to address those needs.
- Create an action plan for updating, adding to and improving resource and referral lists. This action plan should include timelines, task breakdown, and resources needed. The resource and referral list should include information on local medical and hospital services, economic support services, psychological support services, support groups, hospice/client care programs, and prevention and education programs.



## SAMPLE TIMETABLE

<b>HIV/AIDS COUNSELING SKILLS TRAINING PROGRAM (WEEK 1)</b>					
<b>TIME</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b>8:00-9:00</b>	Introduction to workshop (1) Overview	Basic facts on HIV/AIDS: biology, immunology, natural history, transmission of HIV, progression of HIV/AIDS	HIV education and health education  What counseling is and is not	Reviewing of the behavioral change models  Introduction to client-centered counseling	Post-test counseling (1)  Giving test results: individual negative test results, individual positive test results  Plus exercises and role-plays
<b>9:00-10:00</b>	Introduction to workshop (2) Objectives of training Training Activities Evaluation of Trainees	Magnitude of the HIV/AIDS epidemic  Difference between HIV/AIDS	Theoretical approaches  Models and application in HIV/AIDS counseling  How HIV counseling is different, plus exercises	Procedure in VCT counseling  VCT counseling  VCT as an entry point to prevention, care and support	Post-test counseling (2)  Giving test results: concordant negative couples, concordant positive couples and discordant couples  Exercises and role-plays
<b>10:00-10:15</b>	TEA BREAK	TEA BREAK	TEA BREAK	TEA BREAK	TEA BREAK
<b>10:15-11:30</b>	Introduction of participants (Activity)	Correlation between HIV/AIDS and other STDs)  Group work  Factors driving the epidemic  Impact of the epidemic (economic, psychosocial and medical)  Factors that will help reduce the epidemic	Basic elements in counseling  Features of counseling: empathy, positive regard, confidentiality, qualities of counselors, etc.	Individualized risk assessment, plus exercises and role-plays  Individualized risk reduction  Negotiating risk reduction plan  Condom attitude exercises  Male and female condom demonstration, plus role-plays/video if applicable	Post-test counseling (3)  Care, coping and social support counseling  Psychological reactions  Crisis counseling
<b>11:30-12:30</b>	Introduction to self-awareness Learning to know yourself, plus activities/ exercises	Testing and diagnosis  Testing for HIV antibodies	Basic skills in counseling (1), plus exercises and role-plays	Ctd with:  Individualized risk assessment, plus exercises and role-plays  Individualized risk reduction  Negotiating risk reduction plan  Condom attitude exercises  Male and female condom demonstration, plus role-plays/video if applicable	Post-test counseling (4)  Disclosure and partner referral  Identifying sources of support and referrals/networking
<b>12:30-13:30</b>	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK
<b>13:30-15:00</b>	Self-awareness  Counselors strengths and weaknesses, plus activities/ exercises	Clinical manifestation of common opportunistic infections and diagnosis of HIV infection	Basic skills in counseling (2)  Communication skills demonstration, plus exercises, role plays, videotaping and feedback on videotapes	Application of E-U -A Framework to the counseling process	Post-test counseling (5)  Positive living with HIV/AIDS: How can the counselor promote positive living?  Going public and disclosure issues  Counselor's code of ethics and ethical dilemmas
<b>15:00-15:15</b>	TEA BREAK	TEA BREAK	TEA BREAK	TEA BREAK	TEA BREAK
<b>15:15-16:30</b>	Self-awareness  Talking about sensitive subjects Sex and sexuality (Activities)	Care and treatment  Universal precautions and post-exposure prophylaxis  MTCT and infant feeding options  Nutrition and HIV/AIDS  Treatment of opportunistic infections  Treatment options, including introduction to ARVs	What defines a counselor?  Who is counseling for?	Pre-test counseling, plus exercises, role-plays and videotaping, if applicable	Summary of post-test counseling  Show film
<b>16:30-17:00</b>	Feedback on the day's activities (all facilitators)	Feedback on the day's activities	Feedback on the day's activities	Feedback on the day's activities	Feedback on the day's activities

## SAMPLE TIMETABLE

<b>HIV/AIDS COUNSELING SKILLS TRAINING PROGRAM (WEEK 2)</b>					
<b>TIME</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b>8:00-9:00</b>	Couple counseling	Field work/practicum Objectives and instructions	Field work/ practicum (2) at the VCT sites (Trainees leave to go to sites)	Feedback from field work Review of counseling transcripts or audio transcripts	Feedback from field work Review of counseling transcripts or audio transcripts
<b>9:00-10:00</b>	Couple counseling (continued)	Field work/practicum Objectives and instructions (continued)	Field work/ practicum (2) at the VCT sites (Trainees leave to go to sites)	Feedback from field work Review of counseling transcripts or audio transcripts	Feedback from field work Review of counseling transcripts or audio transcripts
<b>10:00-10:15</b>	TEA BREAK	TEA BREAK	TEA BREAK	TEA BREAK	TEA BREAK
<b>10:15-11:30</b>	Counseling youth and children Counseling of affected and infected children	Field work/practicum (1) at the VCT sites Sitting in with a trained counselor	Field work/practicum (2) at the VCT sites (Trainees conducting pre-test counseling)	Factors affecting outcome of counseling: Service provider factors Client factors Program factors	Self-improvement guide and sharing self-awareness
<b>11:30-12:30</b>	Counseling women Counseling women attending ANC services	Field work/ Practicum (1) at the VCT sites (Trainees sit in with a trained counselor)	Field work/ Practicum (2) at the VCT sites (Trainees conduct pre-test counseling)	Monitoring, evaluation and supervision (2) Definitions	Discussion of roles, responsibilities and site-specific issues Setting up VCT services Dress rehearsal
<b>12:30-13:30</b>	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK
<b>13:30-14:30</b>	Monitoring, evaluation, supervision and quality assurance	Field work/ Practicum (1) at the VCT sites (Trainees sit in with a trained counselor)	Feedback from field work Sharing of experiences Challenging cases for role-play (1)	Field work/ Practicum (3) at the VCT sites (Trainees conduct post-test counseling)	Post-training assessment
<b>14:30-15:15</b>	Ongoing counseling Family counseling Loss and bereavement	Field work/ Practicum (1) at the VCT sites (Trainees sit in with a trained counselor)	Field work Sharing of experiences Challenging cases for role play (1 and 2)	Field work/ Practicum (3) at the VCT sites (Trainees conduct post-test counseling)	Feedback to the participants
<b>15:15-15:30</b>	TEA BREAK	TEA BREAK	TEA BREAK	TEA BREAK	TEA BREAK
<b>15:30-16:30</b>	Counselor support Burn out Stress management	Counseling under special circumstances (3) Mother-to-child transmission	Challenges/errors in HIV/AIDS counseling	Field work/ Practicum (3) at the VCT sites (Trainees conduct post-test counseling)	Evaluation of training program Recommendations for ongoing training and support
<b>16:30-17:00</b>	Feedback on the day's activities	Feedback on the day's activities	Feedback on the day's activities	Feedback on the day's activities	Feedback on the day's activities



# **PHASE 1**

## INTRODUCTION AND PRE-TRAINING ASSESSMENT

Session 1: Introduction to Training and to Each Other

Session 2: Pre-Training Assessment



## SESSION 1: INTRODUCTION TO TRAINING AND TO EACH OTHER

TIME: 1 hour 30 minutes

Agenda for Introduction to Training and to Each Other	
5 minutes	Introduction
40 minutes	Ice Breaker: Name Tag Exchange
20 minutes	Expectations and Objectives
10 minutes	Expectations of Participants and Each Other
10 minutes	Training Schedule Review and Logistical Matters
5 minutes	Wrap Up
1 hour 30 minutes	

### NOTES TO THE TRAINER

It is important in the training and as professionals to create an atmosphere in which participants feel comfortable and free to share.

All participants must be made to feel welcome. Some participants will be HIV positive themselves or close to someone who is. Therefore, it is essential to recognize this at the beginning and to ensure that participants know that their experiences are relevant and appreciated. Explain that because the course will involve emotional topics, it is vital that participants take care of themselves and each other. This can be accomplished in a range of ways, but everyone should feel free to ask for what they need as the training progresses.

### SESSION OBJECTIVES

By the end of this session, participants will be able to:

- Express their expectations of the training program.
- Review their expectations of themselves as participants and of their trainers.
- Discuss the training program objectives and how the objectives relate to their expectations and their role as VCT counselors.
- Share a personal strength with their fellow participants and identify how their strengths and the strengths of others can be used in VCT counseling and/or in the training.

### PREPARATION

- Prepare flipcharts:
  - Session Objectives
  - Session Agenda (Write text from Session Agendas at end of curriculum.)
  - Name Tag (See Trainers' Notes.)
  - One Word (Write only this title.)
  - Expectations for Skills Training (Write only this title.)
  - Group Expectations (Write only this title.)
  - Parking Bay (Write only this title.)
  - Training Schedule (Write down the schedule you have created for your training group.)
  - Logistical Matters (Create this based on the information you need to review with your training group. Categories are listed in Trainers' Notes.)

- Gather additional materials:
  - Blank flipcharts, tape and markers
  - Name tags and pins
  - Participant’s Manuals
  - VCT counseling session role-play
  - VCT Reference Guide
- Prepare a role-play of a typical VCT counseling interaction that the two facilitators will conduct during the Expectations and Objectives activity (see Trainers’ Notes).

## BREAKS

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- Schedule breaks into the session as appropriate.

## INTRODUCTION

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**TIME:** 5 minutes

**MATERIALS:** Session Objectives flipchart, Agenda flipchart

**STEPS:**

- Welcome the participants to the training program. Introduce yourself, informing the group of your background as a trainer and your experience in VCT counseling.
- Introduce the session objectives and agenda, reviewing prepared flipcharts. Ask whether participants have any questions.

## ICE BREAKER: NAME TAG EXCHANGE

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**TIME:** 40 minutes

**MATERIALS:** Name tags, pins, markers, Name Tag flipchart

**STEPS:**

- Say the following to participants:

*During this training program, we will be building some new skills, but we can also tap skills that we may already have. We have a lot of experience in the group that we can use as well. Let’s take some time getting to know each other and the skills we bring to this training.*

- Give each participant a blank name tag. Ask the participants to put the following information on their name tag (refer to Name Tag flipchart):
  - Their name
  - Where they are from
  - A strength or unique talent they have
- Give the participants a few minutes to write on their name tags.
- Ask the participants for their name tags. Mix them up and hand them back to the participants. Be sure that no one has his or her own name tag. Inform participants that they will introduce the person who belongs to the name tag they received and state how the group can use that person’s strength or unique talent during training. Refer to Name Tag flipchart. For example: This is Anna. She is great at bargaining. She can use that skill in negotiating plans with clients.

- Ask the participants to find the person named on the tag they received. Inform participants they have only five minutes to interview each other and be interviewed. Refer to Name Tag flipchart.
- Ask participants to introduce the other person to the group, using each of the elements written on the name tag and stating how the person's unique talent can be used during the training. Allow one minute for each introduction.

## EXPECTATIONS AND OBJECTIVES

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**TIME:** 20 minutes

**MATERIALS:** VCT Counseling Session role-play, One Word flipchart, Expectations for Skills Training flipchart, Participant's Manual flipchart, VCT Reference Guide flipchart

### STEPS:

- Explain to the group that before sharing their expectations for the training, they will observe a somewhat typical VCT counseling interaction. Conduct the role-play of a typical VCT counseling session that you have prepared in advance. The role-play should be somewhat detailed, but not too lengthy. Conduct only the risk-reduction counseling portion. Inform participants that it is only a portion of a counseling session.
- Following the role-play, ask participants to write on the One Word flipchart one or two words expressing their feelings about what they saw. Discuss the responses with the participants, asking them to identify the word they wrote and a little more about what they felt.
- Ask participants to reflect on what they saw during the role-play. Ask for specific remarks about what happened and any questions they may have. Discuss their responses, affirming their observations and answering some of their questions. If some questions are too involved to answer, inform participants that those questions will be answered at a later time during the training program.
- Inform participants that the training program is designed to build their skills so that they will conduct counseling sessions similar to the one they witnessed. Ask participants to identify their expectations of training based on what they saw during the role-play and any other ideas they may have regarding their role as VCT counselors. Write them on the flipchart titled "Expectations for VCT Counseling Training."
- Give each participant a Participant's Manual. Ask participants to refer to the Training Program Objectives in their Participant's Manual. Introduce the training program objectives. After completing the list of objectives, refer to their expectations. Identify the expectations that will be met through the objectives. If an expectation will not be met, explain why it will not be met during this training program.
- Give participants their VCT Reference Guides. Inform them that throughout the training they will complete a series of self-guided studies to familiarize themselves with the content of the Guide. Inform participants that they should bring their VCT Reference Guide and Participant's Manual to every session. Invite participants to review and become familiar with the Guide and Manual when they have free time.

## EXPECTATIONS OF PARTICIPANTS AND EACH OTHER

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**TIME:** 10 minutes

**MATERIALS:** Group Expectations flipchart, Parking Bay flipchart

### STEPS:

- Ask participants for their expectations of the trainers and each other. Write their responses on the Group Expectations flipchart.

- Be sure the following items are included: be on time; be supportive and respectful; participate fully; try new things; come to every session; complete all work, reading, and assignments; prepare for presentations; listen to each other; prepare for sessions; ask questions; share experiences and be prepared to learn new skills.
- Remind participants that as trainers, you will adhere to the same expectations.
- Inform participants that they are encouraged to ask questions throughout the training program, but that some questions may be better answered later. Explain to participants that those questions will be written on the Parking Bay flipchart. The Parking Bay is a place where questions wait to be answered, just like people wait to be transported. (Note to trainer: Be sure to keep this posted in the training area and use it as a tool for session management.)

## TRAINING SCHEDULE REVIEW AND LOGISTICAL MATTERS

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**TIME:** 10 minutes

**MATERIALS:** Training Schedule flipchart, Logistical Matters flipchart

**STEPS:**

- Share with participants the training schedule on the prepared flipchart. (**Note to trainers:** Each trainer is responsible for creating the training schedule according to the needs of their organization and the trainees, as mentioned in the Introduction.) Review the activities on the schedule.
- Inform participants that the training is comprised of three phases: Core Skills Training, the Practicum and Advanced Skills Training. Discuss the major activities for each phase. Ask participants whether they have any questions regarding the training schedule.
- Inform participants that when they successfully complete all of the objectives and pass the final written assessment and role-play assessment, they will receive a Voluntary Counseling and Testing (VCT) Training Certificate of Completion.
- Referring to the Logistical Matters flipchart, address the following logistical matters with participants:
  - Location of restrooms
  - Meals
  - Breaks
  - Transportation
  - Per diem and/or reimbursement
  - Lodging
  - Resources (who to go to about logistical matters)
  - Any other matter identified by the trainers or the group
- Ask whether participants have any other questions. Assure them that you will follow up on questions you are unable to answer now.

## WRAP UP

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**TIME:** 5 minutes

**MATERIALS:** Session Objectives flipchart

**STEPS:**

- Review the session objectives with the group. Ask the group to identify the activities that were used to meet the objectives. Check off the objectives that were met.
- Inform participants of the time of and topic for the next session.
- Ask participants to complete the end-of-the-day evaluation.
- Thank the group for their participation and adjourn.

## TRAINERS' NOTES

### FLIPCHART: NAME TAG

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- Write on your name tag:
  - Your name
  - Where you are from
  - A strength or unique talent you have
- The trainers will collect the name tags and give them to different people.
- Find the person whose tag you have.
- Interview the person briefly, and identify a way his or her strength can be used in training.
- Introduce this person and his or her strength to the group.

### ROLE-PLAY OUTLINE

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A 24-year-old man comes to the clinic to be tested. He has a serious girlfriend, but he has slept with one other woman occasionally. For the most part, he has one partner at a time and he usually stays with each partner for about 3 to 6 months. A friend of his has become very sick due to AIDS. He knows that the friend has slept with one or two of the same women that he has.

Use the Performance Checklist found in Session 15 as a guide for the skills and steps in a counseling session.

### PARTICIPANT'S MANUAL: HIV/AIDS VOLUNTARY COUNSELING AND TESTING TRAINING OBJECTIVES

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The overall goal of the HIV/AIDS VCT training program is to train VCT counselors to effectively provide clients with useful, accurate information about HIV/AIDS in a safe, positive environment so that clients can make informed decisions about their personal health needs and practices.

The goal of this training manual is to professionally train VCT counselors to provide high-quality VCT services in a variety of settings. Three basic elements are involved in learning to counsel effectively: knowledge and understanding, skill development and self-knowledge.

By developing these three elements, this training program is designed to foster competencies in three main areas: information skills, counseling and communication skills, and resource development and referral skills. By the end of the training program, the participants will demonstrate the ability to do the following:

### INFORMATION SKILLS/KNOWLEDGE AND UNDERSTANDING

---

- Gain knowledge of:
  - The concepts of effective counseling
  - The theory underlying the counseling approach used in HIV/AIDS counseling
  - Common psychological processes, for example human sexuality, loss, and relationship interactions.
- Transfer information about HIV/AIDS (using the VCT Reference Guide as a resource) to clients during presentations and post-training role-play assessments. This includes information about: transmission, testing, progression of HIV infection, treatment, positive living, prevention and risk reduction.

## COUNSELING AND COMMUNICATION SKILLS/SKILL DEVELOPMENT AND SELF-KNOWLEDGE

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- Understand the client-centered approach to counseling found in the VCT Reference Guide.
- Demonstrate the ability to assess client needs and readiness, create risk reduction plans, give condom demonstrations, create plans for partner negotiation, obtain informed consent, communicate test results, create positive living plans, and create plans for follow-up and referrals.
- Conduct a pre- and post-test counseling sessions.
- Facilitate behavior change in relation to HIV/AIDS prevention.
- Assess clients' psychosocial needs and provide necessary support.
- Acquire basic counseling skills that involve:
  - Building a professional and ethical relationship
  - Maintaining this relationship throughout the counseling process
  - Building trust, assessing and exploring, understanding and being understood, and determining action
- Create strategies for counseling special needs populations using case studies, and write an action plan to create a support group or establish a relationship with an existing one.
- Create a Self-Awareness Guide that includes a personal values and attitudes assessment, strategies for developing/maintaining objectivity in client interactions, and strategies for managing personal stress and burnout.
- Assess personal strengths and weaknesses as a counselor and write a three-month action plan that includes strategies for quality assurance, supervision, and building and improving communication skills.
- Give and receive counseling performance assessment feedback using the Performance Checklist and other criteria according to the guidelines for feedback found in the Participant's Manual.

At the end of the training, participants will have developed increased self-awareness, positive attitudes and values. This will result from having an opportunity to:

- Express their self-perceived strengths as HIV counselors.
- Voice their concerns about doing this work.
- Learn how the training is designed to draw on their strengths as it addresses their concerns.
- Identify the basic values and attitudes they bring to HIV-prevention counseling.
- Learn how to separate their own feelings from those of the client.
- Increase levels of self-awareness to enable them to work more effectively with clients.

Trainees will also have an opportunity to develop attitudes and values that:

- Are consistent with their particular country's policy on ethics and human rights in relation to confidentiality of information, screening for HIV infection and testing for HIV.
- Enable them to feel comfortable when discussing sensitive issues such as sexual behavior.
- Enable them to deal with their own emotions in relation to HIV/AIDS and STIs and the care of people living with AIDS (PLHA).
- Avoid discrimination against high-risk groups or against clients with HIV/AIDS or STIs.

## RESOURCE DEVELOPMENT AND REFERRAL SKILLS

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- Identify client information needs and efficiently access information addressing those needs in the VCT Reference Guide and Participant's Manual.

- Identify client referral needs for preventative, psychological, economic, social, and medical services and/or support information and develop plans to address those needs.
- Create an action plan for updating, adding to and improving resource and referral lists. This action plan should include timelines, task breakdown, and resources needed. The resource and referral list should include information on local medical and hospital services, economic support services, psychological support services, support groups, hospice/client care programs, and prevention and education programs.

#### FLIPCHART: LOGISTICAL MATTERS

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- Location of restrooms
- Meals
- Breaks
- Transportation
- Per diem and/or reimbursement
- Lodging
- Resources (who to go to about logistical matters)
- Any other matter identified by the trainers or the group

## SESSION 2: PRE-TRAINING ASSESSMENT

TIME: 1 hour 30 minutes

Agenda for Pre-Training Assessment	
45 minutes	Introduction and Pre-Training Assessments
40 minutes	Review of the Assessment
5 minutes	Wrap Up
1 hour 30 minutes	

### SESSION OBJECTIVES

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By the end of this session, participants will be able to:

- Take a test to assess their pre-training knowledge of HIV/AIDS and VCT counseling.
- Discuss the test answers to learn more about HIV/AIDS and VCT counseling.

### PREPARATION

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- Prepare flipcharts:
  - Session Objectives
  - Session Agenda (Write text from Session Agendas at end of curriculum.)
- Gather additional materials:
  - Participant's Manual: Pre-Training Assessment (Found as Handout 2.1. Make enough copies for each participant.)
  - Pre-Training Assessment Answer Key (See Trainers' Notes.)
  - Pens
  - Timer or watch
  - Blank flipcharts, tape and markers
  - VCT Reference Guide

### BREAKS

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- Schedule breaks into the session as appropriate.

### INTRODUCTION AND PRE-TRAINING ASSESSMENTS

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TIME: 45 minutes

MATERIALS: Session Objectives flipchart, Agenda flipchart, Pre-Training Assessments from the Participant's Manual, pens, timer or watch

#### STEPS:

- Introduce the session objectives and agenda, reviewing prepared flipcharts. Ask whether participants have any questions.
- Inform participants that they will spend the next 40 minutes taking a test to explore their overall knowledge of HIV/AIDS and VCT counseling.
- Inform participants that this test will not be graded. Tell them that the test is used to measure what they learn during the training and that they will take a similar test after the training.

- Inform participants that they are not to talk during the test unless they have a question about the test for the trainers. Tell participants that they should not look in other parts of their Participant's Manual during the test.
- Let participants begin the tests. Inform the participants when five minutes of test time remains.

## REVIEW OF THE ASSESSMENT

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**MATERIALS:** Answer Key

**TIME:** 40 minutes

**STEPS:**

- Review the test answers using the Answer Key (see Trainers' Notes). Encourage participants to mark the answers that they did not get correct and to write the correct answer on the test during the review. Inform participants that this will be used as a tool to see how much they learn during the training.
- After the test is reviewed, ask participants to raise their hands if they got more than 14 correct. Then ask for those who had more than 10 correct to raise their hands. (**Note to trainers:** This will give you an idea of how the participants did on the assessment. They will need to have more than 14 correct on the final assessment.)
- Tell participants that they will take a similar test during the advanced skills phase of training, and that they can see how much they have improved by comparing the pre-training assessment with the post-training one. Explain to them that the post-training test will be used to determine their readiness to be VCT counselors.

## WRAP UP

---

**TIME:** 5 minutes

**MATERIALS:** Session Objectives flipchart

**STEPS:**

- Review objectives and how they were met.
- Inform participants that during the next session, they will look at the impact of HIV/AIDS around the world and in their country.

## TRAINERS' NOTES

### Pre-Training Assessment: Answer Key

Name \_\_\_\_\_

(All questions are worth one point each.)

True or False? Circle the correct response.

1. **T** **F** HIV weakens an infected person's immune system. [**True**. This is how the virus works. The immune system becomes so destroyed that it can no longer fight off diseases that most healthy people can resist or control. These diseases are referred to as opportunistic infections.]
2. **T** **F** The only way someone can transmit HIV is through sexual intercourse. [**False**. HIV has three modes of transmission: sexual transmission, mother-to-child transmission and transmission through infected blood.]
3. **T** **F** Studies show that if used consistently and correctly, condoms greatly reduce the risk of HIV transmission. [**True**. This is why counselors should include condoms in risk reduction messages.]
4. **T** **F** A positive test result means an individual has AIDS. [**False**. It only means the individual tested positive for antibodies to HIV. He or she should consult with a doctor to determine the state of the infection.]
5. **T** **F** Counselors should give clients who receive a negative test result a handout on reducing risk. [**False**. Counselors should work with the client to create an individualized risk reduction plan.]
6. **T** **F** Giving good advice is a key VCT counseling skill. [**False**. In a client-centered setting, the counselor listens and asks questions of the client to improve chances for behavior change.]
7. **T** **F** The HIV ELISA test looks for HIV antibodies in the blood. [**True**. The presence of antibodies in the blood tells us that the client's body is fighting HIV; therefore, he or she is infected.]
8. **T** **F** According to UNAIDS, most children born to HIV-infected women will be infected themselves. [**False**. The risk of mother-to-child transmission varies from one country to another, but it is generally assumed to be between 15 to 40 percent.]
9. **T** **F** Most HIV-positive babies become infected before birth. [**False**. Most become positive during delivery.]
10. **T** **F** Individuals who have an STI, or a history of STIs, are at a greater risk for contracting HIV. [**True**. They may have sores that can increase their exposure to transmission. In addition, an STI may indicate that they or their partners have other partners, which also puts them at risk.]

AIDS or HIV? Circle one.

11. AIDS **HIV** Which can be transmitted from an infected person to another person? [**HIV**. AIDS cannot be transmitted. HIV is the virus that can be transmitted from one person to the next.]
12. **AIDS** HIV Which is a doctor's diagnosis, not a specific illness? [**AIDS**. AIDS is a diagnosis that is made when an infected person presents with a syndrome characteristic of severe immune depression. This is when many diseases and clinical problems attack the body because it cannot defend itself.]

### Short Answer/Fill in the Blank/Multiple Choice

13. The transmission of HIV through deep (French) kissing . . . (Circle one.)
  - a. Is not possible.
  - b. Is theoretically possible because saliva carries HIV.
  - c. Is only possible if HIV-infected blood is present; saliva does not transmit HIV. (**Correct answer**)
14. At what point during sexual activity should a condom be put on? (Circle one.)

- a. After pre-ejaculation fluid is visible.
- b. Before genital contact. **(Correct answer)**
- c. Before insertion.
- d. Immediately following ejaculation.

[Answer: b. Although it is unlikely that HIV can be transmitted by genital contact alone (vs. intercourse), other STIs, such as chlamydia, can be. It is best to put a condom on as soon as the man has an erection and before insertion.]

15. HIV is a \_\_\_\_\_ sexually transmitted infection.

- a. bacterial
- b. viral **(Correct answer)**

[Answer: b. This is why it cannot be treated with antibiotics, whereas bacterial infections can be.]

16. Write the words represented by each letter of the acronym "AIDS."

- A        **[Acquired:** The deficiency is neither innate nor hereditary.]
- I        **[Immuno:** Immunity, the capacity of the organism to defend itself against disease and sickness.]
- D        **[Deficiency:** The weakening of the immune system.]
- S        **[Syndrome:** A collection of symptoms and signs.]

17. Name the three major ways that HIV can be transmitted:

[Answer: Sexual transmission, mother-to-child transmission and transmission through infected blood]

18. Write the words represented by each letter of "HIV."

- H    **[Human]**
- I    **[Immunodeficiency]**
- V    **[Virus]**

19. Of the following list, circle the three that demonstrate good VCT counseling skills because they encourage continued communication with the client. (We'll discuss these skills more during training, but it is important to remember that we want to Build Trust, Explore and Understand the Client's Situation, and Work Together to Determine Action.)

- Ask "why" questions
- Request clarification **(Correct answer)**
- Ask open-ended questions **(Correct answer)**
- Encourage speaker to continue **(Correct answer)**
- Give good advice
- Provide information only

20. Read the following scenario and the possible responses that you could give the client. Check the response that would you would use as part of a client-centered counseling approach.

*A woman comes in because she is considering getting tested. Her husband told her that he has HIV/AIDS, and she's very upset. She is thinking of leaving her husband. She asks, "What am I supposed to do?"*

\_\_\_\_ "You sound very upset. I'm glad that you came to the clinic. Let's first talk about what happened with your husband."

**(Correct Answer:** This response first reflects the client's feelings, then affirms the client's decision to get tested, while understanding she has some emotional issues to explore. The other responses don't involve the client right off, which does not establish trust.)

\_\_\_\_ "First, let's take a test to see if you are infected with HIV."

\_\_\_\_ "You may have put yourself at risk for HIV. Let me tell you how HIV is transmitted."



# PHASE 2

## CORE SKILLS TRAINING

Session 3: The Global Impact of HIV/AIDS

Session 4: HIV/AIDS in Your Country

Session 5a: Preparing for HIV/AIDS Presentations

Session 5b: HIV/AIDS Presentations

Session 6: Testing for HIV Antibodies

Session 7: Clinical Manifestations of HIV and Common Opportunistic Infections

Session 8: Self-Awareness and Objectivity

Session 9: Talking About Sex

Session 10: Counseling Skills

Session 11: Client-Centered Counseling

Session 12: Risk Reduction

Session 13: Partner Communication, Negotiation and Condom Demonstration

Session 14: Pre- and Post-Test Counseling Steps

Session 15: Counseling Session Role-Plays

Session 16: Handling Positive Test Results

Session 17: Positive Living Presentations

Session 18: Identifying Resources and Making Referrals



## SESSION 3: THE GLOBAL IMPACT OF HIV/AIDS

TIME: 1 hour

Agenda for The Global Impact of HIV/AIDS	
5 minutes	Introduction
20 minutes	Mapping the Disease
30 minutes	Statistic Match Up
5 minutes	Wrap Up
1 hour	

### SESSION OBJECTIVES

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By the end of this session, participants will be able to:

- Map the prevalence of HIV/AIDS around the world.
- Identify statistics related to HIV/AIDS trends in their country or region and around the world to better understand the scope of the disease and its impact on their region and the world.

### PREPARATION

---

- Prepare flipcharts:
  - Session Objectives
  - Session Agenda (Write text from Session Agendas at end of curriculum.)
- Prepare a flipchart entitled: “[INSERT YOUR COUNTRY’S NAME]: HIV/AIDS Statistics” that includes the following information:
  - Adult prevalence rate
  - Total number of people living with HIV/AIDS
  - Percentage of female HIV-positive adults
  - Estimated number of deaths due to HIV/AIDS
  - Estimated number of orphans due to HIV/AIDS

(This information is available in the *National AIDS Annual Report* from each country’s Ministry of Health National Aids Control Unit or the National AIDS Council. In many countries, this report is now called *AIDS in Country XXX*. This information can also be found on the UNAIDS Web site on the Internet at [www.unaids.org](http://www.unaids.org))

- Gather additional materials:
  - World Map (1 meter by 1 ½ meters)
  - 10 envelopes (One needs to be much larger than the others.)
  - 420 tacks (If tacks are not available, use small circle stickers, or participants can use markers and draw small circles, although this may not show up as clearly.)
  - Participant’s Manual: Statistic Match Up Exercise (Handout 3.1)
  - VCT Reference Guide
  - Blank flipcharts, tape and markers
- Prepare for map exercise:
  - Glue map to a piece of cardboard.

- Write the name of the regions listed below on the envelopes. (Write one region on each envelope. Sub-Saharan Africa should be written on the large envelope.)
  - Australia and New Zealand
  - Caribbean
  - Middle East and North Africa
  - Western Europe
  - North America
  - East Asia and Pacific
  - Eastern Europe and Central Asia
  - Latin America
  - South and Southeast Asia
  - Sub-Saharan Africa
- Place the following number of tacks or small circles inside of each envelope. (First fill the envelopes that have the small numbers, then count out 60 tacks for South and Southeast Asia. The number of tacks remaining should be 294. This number that should go into the Sub-Saharan Africa envelope).
  - Australia and New Zealand: 1
  - Caribbean: 4
  - Middle East and North Africa: 6
  - Western Europe: 6
  - North America: 10
  - East Asia and Pacific: 12
  - Eastern Europe and Central Asia: 12
  - Latin America: 15
  - South and Southeast Asia: 60
  - Sub-Saharan Africa: 294

## BREAKS

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- Schedule breaks into the session as appropriate.

## INTRODUCTION

---

**TIME:** 5 minutes

**MATERIALS:** Session Objectives flipchart, Session Agenda flipchart

**STEPS:**

- Introduce the session objectives and agenda, reviewing prepared flipcharts. Ask whether participants have any questions.

## MAPPING THE DISEASE

---

**TIME:** 20 minutes

**MATERIALS:** World map, envelopes containing tacks or small circle stickers

### STEPS:

- Share a world map with participants.
- Identify the various regions: Sub-Saharan Africa, the Middle East and North Africa, Western Europe, North America, Eastern Europe and Central Asia, Latin America, the Caribbean, South and South-East Asia, East Asia and Pacific, and Australia and New Zealand.
- Inform participants that they will be "mapping" the number of people estimated to be living with HIV/AIDS around the world as of the end of the previous year.
- Give the participants 10 prepared regional envelopes. They can each have an envelope or work in pairs depending on the number of participants in the session. Each envelope has the name of a region. Inside the envelopes there are tacks (or small circles) to be placed on the map in their designated area. Inform participants that each tack represents 100,000 people.
- The envelopes should have the following titles and the corresponding number of tacks inside of them:
  - Australia and New Zealand: 1 (Mention to the group that this actually should be 1/6 of a tack.)
  - Caribbean: 4
  - Middle East and North Africa : 6 (Mention to the group that this actually should be closer to 5½ tacks.)
  - Western Europe: 6
  - North America: 10
  - East Asia and Pacific: 12
  - Eastern Europe and Central Asia: 12
  - Latin America: 15
  - South and Southeast Asia: 60
  - Sub-Saharan Africa: 294
- Allow participants to place tacks on the map.
- Ask participants what they observed in doing this exercise. Discuss observations, and tie them to the impact that HIV/AIDS is having on the world, especially on Africa.

## STATISTIC MATCH EXERCISE

---

**TIME:** 30 minutes

**MATERIALS:** Participant's Manual: Statistic Match Up Exercise, [YOUR COUNTRY'S NAME] HIV/AIDS Statistics flipchart

### STEPS:

- Ask participants to refer to their Participant's Manual. Inform participants that they will complete the Statistic Match Up worksheet (Handout 3.1). Ask participants not to discuss the worksheet with each other and not to use their Reference Guide.
- Allow participants 10 minutes to complete the worksheet.
- Upon completion, share the answers with the group. Ask the participants what these statistics mean for them. (Note to trainer: Try to compare numbers. For example, "The number of children who have died is equal to the population of \_\_\_\_\_, a major city in our country." This will make the statistic more real and understandable.)

- Share the HIV/AIDS Statistics flipchart. Ask participants what these statistics mean to them. Discuss briefly the impact that HIV/AIDS is having on their country. Inform participants that they will be discussing this more in the next session.
- Ask participants to share their direct experience with HIV/ AIDS.

## WRAP UP

---

**TIME:** 5 minutes

**MATERIALS:** Session Objectives flipchart

**STEPS:**

- Review session objectives with participants. Inform participants that they will continue to explore the impact of HIV/AIDS in the next session.

## TRAINERS' NOTES

### HANDOUT 3.1: STATISTIC MATCH UP WORKSHEET

---

**Match the number in the right column to the description in the left column.**

The estimated number of people infected with HIV worldwide.	a. 25 million
The rate of adult prevalence in Botswana in 1989. (percent)	b. 13 million
The rate of adult prevalence in Botswana in 2003. (percent)	c. 2.9 million
The total number of AIDS deaths from the beginning of the epidemic to 2003.	d. 40 million
Number of people newly infected with HIV in 2003.	e. 500,000
Percentage of HIV-positive people in sub-Saharan Africa who are women.	f. 4.8 million
Number of infections occurring daily in 2003.	g. 13,150
Number of AIDS-related deaths worldwide in 2003.	h. 38.8 percent
Number of orphans who have lost their mother or both parents to AIDS since the beginning of the epidemic in the world.	i. 59 percent
Number of AIDS-related deaths among children in 2003.	j. 1–5 percent

**Match the number in the right column to the description in the left column.**

- |   |                 |
|---|-----------------|
| The estimated number of people infected with HIV worldwide. <b>(d)</b>  | a. 25 million   |
| The rate of adult prevalence in Botswana in 1989. (percent) <b>(j)</b>  | b. 13 million   |
| The rate of adult prevalence in Botswana in 2003. (percent) <b>(h)</b>  | c. 2.9 million  |
| The total number of AIDS deaths from the beginning of the epidemic to 2003. <b>(a)</b>  | d. 40 million   |
| Number of people newly infected with HIV in 2003. <b>(f)</b>  | e. 500,000      |
| Percentage of HIV-positive people in sub-Saharan Africa who are women. <b>(i)</b>   | f. 4.8 million  |
| Number of infections occurring daily in 2003. <b>(g)</b>  | g. 13,150       |
| Number of AIDS-related deaths worldwide in 2003. <b>(c)</b>   | h. 38.8 percent |
| Number of orphans who have lost their mother or both parents to AIDS since the beginning of the epidemic in the world. <b>(b)</b> | i. 59 percent   |
| Number of AIDS-related deaths among children in 2003. <b>(e)</b>  | j. 1–5 percent  |

## SESSION 4: HIV/AIDS IN YOUR COUNTRY

TIME: 1 hour 30 minutes

Agenda for HIV/AIDS in Your Country	
5 minutes	Introduction
45 minutes	Panel of Experts
35 minutes	Case Studies
5 minutes	Wrap Up
1 hour 30 minutes	

### SESSION OBJECTIVES

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By the end of this session, participants will be able to:

- Discuss and explore the economic, social, psychological and medical impact of HIV/AIDS on their country using case studies and information from a panel of experts.
- Discuss their role as VCT counselors in dealing with the AIDS crisis.

### PREPARATION

---

- Prepare flipcharts:
  - Session Objectives
  - Session Agenda (Write text from Session Agendas at end of curriculum.)
- Gather additional materials:
  - Case Studies
  - Prepared questions for panel
  - Blank flipcharts, tape and markers
  - VCT Reference Guide
  - Participant's Manuals
- Invite a panel of experts to speak on the medical, psychological, economic and social impact of HIV/AIDS on your country. If you are unable to invite a panel of experts, provide participants with two or three articles that address the impact of HIV/AIDS on these areas in your country. The participants can read the articles in place of the panel discussion activity. The trainers can then facilitate a discussion followed by group work.

### BREAKS

---

Schedule breaks into the session as appropriate.

### INTRODUCTION

---

TIME: 5 minutes

MATERIALS: Session Objectives flipchart, Agenda flipchart

STEPS:

- Introduce the session objectives and agenda, reviewing prepared flipcharts. Ask whether participants have any questions.

## PANEL OF EXPERTS

---

**TIME:** 45 minutes

**MATERIALS:** Prepared questions for panel

**STEPS:**

- Introduce the panel of experts to participants. Inform participants that the panel was invited to discuss the medical, psychological, economic and social impact of HIV/AIDS on their country, as well as what programs and agencies have been or are being created to deal with these issues.
- Begin by asking a few general questions of the panel. For example:
  - What has been the economic impact of HIV/AIDS in this country?
  - What programs exist to help provide those who are HIV positive with medical, psychological and economic support?
  - What education and prevention programs exist in the various regions of this country?
- Invite the participants to ask questions of the panel. Facilitate the discussion and encourage questions and ideas from the participants.
- At the close of the discussion, thank the panelists for coming. Invite them to remain for the next activity.
- If no panel of experts is available, introduce the session, have participants read the articles and then divide participants into three groups.
  - Group 1 will address factors driving the epidemic. Questions to be discussed will include:
    - What factors are driving the epidemic globally and in this country?
    - How will this knowledge help when counseling clients?
  - Group 2 will look at the impact of the epidemic (e.g., economic, psychosocial and medical). Questions will include:
    - What is the impact of the epidemic globally and in this country?
    - How will this knowledge help when counseling clients?
  - Group 3 will tackle factors that will help reduce the epidemic. Questions will include:
    - What factors will help reduce the epidemic globally and in this country?
    - How will this knowledge help when counseling clients?
- Five minutes before the end of the activity, inform the groups that they should wrap up their discussion and identify the highlights of their discussion. Ask the participants to identify one person from their group to report to the rest of the group.

## CASE STUDIES

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**TIME:** 35 minutes

**MATERIALS:** Case studies

**STEPS:**

- Ask the participants to form three groups. If you have panelists, invite them to join a group if they would like to. Give each group a different case study (Anna, Georges or Fanta). Ask the participants to read the case studies together in their groups and then discuss the questions that follow.
- Five minutes before the end of activity, inform the group that they should wrap up their discussion and identify the highlights of their discussion. Ask the participants to identify one person from their group to report to the rest of the group.

- Process the activity with the group. Ask each group to share briefly their case study and the highlights of their discussion. Ask the participants how these case studies relate to their work as VCT counselors. Ask participants how they view their role as VCT counselors in dealing with the HIV/AIDS crisis.

## WRAP UP

---

**TIME:** 5 minutes

**MATERIALS:** Session Objectives flipchart

**STEPS:**

- Review session objectives and whether they were met. Inform participants that in the next session they will explore various aspects of HIV/AIDS: how the disease works, testing, transmission and risk reduction, treatment and other related topics.

## TRAINERS' NOTES

### CASE STUDY 1: ANNA

---

Anna is 13 years old. She is the oldest of three children. Her two younger brothers are six years old and eight months old. Her mother recently died of AIDS. Anna and her brothers live in their father's village. They moved there a year ago because he had to travel to another country to find work. He has not returned for more than a year. He wrote Anna's mother a letter telling them he was very sick and had to remain where he was.

Anna's mother did not know or get along with her husband's family very well. Anna's father's family is afraid to care for the children because they are not sure whether they are infected with HIV. They have agreed to help with the youngest, but they told Anna she will need to take her other brother and find a different place to live.

Discuss the following questions:

- What are Anna's options for finding a place to live?
- What can Anna do regarding medical care for herself and her brother?
- What can Anna do to financially support herself and her brother?
- What happens to the orphans of parents who have died of AIDS?
- What are their choices?
- What types of programs exist to support them?
- How does the country pay for those programs?
- What could be your role as a VCT counselor in this case?

### CASE STUDY 2: GEORGES

---

Georges is a truck driver. He transports wood from the forests to the big cities. He travels along a popular route so he has several choices about what town he wants to spend the night in. His wife and four children live in the capital of the country. He comes home every week for a day or two.

Georges has a girlfriend in a small town along his route. Occasionally, Georges has sex with a commercial sex worker while he is away from home. Georges has many friends who also drive trucks. They pass each other often on their trucking route and spend time together at the bars in some of the small towns along the way. Many of his friends have similar arrangements in that they have girlfriends and they may have sex with a commercial sex worker occasionally.

Georges recently discovered that a friend of his has died of AIDS. This was the third trucking friend to die in a year. Georges had sex with the same commercial sex worker as his friend who just died. Georges is worried that he may have been infected. Georges is unsure what to do. If he is HIV positive, what will happen to him and his family?

Discuss the following questions:

- What options are available to Georges?
- What will it mean for him and his family if he is HIV positive?
- What is happening along the trucking route?
- What are the implications if more truckers die due to AIDS?
- What will happen to the transportation of food and materials?
- What is the economic impact of losing many truckers to AIDS?
- What could be your role as a VCT counselor in this case?

### CASE STUDY 3: FANTA

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Fanta is 17 years old. She attended school until she was 15. She then had to return to her town to help her mother take care of her grandmother and her brother and sisters. She lives in a small town that is only 30 kilometers from a major city. She has had the same boyfriend, Ali, for two years. He is 24 years old. Ali leaves town more often now to look for a job in the city. Fanta has been using birth control pills for the last two years. She is getting worried that Ali will leave her soon. She knows he has slept with other girls because she had to go to the doctor to be treated for syphilis. She has decided to stop using the pill so that she will get pregnant. She believes that Ali will marry her if she is pregnant.

Discuss the following questions:

- What are the risks for Fanta?
- What options are available to her for work or leaving her town?
- Who else is affected by her decisions?
- What could happen to her if she does get pregnant?
- What are the issues regarding youth and HIV/AIDS?
- What kind of access do youth have to information and resources?
- What happens to youth who are infected with HIV?
- How is the community affected when 15- to 25-year olds are infected with HIV?
- What could be your role as a VCT counselor in this case?

## SESSION 5A: PREPARING FOR HIV/AIDS PRESENTATIONS

TIME: 2 hours

Agenda for Preparing for HIV/AIDS Presentations	
5 minutes	Introduction
25 minutes	HIV/AIDS Presentations Overview
1 hour 25 minutes	Presentations Preparation and Self-Guided Study
5 minutes	Wrap Up
2 hours	

### NOTE TO THE TRAINER

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This session should be carried out in conjunction with Session 5b.

### SESSION OBJECTIVES

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By the end of this session, participants will be able to:

- Prepare for a presentation about a HIV/AIDS-related topic.
- Complete a self-guided study of Chapters 1 and 2 in the VCT Reference Guide.

### PREPARATION

---

- Prepare flipcharts:
  - Session Objectives
  - Session Agenda
  - HIV/AIDS Presentations (see Trainers' Notes)
  - Sign-up sheet for presentations
- Gather additional materials:
  - Participant's Manual: Presenter's Skills and Non-Formal Education Techniques
  - Blank flipcharts, tape and markers
  - VCT Reference Guide

### BREAKS

---

Schedule breaks into the session as appropriate.

### INTRODUCTION

---

TIME: 5 minutes

MATERIALS: Session Objectives flipchart, Session Agenda flipchart

STEPS:

- Introduce the session objectives and agenda, reviewing prepared flipcharts. Ask whether participants have any questions.

## HIV/AIDS PRESENTATIONS OVERVIEW

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**TIME:** 25 minutes

**MATERIALS:** HIV/AIDS Presentations flipchart, blank flipchart, marker, Participant's Manual: Presenter's Skills and Non-Formal Education Techniques

### STEPS:

- Inform participants that they will learn more about HIV/AIDS by teaching each other. Tell participants that they will prepare an HIV/AIDS-related topic and present it to the group over the next two sessions. Refer to the HIV/AIDS Presentations flipchart.
- Ask participants to brainstorm good presentation skills. Write them on the flipchart. Refer the participants to the Presentation Skills page in their Participant's Manual (see Trainers' Notes). Inform participants that they can use the Presentation Skills page as a reference as they develop their presentations.

- Tell participants that they will use adult learning or participatory techniques for their presentations. Ask participants to explain adult learning and participatory techniques. (The response should be, "Any way of sharing information other than the standard lecture format.") Say the following to the participants:

*People remember only 10 percent of what they read. The best way to learn is by doing. This is why you are doing the presentations. The presentations make the information about HIV/AIDS more memorable for you and for your fellow participants. They also give you good practice sharing this information with others, which is what you will do as VCT counselors.*

- Ask participants to identify some of the adult learning or participatory techniques that have been used so far during this training. Possible responses should include: case studies, mapping exercise, Statistics Match Up worksheet and small group discussions. Refer participants to their Participants Manual: Non-Formal Education Techniques. Tell participants that they can use this page as a reference as they develop their presentations.

## PRESENTATION PREPARATION AND SELF-GUIDED STUDY

---

**TIME:** 1 hour 25 minutes

**MATERIALS:** Sign-up sheet for presentations

### STEPS:

- Ask participants to sign up for a presentation. If the training has more than ten participants, ask some of the participants to work together on their presentations. Inform participants that they are not required to use all of the non-formal education techniques listed, but they do need to use at least one in their presentation.
- Remind participants that their presentation should be very short—only 10 minutes—so they should not try to do too much. Keeping it simple is the best approach.
- Tell the participants to use this time to prepare their presentations. Provide support to the participants as they do so.
- Provide them with materials as needed and as available.

## HIV/AIDS Presentation Sign-up Sheet

Topic	Adult Learning or Participatory Techniques	Presenter
Definitions	Match-up worksheet	
Transmission	*Determining risk activity (See trainer.)	
The main symptoms and signs: diagnosis	"Be the Doctor" quiz (question and answer competition)	
Universal precautions	Create a poster/visual aid	
Other STIs and HIV/ AIDS	Case study	
Risk reduction	Song and poster promoting methods	
HIV in pregnancy	Case study	
Natural history of HIV	Put the steps in order/visual	
Testing	Demonstration and visual aid	

\*Note to trainer: Provide participant presenting transmission with "Transmission: Determining Risk Activity and Information."

Behavior	Response
Vaginal sex	Unsafe. If a condom is used, then probably safe.
Anal sex	Unsafe. If a condom is used, then probably safe.
Sharing needles	Unsafe. If a sterile needle is used, then probably safe.
Oral sex on a female—receiving	Probably safe.
Oral sex on a female—performing	Some risk. If a moisture barrier is used, then probably safe.
Oral sex on a male—receiving	Probably safe.
Oral Sex on a male—performing	Some risk. If a condom is used, then probably safe.
Mutual masturbation	Probably safe.
French or "wet" kissing	Probably safe.
Mutual monogamy	Safe.
Eating after someone who has HIV	Safe.
Solo masturbation	Safe.
Abstinence	Safe.

### WRAP UP

TIME: 5 minutes

MATERIAL: SESSION OBJECTIVES FLIPCHART

### STEPS:

- Review session objectives and how they were met. Inform participants that they are welcome to continue working on their presentations after the end of this session.

## TRAINERS' NOTES

### FLIPCHART: HIV/AIDS PRESENTATIONS

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- Choose a topic to present to the rest of the group.
- Read the first two chapters in the VCT Reference Guide and answer the review questions.
- Prepare a 10-minute presentation.
- Present the topic to the rest of the group.

### PARTICIPANT'S MANUAL: PRESENTERS SKILLS

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- Talk loudly and clearly (if culturally appropriate).
- Use your own style.
- Use eye contact.
- Face the audience at all times.
- Don't read from notes, just refer to them.
- Be very prepared.
- Know the subject well, but be able to say "I don't know" if you get a question you cannot answer.
- Involve your audience.
- Practice and practice some more.
- Use simple and direct language.
- Use clear and simple visual aids.
- Use clear and simple activities.
- Allow time for questions and answers.

### PARTICIPANT'S MANUAL

---

#### **Adult Learning or Participatory Techniques**

- Case Study: Story of an individual or a specific situation with discussion questions
- Games and Activities: Races or competition between teams or individuals using a particular subject as a theme
- Poster: A large visual with a slogan or image that captures a theme and makes an important point
- Photos: Can be used to illustrate a point or tell a story
- Videos: Require a television, but can be a useful tool for telling a story or demonstrating how something is used or a particular skill
- Visual Aids: Rely on an image or a few words to tell a story, start a discussion or illustrate a point. They should be simple and clear with few words and/or images.
- Charts and Graphs: Can be used to make statistical information more clear. They can also be used as an activity by having participants graph or chart information.
- Stories or Songs: Are creative ways to get participants engaged and make the message fun and easy to remember
- Demonstration: The trainer or presenter demonstrates how an activity is done or how a device is used. This can be followed up with the participants doing the activity or using the device.

## SESSION 5B: HIV/AIDS PRESENTATIONS

TIME: 2 hours

Agenda for HIV/AIDS Presentations	
5 minutes	Introduction
1 hour 50 minutes	Presentation
5 minutes	Wrap Up
2 hours	

### NOTE TO THE TRAINER:

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- This session should be conducted together with Session 5a.
- Inform participants that there will be time for ten 10-minute presentations. Allow a few minutes for questions after each presentation.

### SESSION OBJECTIVES

---

By the end of this session, the participants will be able to:

- Present a HIV/AIDS-related topic to their fellow participants.

### PREPARATION

---

- Prepare flipcharts:
  - Objectives
  - Agenda
  - Presentation Criteria (see Trainers' Notes)
- Gather additional materials:
  - Sign-up list for presentations
  - Participant's Manual: Guidelines for Feedback
  - VCT Reference Guide
  - Flipchart paper, markers, pens, tape, and timer or watch

### BREAKS

---

- Schedule break times into the session as appropriate.

### INTRODUCTION

---

TIME: 5 minutes

MATERIALS: Session Objectives flipchart, Agenda flipchart, Presentation Feedback Criteria flipchart, Participant's Manual: Guidelines for Feedback, timer or watch

#### STEPS:

- Introduce Session Objectives and Agenda using the prepared flipcharts. Ask whether participants have any questions.

- Inform participants that they will have 10 minutes to present their topic and that a timer will be used to keep them on track.
- Inform participants that they will give feedback to one another using the Presentation Criteria flipchart (see Trainers' Notes.) Review the Guidelines for Feedback in the Participant's Manual. Inform participants that the feedback time will be kept to three minutes. A timer will be used for the feedback as well.

## PRESENTATIONS

---

**TIME:** 1 hour 50 minutes

**MATERIALS:** Timer or watch, tape, markers, blank flipcharts

**STEPS:**

- Determine the order that the participants will present their topics (10 minutes each). Time the presentations, giving each participant a two-minute warning before their time is up. (**Note to trainers:** Participants tend to talk for more than 10 minutes. Try to hold them to their allotted time.)
- Inform participants that they will evaluate their own performance first and then their fellow participants will give them feedback using the Performance Criteria listed on the flipchart. Allow three minutes for feedback.
- Schedule breaks during the presentations. Inform participants that their set up time should only take a few minutes and will be included in their presentation time.

## WRAP UP

---

**TIME:** 5 minutes

**STEPS:**

- Ask participants what they learned by doing these presentations. Ask the participants what they learned from each other. Ask what the participants felt they did well. Ask participants what they might do when relaying some of this information to clients or other counselors.
- Inform participants that the next session will focus on testing for HIV antibodies.

## TRAINERS' NOTES

### FLIPCHART: PRESENTATION CRITERIA

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- Was the presenter knowledgeable about the subject?
- Was the presenter clear, and did he or she speak in understandable terms?
- Did the participants learn something new?
- Did the presenter use adult learning or participatory learning technique, such as:
  - Case studies
  - Games and activities
  - Posters
  - Photos
  - Videos
  - Visual aids
  - Charts and graphs
  - Stories and songs
  - Demonstrations
- Did the presenter relate to/involve the audience?

### PARTICIPANT'S MANUAL: GUIDELINES FOR FEEDBACK

---

Feedback should be given:

- When the individual asks for it and/or is ready for it.
- About what the person did and not about who the person is. Describe the behavior/action and not character.
- With specific and concrete examples.
- About something the individual can change or do something about. For example, you would not want to say, "You looked a little short up there" because people can't change their height.
- At the appropriate time. For example, feedback several weeks after a presentation will not be as useful as that provided immediately after a presentation.
- In a positive, constructive fashion. Focus first on what they did well and then on what they could improve upon.

## SESSION 6: TESTING FOR HIV ANTIBODIES

TIME: 2 hours

Agenda for Testing for HIV Antibodies	
10 minutes	Introduction
30 minutes	Participant Activity: Tell Us About ...
1 hour 15 minutes	Lecture by a Laboratory Technician with Questions and Answers and Demonstration
5 minutes	Wrap Up
2 hours	

### NOTE TO THE TRAINERS:

- This module provides guidelines on HIV testing and diagnosis. It is recommended that a laboratory technician conduct this session.
- For additional guidance and details on HIV testing issues, please refer participants to Chapter 2 of the VCT Reference Guide.

### SESSION OBJECTIVES

By the end of this session, the participants will be able to:

- Explain types of HIV testing.
- Define various terminologies used in relation to HIV testing.
- Describe the basis of different HIV testing strategies, illustrating one of the strategies that might be implemented at a VCT site or in the country.
- Explain the meaning and interpretation of HIV test results.

### PREPARATION

- Prepare flipcharts:
  - Session Objectives
  - Session Agenda
- Gather additional materials:
  - Manufacturers inserts for test kits, if available
  - Samples of test kits, if available
  - Gloves, lancets, sharps containers and other supplies used in testing. (Check to see whether or not the laboratory technician will bring this material.)
  - VCT Reference Guide Chapter 2
  - Flipchart paper, markers, pens and tape
- ◆ Invite a laboratory technician to speak on testing for HIV antibodies in your country.

### BREAKS

- Schedule break times into the session as appropriate.

## INTRODUCTION

---

**TIME:** 10 minutes

**MATERIALS:** Session Objectives flipchart, Session Agenda flipchart, Tell Us About . . . flipchart

**STEPS:**

- Introduce session objectives and agenda. Ask whether participants have any questions.
- Introduce the laboratory technician to the participants. Tell participants that the laboratory technician was invited to discuss HIV antibody testing issues.
- Inform participants that they will have thirty minutes for the next activity.
- Ask the laboratory technician to lead the activity and the remainder of the session that relates to HIV testing.

## PARTICIPANT ACTIVITY: TELL US ABOUT . . .

---

**TIME:** 30 minutes

**MATERIALS:** Timer or watch, tape, markers, blank flipcharts

**STEPS:**

- Ask the participants to sit in a circle or in pairs. Ask participants to tell the group about one of the following topics (five minutes per person). Record the information on a flipchart.
  - The different types of HIV testing in your country
  - The meaning and interpretation of test results
  - The meaning and psychosocial implications of test results
  - The rapid testing strategy implemented at VCT sites
- Following these brief presentations, conduct a group discussion facilitated by the laboratory technician.

## LECTURE BY A LABORATORY TECHNICIAN WITH QUESTIONS AND ANSWERS AND DEMONSTRATION

---

**TIME:** 1 hour and 15 minutes

**STEPS:**

- Invite a laboratory technician to speak about HIV testing.
- The speaker should give a summary lecture on the topic, focusing on issues raised in the exercise.
- Depending on the venue, the laboratory technician will also demonstrate test kits used in the country.
- Encourage participants to ask questions.
- Facilitate the discussion and encourage questions and ideas from the participants.
- At the close of the discussion, thank the laboratory technician for coming. Invite him or her to stay for the remainder of the session.

## WRAP UP

---

TIME: 5 minutes

MATERIALS: Session Objectives flipchart

### STEPS:

- Review the session objectives with the group. Ask participants to identify the activities that were used to meet the objectives.
- Ask participants how they might handle relaying some of this information to clients or other counselors.
- Inform participants that the next session will focus on clinical manifestations of HIV and common opportunistic infections.

## SESSION 7: CLINICAL MANIFESTATIONS OF HIV AND COMMON OPPORTUNISTIC INFECTIONS

TIME: 2 hours

Agenda for Clinical Manifestations of HIV and Common Opportunistic Infections	
10 minutes	Introduction
35 minutes	Participant Activity
1 hour 10 minutes	Contributions from the Outside Speaker with Questions and Answers
5 minutes	Wrap Up
2 hours	

### NOTE TO THE TRAINERS:

- This module presents basic information on clinical manifestations of HIV/AIDS that counselors must know about if they are to interact effectively with their clients. Because scientific knowledge keeps expanding rapidly, counselors will have to be updated regularly through appropriate means (seminars, refresher training, etc.) so that they consistently meet the needs of clients.
- The areas covered in this session include the clinical manifestation of HIV and AIDS; opportunistic infections; care and treatment, including an introduction to antiretroviral drug regimens; universal precautions and post-exposure prophylaxis; mother-to-child transmission (MTCT) and infant feeding options; and nutrition and HIV/AIDS. It is recommended that a medical practitioner who is an HIV specialist conduct this session.

### SESSION OBJECTIVES

By the end of this session, the participants will be able to:

- Recognize signs and symptoms common to HIV and AIDS.
- Explain the concept of MTCT and infant feeding options.
- Discuss issues related to nutrition and AIDS.
- Explain the HIV clinical care options available in their communities.

### PREPARATION

- Prepare flipcharts:
  - Session Objectives
  - Session Agenda
- Gather additional materials:
  - Current WHO/UNAIDS/NACP publications
  - Resource person
  - Relevant videos
  - Posters
  - VCT Reference Guide
  - Handouts, blank flipcharts, markers, pens and tape

- Invite a medical practitioner who is an HIV specialist to conduct this session and speak on the clinical manifestations of HIV and common opportunistic infections.

## BREAKS

---

- Schedule breaks into the session as appropriate.

## INTRODUCTION

---

**TIME:** 10 minutes

**MATERIALS:** Session Objectives flipchart, Session Agenda flipchart

### STEPS:

- Introduce session objectives and agenda. Ask whether participants have any questions.
- Begin the session by saying:  
*Counselors face the ongoing challenge of discussing these issues with people of different backgrounds and levels of education. It is each counselor's task to identify culturally and linguistically appropriate ways to discuss these topics.*
- Introduce the HIV specialist to the participants. Inform participants that he or she was invited to discuss clinical manifestations of HIV and AIDS, mother-to-child transmission (MTCT) and HIV care.
- Inform participants that they will have 35 minutes for the next activity.
- Ask the medical practitioner to lead the session activities.

## PARTICIPANT ACTIVITY

---

**TIME:** 35 minutes

**MATERIALS:** Timer, tape, markers and flipcharts

### STEPS:

- Ask the participants to discuss some of the topics below with the group. The expert practitioner should contribute to the discussion by addressing inaccuracies and providing information. Ask the participants to tell the group about one of the following:
  - Briefly describe the course of the disease and various stages from primary infection to seroconversion, asymptomatic stage, minor symptomatic stage, severe symptomatic stage and AIDS stage.
  - Describe what MTCT and infant feeding options are.
  - Discuss the link between nutrition and HIV/AIDS.
  - Brainstorm on the available treatment options in the participants' country and at their sites.
- This can be done as group work followed by a few participants sharing with the large group and a group discussion facilitated by the medical practitioner.

## INPUT FROM THE SPEAKER WITH QUESTIONS AND ANSWERS

---

**TIME:** 1 hour 10 minutes

### STEPS:

- Invite the medical practitioner to respond to the participants' discussion in the exercise above.

- The expert should give a brief lecture on the topic, focusing on issues raised in the exercise.
- Encourage participants to ask the medical practitioner questions.
- Facilitate the discussion and encourage questions and ideas from the participants.
- At the close of the discussion, thank the medical practitioner for coming.

## WRAP UP

---

**TIME:** 5 minutes

**MATERIALS:** Session Objectives flipchart

### STEPS:

- Review the flipchart and ask participants what activities met the objectives. Ask participants how they might handle relaying this information to clients or other counselors.
- Inform participants that the next session will look at self-awareness and objectivity.

## SESSION 8: SELF-AWARENESS AND OBJECTIVITY

TIME: 3 hours 30 minutes

Agenda for Self-Awareness and Objectivity	
10 minutes	Introduction
30 minutes	Disconnect Exercise
45 minutes	Values Bubbles
40 minutes	Strengths and Weaknesses
30 minutes	Understanding Personal Biases and Prejudices
20 minutes	Objectivity Worksheet
30 minutes	Self Awareness Guide
5 minutes	Wrap Up
3 hours 30 minutes	

### SESSION OBJECTIVES

---

By the end of this session, the participants will be able to:

- Identify and share some personal strengths and weaknesses and discuss how they can affect interactions with clients.
- Identify and share some personal values and discuss how they can affect interactions with clients.
- Identify some strategies for maintaining objectivity with clients with whom their values may conflict.

### PREPARATION

---

- Prepare flipcharts:
  - Session Objectives
  - Session Agenda
  - Sentence Fragments (See Trainers' Notes.)
- Gather additional materials:
  - Participant's Manual: Disconnect Exercise, Values Bubbles Exercise, Strengths and Weaknesses Worksheet, Objectivity Worksheet
  - Blank flipcharts, tape, markers and timer or watch
  - VCT Reference Guide

### BREAKS

---

- Schedule break times into the session as appropriate.

### INTRODUCTION

---

TIME: 10 minutes

MATERIALS: Flipcharts: Session Objectives, Agenda

STEPS:

- Review session objectives and agenda. Ask whether participants have any questions.

- Ask participants, “What is self-awareness and what role does it play in counseling?” Encourage discussion about this question. Say the following to participants:

*Self-reflection and awareness are integral to the counseling interaction and professional relationship. If we want to be effective counselors, we need to know how we function emotionally. If we don't know “who lives in here” and feel at home with ourselves, we cannot help effectively.*

*During this session we are going to look at ourselves to gain a better understanding of our strengths, weaknesses, and values and how they affect our interactions with our clients. By developing self-awareness we accomplish four things:*

- *We are able to capitalize upon our strengths.*
- *We can overcome or manage our weaknesses.*
- *We are able to differentiate between what belongs to the client and what belongs to us, which reduces burnout and gives us a better understanding of the needs of the client.*
- *We can be more objective about our clients and provide them with better service.*

*During the advanced skills phase of the training, we will create a Self-Awareness Guide that builds on the work we do during this session.*

## DISCONNECT EXERCISE

---

**TIME:** 30 minutes

**MATERIALS:** Participant's Manual: Disconnect Exercise, timer or watch

**STEPS:**

- Say to participants:

*One reason for increasing self-awareness is the importance of being genuine in a counseling interaction. The more self-aware we are, the more genuine we can be.*

- Ask participants to refer to the Disconnect Exercise in their Participant's Manual. Ask them to write their answers in Column A as though they were responding to a client. Allow 5–10 minutes.
- Ask them to write their answers in Column B as they honestly think and feel. Allow 5–10 minutes.
- Ask the participants to compare the responses they gave to the clients and the responses they wrote that reflect what they really thought and felt. Ask the participants whether there were any differences.
- Inform participants that if there are no differences, they are being genuine and no "disconnect" exists. Tell participants that if differences do exist, they should take the next five minutes to rewrite in Column C their responses to the client. These new responses should more accurately reflect how they truly think and feel while still respecting the emotional state of the client.
- Ask participants to share the differences they first discovered and how they changed their responses. Say the following to participants:

*The different responses may reflect, among other things, areas about ourselves that we don't know much about because we haven't explored them. When we understand ourselves better, we increase our capacity to be genuine. Genuineness is a fundamental quality of a counselor. In the next few activities, we will identify some values and personal strengths and weaknesses and discuss how they affect our work.*

## VALUES BUBBLES

---

**TIME:** 45 minutes

**MATERIALS:** Participant's Manuals: Values Bubbles Exercise, timer or watch

### STEPS:

- Ask participants to describe the difference between values and attitudes/beliefs. Ask participants to identify some examples of values, not necessarily ones they share. Share some of the following as examples if they were not mentioned: family, freedom, God, money.
- Ask participants to refer to the Values Bubbles Exercise in their Participant's Manual. Ask them to fill in the bubbles with values that are important to them. Ask participants to put the value that is most important to them in the big bubble. Allow five minutes for this.
- Ask participants to write at the bottom of the page how they experience or honor their big bubble value in their life right now. Ask participants to write about actions they plan to take, but haven't as yet, to honor that big bubble value. Allow five minutes for this.
- Ask participants to divide into groups of three or four. Ask the participants to share their big bubble value with the others in the group and to discuss how they honor it in their life now and how they plan to honor it in the future.
- Ask participants to identify a value bubble that they will be experiencing or honoring in their work as VCT counselors. Ask participants to share that value with the others and explain how they will honor it in their work.
- Ask participants to identify a value that may conflict with their work as VCT counselors. Ask participants to share that value and how it may conflict with their work with the others.
- Process the activity in a larger group. Ask the participants the following questions: What did you learn about yourself in this exercise? What was it like to share your values with the others in the group? What did you learn from this activity that you could apply to your work as counselors?
- Say the following to the participants:

*A tool for building self-awareness is self-disclosure, or sharing information about ourselves with others. By describing to others what we think or feel, we are forced to be clear about how we really think or feel for ourselves. By understanding ourselves more fully, we are better able to understand others. We will continue to look at ourselves and share what we find with others in the remaining exercises. These are skills that help not only in counseling, but in other areas of your life as well.*

## STRENGTHS AND WEAKNESSES

---

**TIME:** 40 minutes

**MATERIALS:** Participant's Manual: Strengths and Weaknesses Worksheet

### STEPS:

- Ask participants to refer to the Strengths and Weaknesses Worksheet in their Participant's Manual. Ask them to complete the worksheet. Allow five minutes for this.
- Inform participants that they will each take a turn standing and presenting a personal strength that applies to their work as VCT counselors. Ask them to present their strength to the group in the following manner: My strength is\_\_\_\_\_, and this is what it looks like when I am counseling.
- Ask participants what it was like to share their strengths in this manner. Ask them what they liked about it or what made them uncomfortable. Inform participants that sometimes we hide our strengths as much as we hide our weaknesses.
- Inform participants that they will now share a weakness with the group and explain how it affects their counseling. Give each participant a marker and a blank name tag after they have shared their weakness, and ask them to write it on their name tag.

- Inform participants that they will be wearing the new name tag for the next day—no more hiding their weaknesses. Inform participants that this will serve as a reminder that this is an area that they will be working on during the training.
- Ask participants what it is like to share their weaknesses in this manner. Inform participants that it is their role to encourage each other to work on these weaknesses. Suggest, for example, that they could write a star or a check on their fellow participants' name tags when they are successful in their work on that weakness.
- Ask participants what they learned about themselves and others in this exercise. Inform participants that they will continue to work on self-awareness of their strengths and weaknesses by giving and receiving feedback on their counseling. They will also work on this important issue through their self-awareness guide (a plan for personal and professional development) during the advanced skills phase of training.

## UNDERSTANDING PERSONAL BIASES AND PREJUDICES

---

**TIME:** 30 minutes

**MATERIALS:** Post-it® sticky notes (If not available, use 10cm by 10cm sheets of paper with tape.), Sentence Fragments flipchart (See Trainers' Notes.)

### STEPS:

- Explain to participants that this exercise is designed to help them become aware of some of their biases and prejudices about people, including those with different sexual attitudes, values and behaviors.
- Distribute one Post-it® note to each person. Inform the group that a sentence fragment will be revealed and that they will have approximately 30 seconds to record their initial, gut reaction to the sentence fragment. Ask participants to keep their responses to themselves for this exercise to prevent any influence of responses. No one will be asked to identify their responses at any point.
- Reveal the first sentence fragment. Give the participants 30 seconds to write their responses. Collect the responses and post them on the flipchart sheet.
- Distribute another Post-it® note to each of the participants. Reveal the second sentence fragment. Give the participants 30 seconds to write their responses. Collect the responses and post them on the second flipchart sheet.
- Continue revealing fragments and collecting and posting responses on separate flipchart sheets until all fragments have been read.
- Ask for volunteers to read aloud the responses for each sentence fragment. Remind participants that it is important to respect all responses, even those that they may be different from one's own, and to remain quiet while responses are being read to allow time for reflection.
- Explain to participants that they will be talking to clients who engage in these behaviors. Ask participants how service to clients might be affected by a counselor's negative biases. Allow several comments from the group. Include the following if they are not mentioned:
  - Counselor or the client might withdraw
  - Counselor might neglect to ask all of the right questions
  - Counselor may hesitate to tailor information to the client's needs as defined by the client
  - Counselor may assert an agenda by selective sharing or withholding bits of information, by a subtle change in tone or inflection, or by what they repeat or refuse to say.
- Explain to participants that to provide the most effective service to the client, they must separate their reaction to their client's behavior from their response to the client. Explain that many studies about counseling have shown that the first step in ensuring objective service is to be aware of one's own biases and that this exercise was designed to begin that process.

## OBJECTIVITY WORKSHEET

---

TIME: 20 minutes

MATERIALS: Participant's Manual: Objectivity Worksheet

### STEPS:

- Ask participants to refer to the Objectivity Worksheet in their Participant's Manual. Ask participants to complete the worksheet using the fragment that they had the strongest reaction to or using a behavior that is different from one they might have experienced before.
- Share the following example with participants, but do not share the example for the last question on the worksheet (#6) yet.

### Objectivity Worksheet Example

1	<b>What is a behavior or activity to which I react strongly?</b> A man who has had repeated STIs (sexually transmitted infections) and sleeps with strangers or commercial sex workers without using a condom
2	<b>What is my gut-level or initial reaction to this activity or behavior?</b> That it is stupid and irresponsible. He is probably getting others infected with STIs and will probably become infected with HIV.
3	<b>Why do I feel this way?</b> Because I work in HIV/AIDS education, I know this is a high-risk behavior, and I don't understand why someone would take such a risk. My values are very different from this person's. I feel responsible for getting this person to protect himself and stop this behavior.
4	<b>How might my reaction affect the conversation I have with such a client?</b> I might work in an agenda with this client by trying to get him to stop this behavior or by focusing on only one risk reduction method. I might not hear other opportunities to help him reduce his risk. I might have a condescending tone because I think he's stupid and being inconsiderate of others. That tone might come across to the client and cause him to stop listening to what I say. He might tune me out.
5	<b>Why might a person engage in this behavior?</b> In his subculture or social group, a person's risk is his responsibility. Or, he might feel very isolated and connecting with people by having sex is important to him. Perhaps he has decided that the value of not using a condom outweighs the potential dangers for him. Or he engages in this activity only when he drinks, and he feels regretful afterward.
6	<b>What can I do to keep my feelings about a behavior from affecting my objectivity during a session?</b> I will use good listening skills to focus on the client's needs rather than his behavior. In this way, I will be able to separate my reaction from the client's behavior and remain non-judgmental. Very rarely, I will ask another counselor to continue if I feel uncomfortable.

- Ask participants to identify what strategies they came up with for keeping their feelings from affecting the counseling session. Ask for a volunteer to write these on a flipchart. Include the responses to #6 if they are not mentioned.

## SELF-AWARENESS GUIDE

---

TIME: 30 minutes

MATERIALS: Participant's Manual: Self-Awareness Guide

### STEPS:

- Refer participants to the Self-Awareness Guide in their Participant's Manual. Ask participants to think about the questions so that they can learn about their own attitudes and beliefs. (They have 20 minutes for this.) Remind the participants that there is no right answer and that the purpose of the activity is to better understand themselves for their work as VCT counselors, and for their personal lives as well. Ask whether participants have any questions.
- At the end of 20 minutes, ask the participants to share some of the discoveries they made while answering these questions.

## WRAP UP

---

**TIME:** 5 minutes

**MATERIALS:** Session Objectives flipchart, Participant's Manual: "To Those Who Are Advocates for Sexually Healthy People" poem, VCT Reference Guide

**STEPS:**

- Ask participants to do the following before the next session: Read Chapters 3 and 4 in the VCT Reference Guide on HIV/AIDS counseling and behavior change models and do the self-guided studies.
- Review objectives with participants. Ask participants whether they have any final comments or questions about the session.
- Refer participants to the poem, "To Those Who are Advocates for Sexually Healthy People," in the Participant's Manual. Ask for a volunteer to read the poem.

## TRAINERS' NOTES

### PARTICIPANT'S MANUAL: DISCONNECT EXERCISE (COMMERCIAL SEX WORKER)

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Why me?

Why should I tell any one?

Will I die in pain?

Wouldn't you kill yourself if you were me?

Does anybody care if I live or die?

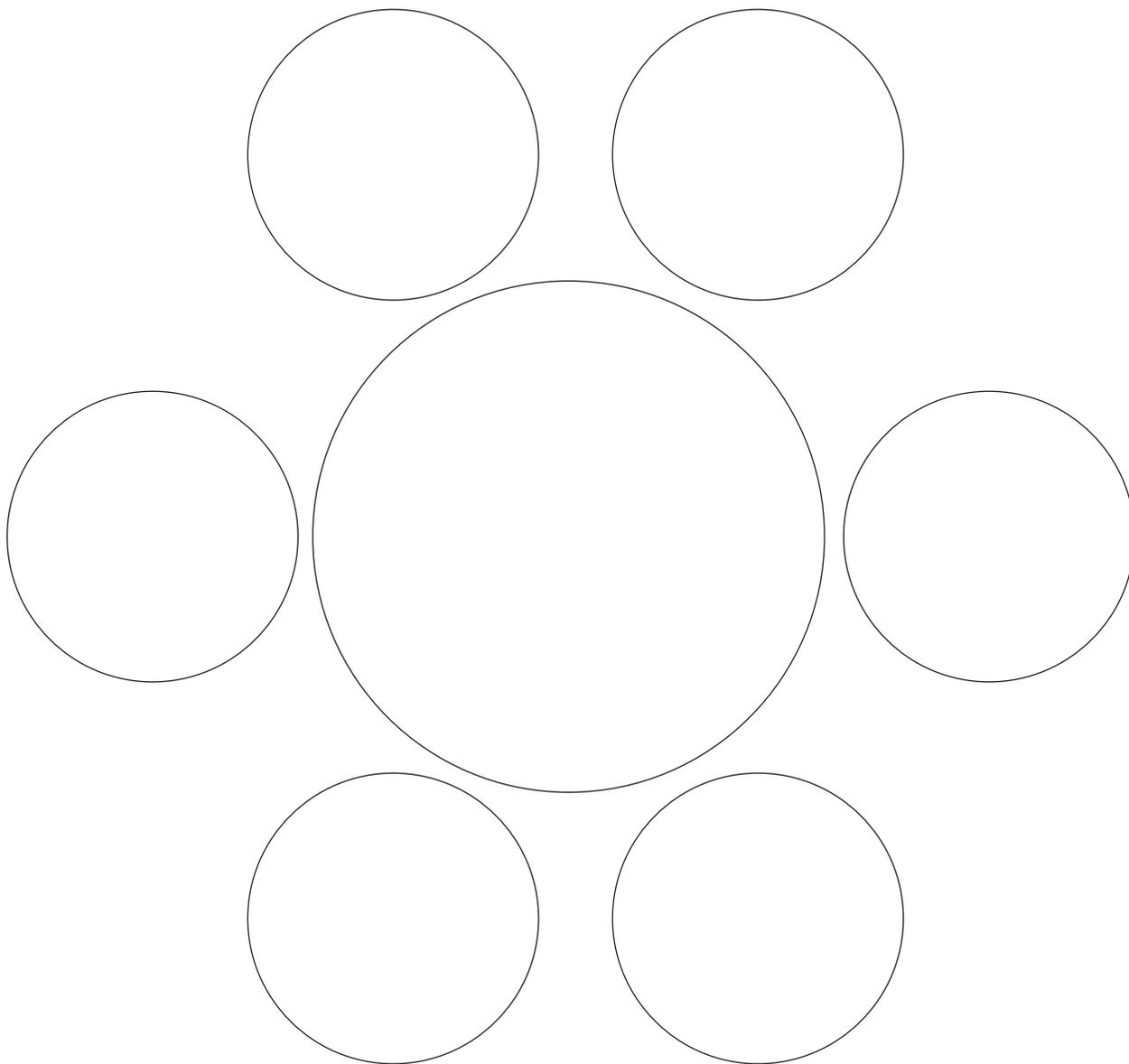
What will happen to my children?

Is there a God?

Why would God put me through this?

Am I forgiven?

Column A: Responding	Column B: How you honestly feel	Column C: Rewrite a response that is more honest and sensitive to client's emotional state



**My strengths are:**

**My weaknesses are:**

**I can use this strength in my work as a VCT counselor:**

**This is a weakness that may affect my work as a VCT counselor:**

#### FLIPCHART: SENTENCE FRAGMENTS

---

**(Write each one on a separate flipchart page.)**

- When I think of a man who has had repeated STIs (sexually transmitted infections) and sleeps with strangers or commercial sex workers without using a condom...
- Women who exchange sex for drugs or money ...
- People who have sex outside of their main relationship ...
- When I think of an HIV-infected woman wanting to become pregnant ...
- Men who have sex with very young girls ...
- Men who have sex with men ...

#### UNDERSTANDING OUR STEREOTYPES AND PREJUDICES

---

*We develop certain prejudices and stereotypes about other people and groups from the social environment in which we grow up. These stereotypes and prejudices have a major impact on the way we interact with others. For this exercise, write an honest response reflecting how you view these groups of people. Explore how these generalizations can affect your relationships with your clients in counseling.*

Black people are ...

White people are ...

Citizens of my neighboring country are ...

People of this ethnic group are ... (Identify an ethnic group other than your own.)

People of my ethnic group are ...

Homosexuals are ...

Men are ...

Women are ...

Young people are ...

Children are ...

Commercial sex workers are ...

People who drink a lot or use drugs are ...

Thin people are ...

Fat people are ...

Rich people are . . .

Poor people are . . .

People with no formal education are . . .

People who are highly educated are . . .

Muslims are . . .

Christians are . . .

People in the military are . . .

Old people are . . .

## PARTICIPANT'S MANUAL: OBJECTIVITY WORKSHEET

---

Select one activity or behavior that we've worked with today (or one of your own) to which you had the strongest reaction. Complete the worksheet by asking yourself the questions below.

- What is a behavior or activity to which I react strongly?
  - 
  -
- What is my gut-level or initial reaction to this activity or behavior?
  - 
  -
- Why do I feel this way? What is the origin of my reaction?
  - I identify with the behavior or value.
  - My values are very different from a person who does this behavior.
  - I imagine I would feel responsible for this person adopting a different behavior.
  - Others:
- How might this reaction affect the conversation I have with this client? Consider the effect on tone, information or agenda.
  - 
  -
- Why might this person engage in this behavior or consider this behavior? Consider psychological, sociological, cultural and/or religious factors.
  - 
  -
- What can I do to keep my feelings about a behavior from affecting my objectivity during a session? (Please be more specific than "remaining non-judgmental or objective.")

**Name:** How important is it to you?

**Gender:** Are you satisfied with who you are?

**Body:** Are you satisfied with your physical appearance?

**Abilities:** What are you particularly good at?

**Mind:** Do you feel OK about your intellectual ability?

**Age:** Are you comfortable being the age you are now?

**Birth:** What kind of feelings do you have about where you were born?

**Culture:** Where were you brought up? If you have moved among different cultures, what influence has this had?

**Education:** What influence did your education have? What would you like to have achieved that you did not?

**Employment:** List the jobs you have had, the people you remember associated with those jobs, and the overall influence of the work and people on you.

**People:** Who influenced you most while you were growing up?

**Mother:** What is your opinion of your mother? How did/does she influence who you are?

**Father:** What is your opinion of your father? How did/does your father influence who you are?

**Parents:** If you have no parents, how has that influenced you?

**Siblings:** What is your opinion of your brother/sisters? If you have no brothers or sisters, what influence has that had?

**Spouse:** If you are married, how has your spouse influenced you?

**Children:** How have your children influenced you? If you wanted children and were unable to have them, how has that influenced you?

**Marital/partnership status:** If you are unmarried or have no partner, what influence does that have?

**Preferences:** How do your own sexual preferences influence how you think about the preferences of others?

**Values:** What values do you hold dear, and what influence do they exert?

**Religion:** If you are religious, what influence does that exert? If you have no religion, what influence does that exert?

**Experiences:** What life experiences are significant for you, and why?

**Health:** How have any illnesses or accidents influenced you?

**Memories:** What memories do you treasure, and what memories do you try hard to forget?

**Relationships:** Which relationships in the past are you glad you had, and which relationships do you wish you had never had?

**Circumstances:** What life circumstances, past or present, do you celebrate, and which do you regret?

**Authority:** Who represents authority for you, in the past and now? What influences do these figures exert on you?

**Strengths:** What are your major strengths, and how might these influence your ability to listen to clients?

**Weaknesses:** What are your major weaknesses, and how might these influence your ability to listen to clients?

**Virtues:** What do you consider to be your virtues (your “good” qualities)? How do they influence your behavior?

**Vices:** Do you have any vices (“bad” qualities)? If so, how do they influence your relationships?

## SESSION 9: TALKING ABOUT SEX

TIME: 1 hour 30 minutes

Agenda for Talking about Sex	
5 minutes	Introduction
10 minutes	Let's Talk About Sex: Concerns and Questions
20 minutes	Desensitizing the Language
15 minutes	Slang and Simple Terms
10 minutes	Fill in the Blank
30 minutes	Wrap Up
1 hour 30 minutes	

### SESSION OBJECTIVES

By the end of this session, participants will be able to:

- Identify different sexual behaviors and terms that may be used in VCT counseling.
- Develop their skill talking about sex with clients using a variety of sexual terms.
- Identify strategies for increasing their comfort in discussing sexual behaviors and using slang/simple terms.
- Identify strategies for managing their discomfort in discussing sexual behaviors so that it does not interfere with their ability to counsel clients effectively.

### PREPARATION

- Prepare flipcharts:
  - Session Objectives
  - Session Agenda
  - Concerns and Questions
  - Sexual Terms (Enough for the number of possible groups of four. See Trainers' Notes.)
  - Fill in the Blank (Enough for the number of possible groups of three. See Trainers' Notes.)
  - Strategies
- Gather additional materials:
  - Penis models (if available), blank flipcharts, tape, markers, timer or watch, and prizes (optional)
  - VCT Reference Guide
  - Participant's Manuals

### INTRODUCTION

TIME: 5 minutes

MATERIALS: Session Objectives flipchart, Session Agenda flipchart

STEPS:

- Introduce the session objectives and agenda, reviewing prepared flipcharts. Ask whether participants have any questions.

## LET'S TALK ABOUT SEX: CONCERNS AND QUESTIONS

---

**TIME:** 10 minutes

**MATERIALS:** Concerns and Questions flipchart, markers, tape

**STEPS:**

- Say the following to participants:

*In a survey of counselors' attitudes toward HIV/AIDS, two-thirds of the counselors surveyed reported that they were uncomfortable discussing sexual behavior with their clients.*

- Ask participants what this statement means for them.
- Ask them how their feelings about discussing sex can influence their relationship with a client.
- Ask participants their concerns or questions in discussing sex with clients. List their concerns and questions on a flipchart.
- Inform participants that some of these concerns and questions may be addressed during the session. Inform them that they can include this as an area they want to work on in their Self-Improvement and Self-Awareness Guides during the advanced phase of training.

## DESENSITIZING THE LANGUAGE

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**TIME:** 20 minutes

**MATERIALS:** Blank flipcharts, penis models (if available), markers, tape, timer or watch

**STEPS:**

- Divide the participants into groups of three. Ask participants to brainstorm all the sexual behaviors they know, including those they have read or heard about. Allow the groups three minutes for brainstorming.
- Ask the groups to identify a reporter who will share their lists. Ask the participants how it felt to say and hear these terms.
- Explain the next step of the activity to the participants:

*The goal of this activity is to develop your skills in discussing sexual behavior with your clients. Ideally, you will become more comfortable discussing sexual behavior. Even if you don't become more comfortable, it is part of your role as a counselor to be able to discuss sexual behavior. Part of being an effective counselor is having the ability to manage your own discomfort.*

*Each participant in the group will chose a behavior to explain and describe in detail to the others for three minutes. This means describing body parts, secretions and functions as graphically as possible. (If penis models are available, say: Penis models are available to those who wish to use them.)*

*The other participants are to ask questions about the behavior. If you are unclear about a behavior you are to describe, say what you know and then ask the other participants to share what they know.*

*Joking and laughter are often ways we deal with something with which we are uncomfortable. Although they have their place, think about their effect in a counseling session with a client.*

- Process the activity as a group using these questions:
  - What was uncomfortable to say?
  - What was the reaction from others while you were discussing the sexual behavior?
  - What was it like to hear and say these things?

## SLANG AND SIMPLE LANGUAGE

---

**TIME:** 15 minutes

**MATERIALS:** Sexual Terms flipchart, blank flipcharts, markers, tape, prizes (optional), timer or watch

### STEPS:

- Explain the necessity of being able to talk simply and explicitly about sex and sexual activities:  
*It is important that we communicate clearly in language that clients understand. You may find yourself explaining something like vaginal secretions to a person who has a limited understanding of female anatomy. Often, slang terms are the only words a client will know.*  
*Be flexible and patient. The most accurate information is useless if the client misunderstands it.*
- Ask participants to form groups of four. Ask each group to select a note taker for their group.
- Explain that they are going to have a contest to see who can come up with the most words (slang and otherwise) for specific sexual terms.
- Give each group a blank flipchart and a marker. Show the group the Sexual Terms flipchart. (Note to trainer: Add or remove items on the list according to the needs of the group and limits on time.) Allow groups five minutes for brainstorming.
- At the end of five minutes, find out how many words each group has listed and ask the group with the highest number to share their flipchart. Next, ask the other groups, in descending order, to share their lists of words.
- Give prizes to the winning team. If giving a prize is not possible or culturally appropriate, ask the group to applaud the winning team.
- Ask participants what it was like to use these terms. Ask participants whether the lists included some terms they hadn't heard before.

## FILL IN THE BLANK

---

**TIME:** 10 minutes

**MATERIALS:** Fill in the Blank flipchart, timer or watch

### STEPS:

- Inform participants that in the next exercise, they will be using some of the sexual terms they listed in the last exercise. Ask participants to form groups of three or four. Explain the following to participants:  
*You will each take a turn putting slang terms into a sentence. The sentences will be written on the flipcharts. Others in the group may ask to use other slang terms if they feel they would be clearer.*
- Ask participants how it felt to use the terms. Inform participants that they may not need to use these terms, but that they should be familiar with them.
- Inform participants that one way to keep the confidence of the client and manage their own discomfort as a counselor is to let the client know that they understand the term the client is using and that as counselor they will be using another term for the session. Provide the following example:  
*A counselor may say to the client, "When you say 'snake' I understand that to mean your penis. I'll be using the word 'penis' for the rest of our counseling session. Is this acceptable to you?" By doing this, the counselor clarifies the terms being used and asks the client if he is comfortable with using a different term.*
- Inform participants that they may also feel a client is being inappropriate in their language on purpose. Inform participants that in the next exercise they can identify strategies to handle this situation.

## WRAP UP

---

**TIME:** 30 minutes

**MATERIALS:** Strategies flipchart, markers

**STEPS:**

- Ask participants to remain in their groups, and give each group a Strategies flipchart. Ask the groups to write their ideas for responding to the following two questions on a flipchart:  
*What are some things I can do to increase my comfort in discussing sexual behaviors and using slang/simple terms?*  
*How can I manage my discomfort in discussing sexual behaviors so that it does not interfere with my ability to counsel my client effectively?*
- Bring all of the participants back together and process the activity. Ask each group to identify a group reporter. Ask each reporter to share some highlights of what happened in the group and to present their Strategy flipcharts to the rest of the group.
- Ask participants what they have learned about themselves by these exercises. Ask participants what they have learned about discussing sexual behavior and how they can use what they learned in their roles as counselors. Remind participants that they will continue to work on these skills throughout the training.

## TRAINERS' NOTES

### FLIPCHART: SEXUAL TERMS

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**Note to trainers: Review the meanings of any words the group may not be familiar with.**

- Vagina
- Vaginal intercourse
- Anal intercourse
- Clitoris
- Penis
- Breasts
- Testicles
- Oral sex on a male/female

### FLIPCHARTS: FILL IN THE BLANK

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I like to put my \_\_\_\_\_ into her \_\_\_\_\_.

I like him/her to \_\_\_\_\_ my \_\_\_\_\_ first, then we usually \_\_\_\_\_.

She/He started to \_\_\_\_\_ my \_\_\_\_\_ then she/he \_\_\_\_\_ me.

## SESSION 10: COUNSELING SKILLS

TIME: 3 hours

Agenda for Counseling Skills	
10 minutes	Introduction: My Story
15 minutes	Characteristics of a Good Counselor
20 minutes	Counseling for HIV/AIDS
25 minutes	Counseling Skills
45 minutes	Stop and Go Game
1 hour	Name the Skill Drill
5 minutes	Wrap Up
3 hours	

### SESSION OBJECTIVES

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By the end of this session, participants will be able to:

- Identify the benefits and challenges that accompany HIV/AIDS counseling.
- Identify the characteristics of an effective counselor.
- Identify the skills used in effective counseling.
- Employ the skills of an effective counselor.

### PREPARATION

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- Prepare flipcharts:
  - Session Objectives
  - Session Agenda
  - Characteristics of a Good Counselor (See Trainers' Notes.)
  - Challenges (Write this title only.)
  - Benefits (Write this title only.)
  - Counseling Skills: The Basics (See Trainers' Notes.)
  - Stop-and-Go Game Rules (See Trainers' Notes.)
  - "Name That Skill" Drill Rules (See Trainers' Notes.)
- Gather additional materials:
  - Blank flipcharts, markers and tape
  - Dialog for Stop and Go activity (See Trainers' Notes.)
  - Materials for activities: prizes (optional), skill sheets, jar, timer or watch
  - Participant's Manual: Characteristics of a Good Counselor, Counseling Skills: The Basics
  - VCT Reference Guide, Chapter 3

## BREAKS

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- Schedule break times into the session as appropriate.

## INTRODUCTION

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**TIME:** 10 minutes

**MATERIALS:** Session Objectives flipchart, Session Agenda flipchart

### STEPS:

- Introduce session objectives and agenda, reviewing prepared flipcharts. Ask whether participants have any questions.
- Inform participants that you are about to share a story about yourself. Share a brief story that many people can identify with, perhaps a story about a trip you took when you were young.
- Ask participants to share what they were thinking during your story. Remind them that there is no right answer and that they are encouraged to share what they were really thinking. Some responses may be that they were thinking of a trip they took when they were young, or they were thinking of a family member they hadn't seen in a while.
- Say the following to the participants:

*When listening to others, more often than not we follow our own agenda. Even if we have questions for the person about the story, our own agenda is uppermost. It is neither right nor wrong. Frequently, it contributes to the conversation. In counseling, however, it is important to focus on what the client is currently saying and not let our thoughts travel to our own agenda. We refer to this counseling skill as "attending," which means focusing all of our concentration on the client's verbal and nonverbal cues so that the client feels listened to and so that we can interpret what is being said or not said. Attending is just one of the tools we will be using in counseling.*

## CHARACTERISTICS OF A GOOD COUNSELOR

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**TIME:** 15 minutes

**MATERIALS:** Characteristics of a Good Counselor flipchart, blank flipchart, marker, tape, Participant's Manual: Characteristics of a Good Counselor

### STEPS:

- Ask participants to close their eyes. Ask them to think of a time when they felt they had received some good counseling. It could have been from a friend, colleague or a respected member of the community. Ask them to think about what happened at the time and how they felt. Ask participants to reflect on what made that person such an effective counselor.
- Ask participants to open their eyes. Ask participants to share the things that made this person such an effective counselor, keeping in mind the client-centered model of counseling. Write responses on a blank flipchart.

*According to the client-centered model of counseling, positive behavior change is possible if certain conditions prevail in the counselor/client interaction. These conditions include the counselor's ability to:*

- Be genuine with the client
- Show non-possessive warmth
- Show unconditional positive regard
- Show complete acceptance of the client
- Be nonjudgmental of the client
- Show empathic understanding of the client

*If these conditions are present in the counselor/client relationship, the client is more likely to get to the core of his or her problem and work toward resolving it.*

- Share the Characteristics of a Good Counselor flipchart. Draw comparisons between the two flipcharts and discuss the characteristics. Ask participants which characteristics they feel they have. Ask them in which areas they would like to build more skills.

Inform participants that they will be building many effective counseling skills that will serve them in their work as counselors as well as in their other relationships. Ask participants to write any skills that emerge from this discussion that are not included on the sheet on the Characteristics of a Good Counselor page of their Participant's Manual.

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## COUNSELING FOR HIV/AIDS

**TIME:** 20 minutes

**MATERIALS:** Challenges flipchart, Benefits flipchart, markers

**STEPS:**

- Ask participants to reflect on the difference between counseling for HIV/AIDS and other types of counseling. Ask them to share some of the challenges they will face as VCT counselors. Write them on the Challenges flipchart. Frequently occurring challenges include: emotionally draining work, clients with a high level of need, need to deal with the very personal aspects of people's lives, sexually explicit language and limited resources.
- Use these responses to foster a discussion about the challenges participants will face. Ask participants for their concerns and questions regarding these challenges. Inform participants that this topic will be addressed throughout the training and that they will identify strategies for dealing with these issues.
- Ask participants to identify some of the benefits they will encounter as VCT counselors. Write responses on the Benefits flipchart. Include the following responses: helping others, providing support to those in need, helping people find their own solutions, influencing others to reduce their risk and helping to combat the spread of HIV/AIDS.
- Use these responses to foster a discussion about participants' roles as VCT counselors. Ask participants what excites them about this work. Inform them that these are important things to keep in mind so that they remain motivated.

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## COUNSELING SKILLS

**TIME:** 25 minutes

**MATERIALS:** Counseling Skills: The Basics flipchart, Participant's Manual: Counseling Skills: The Basics, tape, VCT Reference Guide

**STEPS:**

- Say the following to participants:  
*Now let's begin to build the basic counseling skills and techniques that you will use to perform your work as VCT counselors. These skills may be different than those of other types of effective counselors, although all effective counselors use them. This is not a complete list of all of the skills that exist, but these are the ones you will use most frequently. Other skills are described in Chapter 3 of your VCT Reference Guide.*
- Refer to the Counseling Skills flipchart. Give an example of each of the skills or techniques listed. (See Trainers' Notes.)
- Refer participants to the Counseling Skills section in their Participant's Manual. Mention that some of this information was covered in their self-guided study of Chapter 3 of the VCT Reference Guide.
- As a review of the information they read, ask the participants to do the following:
  - Define and give an example of a clarifying question.

- Change this closed-ended question into an open-ended question: "Do you think you have had sex with a person who may be infected with HIV?"
- Reflect the feeling in this statement: "I can't believe I'm positive! I wish there was someone I could share this with. My husband died a month ago. I am taking care of our 1-year-old son all by myself."
- Display an attending behavior.
- Ask participants whether they have any questions about the various skills and techniques they have read about. Provide additional information and examples if participants need further clarification.

## THE STOP-AND-GO GAME

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**TIME:** 45 minutes

**MATERIALS:** Stop-and-Go Game Rules flipchart, Stop-and-Go Game dialog, prizes (optional), paper, pens

### STEPS:

- Welcome participants to the Stop-and-Go Game. Explain to participants that this a competition in which they will identify the counseling skills and techniques they hear being used in the dialog the trainers will read. **(Note to trainers:** It is better to have two people read the dialog—one taking the role of counselor and one taking the role of client. Preferably the other reader should be a trainer.
- Inform participants of the rules and guidelines, referring to Stop-and-Go Game Rules flipchart:
 

*You will hear a dialog between a counselor and a client. You can read along with the dialog in your Participant's Manual. I will stop at different points in the dialog and give you a number. On a sheet of paper, you will write down the number and the name of the relevant skill or technique next to it. You may use the Counseling Skills sheet in the Participant's Manual or the Counseling Skills flipchart if you like. I can repeat the phrase a few times if requested. Please don't share your responses, just write them on the paper. Although 15 skills are listed in the Participant's Manual, we will be identifying only 13 for this activity. Are there any questions before we begin?*
- Read the dialog. Do not spend too much time rereading phrases. Participants should not discuss their responses.
- After completing the Stop-and-Go dialog, provide the group with the correct answers. Discuss the skills and techniques while sharing the answers. Provide further explanation and examples where needed.
- Give a prize to the individual or individuals with the most correct answers. If giving a prize is not culturally appropriate or possible, ask the group to applaud the winners. Then ask the group to applaud each other for a job well done.

## "NAME THE SKILL" DRILL

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**TIME:** 1 hour

**MATERIALS:** Name the Skill flipchart, blank flipcharts, jar, skill sheets, timer or watch

### STEPS:

- Ask participants to form two groups. Introduce the "Name the Skill" Drill game.
- Explain the following rules and guidelines for the game (refer to "Name the Skill" Drill flipchart):
 

*Two people from a team will come up to pick a skill sheet from this jar. These two people will then perform this skill for the other members of their team. Their fellow team members must identify the skill or technique they are using. You may refer to the Counseling Skills flipchart and to the Counseling Skills sheet in the Participant's Manual. Each team has one minute to perform the skill. Their team members have one minute to guess, then they must give their final answer. Each team will take a turn. Team members will also take turns performing the skills. If the teammates guess the skill correctly, the team receives one point. A bonus point is given for identifying the category of the skill: Building Trust, Assessing/Exploring, Understanding/Being Understood or Determining Action.*

- Play the game. Have each team take turns coming to the front. Time each team as they perform their skill, and keep track of their response time as well. Keep score on a blank flipchart.
- After completing the game, congratulate the winning team. Congratulate the other team for their effort.

## WRAP UP

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**TIME:** 5 minutes

**MATERIALS:** Session Objectives flipchart

### STEPS:

- Ask participants which skills they felt confident using during the Counseling Skill Drill. Ask participants which skills they felt they needed to work on. Inform participants that they will continue practicing these skills throughout the rest of the training program.
- Review session objectives. Ask participants how they met the objectives.
- Inform participants that they will take their counseling a step further in the next session, which will focus on Risk Reduction Plans.

## TRAINERS' NOTES

### FLIPCHART: CHARACTERISTICS OF A GOOD COUNSELOR

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- Good listener
- Empathetic
- Non-judgmental
- Respectful
- Communicates effectively (coherently and concisely)
- Able to recognize limitations
- Has high level of self-awareness
- Non-controlling
- Non-directive
- Accessible and available to clients
- Able to deal with client's reactions
- Open-minded
- Empowering
- Flexible
- Knowledgeable, especially about HIV/AIDS
- Knows when to say "I don't know"
- Resourceful
- Follows client's lead
- Ability to explain things on client's level

### FLIPCHART: COUNSELING SKILLS: THE BASICS

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#### **A. Building Trust**

1. Affirming
2. Attending and Listening
3. Reflecting Feelings
4. Third Person or Impersonal Statements

#### **B. Assessing/Exploring**

5. Open-Ended Questions
6. Polite Imperatives
7. Silence

#### **C. Understanding and Being Understood**

8. Specific or Probing Questions
9. Reflecting Content/Paraphrasing

10. Giving Information Simply

11. Reframing

## **D. Determining Action**

12. Exploring Barriers

13. Identifying Strategies

14. Exploring Outcomes

15. Summarizing Plan

## **PARTICIPANT'S MANUAL: COUNSELING SKILLS : THE BASICS**

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The skills and techniques of counseling can be used to maximize the possibility that the client, with the help of the counselor, will explore, understand and take action to resolve an identified problem. The central feature of a counseling relationship is trust. The client must trust the counselor and the process before any work can be accomplished. Many counseling skills can be used in your work as VCT counselors. This training will focus on the 15 skills listed below. Other skills are described in Chapter 3 of VCT Reference Guide on HIV/AIDS counseling and testing. The skills are broken into four categories: Building Trust, Exploring/Assessing, Understanding and Being Understood, and Determining Action.

### **A. Building Trust**

#### ***Affirming***

This acknowledges that the client made a right and brave choice by coming to the clinic to be tested.

#### ***Attending and Listening***

The purpose of this skill is to let the client know that you are actively engaged in the conversation and the service you are providing—there is nothing else in the world but this client's concerns. The following are strategies for "attending" to the client and showing the client that you are paying close attention to what they are saying.

- Clear your mind and really pay attention to what the client is telling you.
- Stop rehearsing what you are going to say in response; you will have plenty of time to help solve the problem after you are sure what it is.
- Communicate listening through frequent and varied verbal and non-verbal signs: nodding your head, eye contact, minimal encouragers, such as "uh-huh," "yes," "right" and "I see."
- Don't cut off the client.
- Don't jump topics.
- Don't offer your own solutions.

#### ***Reflecting Feelings***

Using this technique, the counselor names the basic feelings that the client is expressing verbally, the level of intensity and the possible association of the feelings to the content. You must listen with your heart and ears to truly hear what the client is feeling. The next step is to formulate a response that captures those things:

"You feel (feeling word) because (paraphrase what client expressed)."

"I wonder if you're feeling (feeling word) because (paraphrase what client expressed)"

"You seem (feeling word). What is going on for you right now?"

**Example:** It sounds like you are feeling lonely and down because your result is positive and you have no one to share this information with.

Don't say, "I understand." This does not reflect what a client is feeling.

### ***Third Person or Impersonal Statements***

This is useful in acknowledging and normalizing feelings expressed by the client. This lets the client know that their feelings are normal and shared by other people. These phrases often begin with: “lots of people,” “many people,” and “some people.”

## **B. Assessing/Exploring**

### ***Open-Ended Questions***

These questions help the counselor gather information about the client. They look for broad responses rather than yes/no responses. It is good to start with questions that begin with the words, Who, What, When, Where, and How:

- Who have you discussed this with?
- What do you know about HIV/AIDS and how you can get infected?
- When is the last time you had unprotected sex?
- How do you think your partner would react if you told him you want him to use condoms when he has sex with other women?

Avoid “why” questions. They can sound judgmental or argumentative. Be sure to ask only one question at a time or it may become overwhelming for the client.

Another type of open-ended question is called the “Nth degree.” These questions help the client define their priorities, agenda and/or needs. It also helps the counselor avoid the pitfall of assuming they know what is best for the client.

#### **Examples:**

- What is the worst thing that could happen to you?
- What's the scariest part of this for you?
- What's the worst thing your partner could do?
- We could start with lots of important things, but let's start with the most important thing to you. Tell me what it is.

### ***Polite Imperatives***

Polite imperatives are comments that let the client know the counselor wants him or her to continue talking. Clients tend to share a lot of information when polite imperatives are used.

#### **Examples:**

- Please tell me what your concerns are.
- Tell me more about that.
- Talk to me about some of your concerns.

### ***Silence***

Use silence as a way of getting your client to talk. Allow the client some time to reflect upon the question once it has been asked. Don't assume the client didn't understand. Some people need more time than others to reflect on questions.

## **C. Understanding and Being Understood**

### ***Specific or Probing Questions***

These questions seek a specific rather than a general response. Once the counselor has some general information about the client, he or she may ask more specific questions for a clearer understanding of the client's behavior, needs or priorities.

#### **Examples:**

- How many partners are you currently sexually active with?
- How many of your partners do you use a condom with?
- How often do you use a condom with each partner?

### **Reflecting Content/Paraphrasing**

The counselor determines the basic message expressed in the verbal content of what the client is saying. The counselor then rephrases what the client is saying in similar, but fewer, words.

#### **Examples:**

- I hear you saying...
- Are you saying...
- It sounds like you...

Check in with the client to be sure that the reflection is accurate. Don't parrot exactly what the client said. Don't use bigger or more words than the client. Don't add comment or judge. Paraphrasing or reflecting content often focuses on what is going on with the client, such as events, timelines or people.

### **Giving Information Simply**

Clients are more likely to remember information that is given in simple terms that they can apply to their situation. Ask clients what their understanding is of what was said. Explain important points more than once. Use non-technical and culturally appropriate language. Use visuals if available. Put important points in writing, or use diagrams or pictures that clients can take with them. In answer to a question, it is also okay for the counselor to say, "I don't know."

### **Reframing**

Reframing involves the counselor offering another perspective on what a client has expressed.

#### **Example:**

- Client: I've tried getting my husband to use condoms with me, but he just won't. I might as well face the fact that sooner or later, I'm going to get AIDS.
- Counselor: Even though you are feeling down because your husband won't use condoms, you have taken an important step in talking to him about it. What else do you want to talk to him about regarding his and your risk for infection?

This example acknowledges what the client has done and gives her another way to look at the issue.

## **D. Determining Action**

### **Exploring Barriers**

The counselor uses questions to help the client identify barriers to taking action.

#### **Examples:**

- What is stopping you from doing this?
- What has stopped you in the past?

### **Identifying Strategies**

The counselor uses questions to help the client identify strategies to overcome barriers to action.

#### **Examples:**

- What has helped you in the past?
- What have you not tried before?
- Who can help you with this?
- What will work for you in this situation?

### *Exploring Outcomes*

The counselor works with the client to define their desired outcomes.

#### **Examples:**

- What do you want to happen?
- How are you going to make it happen?
- What will happen if you do this?
- What will happen if you don't do this?

### *Summarizing Plan*

The counselor restates the strategies the client has identified and checks in with the client regarding the next steps the client will take.

All of the skills listed under Determining Action apply to many aspects of VCT counseling, such as positive living and emotional support, but they are especially useful for risk reduction work.

### FLIPCHART: STOP-AND-GO GAME RULES

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- On a piece of paper, write down the numbers 1–13 on consecutive lines.
- When the trainers stop reading the dialog and call out a number, write down the name of the skill or technique being demonstrated next to that number.
- Refer only to the Counseling Skills and Techniques flipchart.
- Trainers may repeat phrases.
- Please do not share responses.

## STOP-AND-GO DIALOG

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**Background:** A 22-year-old man lives in a large town outside of a major city. He works in his uncle's auto repair shop as a mechanic. He has come to take a HIV test. This dialog is only part of the pre-test portion of the counseling.

**Counselor:** Greetings. I'm glad you came to the VCT clinic; it was an important decision regarding your health. **STOP Number 1.** My name is Awa, and I will be your counselor while you are here today. We have 15 minutes for counseling today. Just so you are aware, everything we talk about today is confidential; the information will not be shared with anyone else. What brought you here today? **STOP Number 2.**

**Client:** I wasn't sure I was going to come. I mean, what if I turn out to be positive? What could I do?

**Counselor:** Sounds like you are feeling a little nervous about what you would do if the results were positive. **STOP Number 3.**

**Client:** Yes. Well, I'm here now so we might as well get started. I came to get tested because my girlfriend said we should both get tested before we have sex. I have to agree that I would feel better if I got tested.

**Counselor:** That's great. Being tested is an important step in taking responsibility for your health. Tell me more about what you know about HIV/AIDS. **STOP Number 4.**

**Client:** I know you can get it from commercial sex workers and people who have a lot of partners. I'm not like that though. I've had a couple of girlfriends over the last year, but I only date one girl at a time for a couple of months. I don't go to commercial sex workers.

**Counselor:** HIV is a virus that is spread by having unprotected sex with an infected partner. You cannot tell that people have HIV just by looking at them. It is when they have AIDS that they show physical signs of infection, but it is not always clear that these physical conditions are due to AIDS. **STOP Number 5.** How often do you have unprotected sex? **STOP Number 6.**

**Client:** I've only used a condom a few times. I don't like them. It's like chewing gum with the wrapper on.

**Counselor:** A lot of people say that they feel less when they wear a condom. **STOP Number 7.**

**Client:** I also don't think my girlfriend will cheat on me. She's not like that. She's the one who suggested we have the test. I'm pretty sure neither of us is infected, and if we are, we'll deal with it. I will admit that on occasion I see this friend I've had for a long time. It's nothing serious; we just have sex together.

**Counselor:** (Silence) **STOP Number 8.**

**Client:** Well, I guess I don't know how many other guys she has sex with. We don't use condoms when we're together, so I don't think she uses them. I guess I'm not doing what I'm supposed to by having sex with her.

**Counselor:** It sounds like you've given this some thought, and that's an important first step. Instead of looking at what you're doing wrong, let's look at what you can do right. **STOP Number 9.**

**Client:** I guess I can wear condoms with my friend, the girl I have sex with sometimes. I'd rather do that than to never have sex with her again. And I really don't want to wear condoms with my new girlfriend. We have agreed not to have sex with each other until after we get our tests back.

**Counselor:** What are some obstacles or problems you may have doing this? **STOP Number 10.**

**Client:** There are a few problems actually. I don't know if she'll agree to using condoms. Also I'm really not sure I will use them all the time. As I said, I don't like the way they feel.

**Counselor:** What have you done in the past when you wanted to discuss wearing a condom with your partner? **STOP Number 11.**

**Client:** I usually used them because I didn't want to get the girl pregnant. I have a son, but I don't want any more children right now. I guess I could tell my friend I don't want her to get pregnant, which is also true.

**Counselor:** You also said you may not wear them because you don't like the way they feel. What happens when you choose not to wear a condom? **STOP Number 12.**

**Client:** I know I'm taking a risk of getting AIDS. I also know a friend of mine who has it. I can think of him as a reminder to use condoms.

**Counselor:** Let me review the steps you are going to take to protect yourself. You are going to wear condoms with your friend and tell her you don't want her to get pregnant. You and your new girlfriend are getting tested today and won't have sex until you get the results. You are going to think of your friend who has AIDS as a reminder to use a condom. **STOP Number 13.**

**Client:** Yes, that was easier than I thought. I thought when I came to the clinic you were going to say I had to wear condoms all the time. I know I can do these things.

**Counselor:** I'm glad you found a plan that you can stick with. It is great that you have made a decision to take care of yourself.

---

#### STOP-AND-GO DIALOG: ANSWER KEY

- Affirmation
- Open-Ended Questions
- Reflecting Feelings
- Polite Imperative
- Giving Information Simply
- Specific Question
- Third Person or Impersonal Statement
- Silence
- Reframing
- Exploring Barriers
- Identifying Strategies to Overcome Barriers

- Exploring Outcomes
- Summarizing Plan

#### FLIPCHART: “NAME THE SKILL” DRILL

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- Two people from a team pick a skill sheet from a jar.
- They perform this skill for their team members.
- Their team members must identify the skill or technique they are using.
- Team members may refer only to the Counseling Skills and Techniques flipchart.
- Each team has one minute to perform the skill.
- Team members have one minute to guess, then they must give their final answer.
- Teams take turns.
- Team members will also take turns performing the skills.
- Correct answers receive one point. A bonus point is given if the team identifies the correct skill category: Building Trust, Assessing/Exploring, Understanding/Being Understood or Determining Action.

## SESSION 11: CLIENT-CENTERED COUNSELING

TIME: 1 hour 30 minutes

Agenda for Client-Centered Counseling	
10 minutes	Introduction
30 minutes	Agree/ Disagree
30 minutes	Client's Bill of Rights
20 minutes	Wrap Up: Draw What I See
1 hour 30 minutes	

### SESSION OBJECTIVES:

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By the end of this session, participants will be able to:

- Identify the components of client-centered counseling.
- Create a Client's Bill of Rights poster.

### PREPARATION:

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- Prepare flipcharts:
  - Session Objectives
  - Session Agenda
  - Client-Centered Counseling (See Trainers' Notes.)
- Gather additional materials:
  - Participant's Manual: Agree/Disagree Worksheet and Discussion Notes (See Trainers' Notes.)
  - Blank flipcharts, tape, markers, timer or watch
  - Draw What I See: Shapes Image (See Trainers' Notes.)
  - VCT Reference Guide

### BREAKS

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- Schedule breaks into the session as appropriate.

### INTRODUCTION

---

TIME: 10 minutes

MATERIALS: Session Objectives flipchart, Session Agenda flipchart

### STEPS:

- Introduce the session objectives and agenda, reviewing prepared flipcharts. Ask whether participants have any questions.

## AGREE/DISAGREE

---

**TIME:** 30 minutes

**MATERIALS:** Participant's Manual: Agree/Disagree Worksheets and Discussion Notes, Client-Centered Counseling flipchart

**STEPS:**

- Inform participants that they are to complete the Agree/Disagree Worksheets in their Participant's Manual. Tell them that they will discuss their responses in small groups of three or four after they have completed the worksheet.
- Allow participants 10 minutes to complete the worksheet.
- Ask participants to form groups of three. Ask them to discuss their responses as a group. Inform them they have 10 minutes to discuss their responses.
- Discuss the agree/disagree statements as a large group. Use the Discussion Notes to bring out important points.
- Share the Client-Centered Counseling flipchart. Ask the participants the difference between provider- or information-centered counseling and client-centered counseling. Ask the participants what they think about this definition and how it applies to their role as VCT counselors.

## CLIENT'S BILL OF RIGHTS

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**TIME:** 30 minutes

**MATERIALS:** Blank flipcharts, markers, tape

**STEPS:**

- Inform participants that using the information from the last exercise and their own ideas, they are going to create a Client's Bill of Rights. This is a list of rights for the client when entering a counseling relationship. Suggest to the participants that they may want to post this list on their clinic room wall or wherever their counseling may take place.
- Tell the group that issues surrounding ethics will be addressed in a later session and that this activity is centered on the counseling aspect of a client's rights—how clients should be treated and the techniques to be used when being counseled.
- Ask participants to form groups of three. Provide each group with a marker and a flipchart. Ask participants to brainstorm their ideas on a small sheet of paper before writing them on the flipchart. Suggest that they carefully choose how they write their Clients Bill of Rights. Inform participants they have 15 minutes to work on their poster.
- After completing this task, ask the groups to post their Client's Bill of Rights posters on the wall.
- Ask the participants to do a "tour" of the posters.
- As a group discuss the similarities among the ideas listed. Ask participants what ideas they would like to use from the other groups. Ask participants how they can carry out this kind of Bill of Rights at their counseling site.

## WRAP UP: DRAW WHAT I SEE

---

**TIME:** 20 minutes

**MATERIALS:** Draw What I See: Shapes Image; timer or watch

This activity demonstrates the importance of communication by asking a participant to explain to the group a picture. From this person's explanation the group must try to draw the picture (without seeing it). This demonstrates how important it is to communicate well.

## STEPS:

- Share the following quote with participants: “The problem with communication is the illusion that it’s been accomplished.” Say the following to participants:

*Success in communication about HIV/AIDS is best achieved by dialog. The ability of the counselor to create a safe and secure environment—one where the client can ask questions, share personal information, gather information and make decisions without feeling judged or pressured—is critical to the success of the interaction.*

- Ask for a volunteer from the group. Give the volunteer a piece of paper with a drawing on it and inform the volunteer that he/she will describe the drawing to the group.
- Inform the group that they are to draw what is described to them by the volunteer. Tell the group that they are not allowed to talk or ask questions of each other or the volunteer describing the drawing.
- Inform the volunteer that he or she has three minutes to describe the drawing. Time the activity.
- At the end of three minutes, ask the group to share their images. Ask the volunteer to share the drawing. Compare and discuss the drawings. Ask the group what were the challenges in drawing the shapes.
- Inform participants that in the next session they will look closely at what they bring to counseling: their values, their views and the way that their perception of others is colored by their own experiences.

## TRAINERS' NOTES

### PARTICIPANT'S MANUAL: AGREE/DISAGREE WORKSHEET

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Rate the following statements on a scale of 1–5, with 1 meaning you agree completely and 5 meaning you totally disagree.

- |   |           |
|---|-----------|
| 1. Client-centered counseling is education. You are telling the client what they need to know   | 1 2 3 4 5 |
| 2. Counseling involves giving good advice and guidance  | 1 2 3 4 5 |
| 3. Client-centered counseling is not letting the client talk about anything he or she wants. Rather, it is keeping the client focused on the agenda for the counseling session. | 1 2 3 4 5 |
| 4. If a client says he or she knows about HIV/AIDS and condoms, there is no need to discuss these topics further.   | 1 2 3 4 5 |
| 5. A counselor should use technical language to demonstrate that he or she is knowledgeable about the subject.  | 1 2 3 4 5 |
| 6. It is important to ask questions that can be answered with “yes” and “no” because they are easier for the client to answer.  | 1 2 3 4 5 |
| 7. Confidentiality and privacy are ideal, but not necessary, for good counseling to occur.  | 1 2 3 4 5 |

### PARTICIPANT'S MANUAL: AGREE/DISAGREE WORKSHEET

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#### Discussion Notes

##### **Client-centered counseling is education. You are telling the client what he or she needs to know.**

*Client-centered counseling is different than education. In client-centered counseling, you are exploring with the client what his or her specific information needs are, rather than giving generic information. You provide information so that clients can make informed decisions.*

##### **Counseling involves giving good advice and guidance.**

*Although many people believe counseling involves giving advice, it is not a technique that helps the client in the long run. In the client-centered approach, the counselor avoids telling the client which action is the best. Instead, the counselor uses his or her skills to enable the client to reach a better understanding of the problem, deal with feelings and assume responsibility for evaluating alternatives and making choices.*

##### **Client-centered counseling is not letting the client talk about anything he or she wants. Rather, it is keeping the client focused on the agenda for the counseling session.**

*Clients who stay on course can examine their situation more thoroughly and explore the issue at hand. Clients who wander off of the agenda can become overwhelmed and unable to focus on what they need to do in the immediate future.*

##### **If a client says he or she knows about HIV/AIDS and condoms, there is no need to discuss these topics further.**

*To understand the extent of the client's knowledge, the counselor must explore the client's understanding of the disease, as well as the client's understanding of condoms. Only by understanding the client's level of knowledge and feelings about these issues can a realistic risk-reduction plan be created.*

##### **A counselor should use technical language to demonstrate that he or she is knowledgeable about the subject.**

*It is critical to recognize that the goal is for the client to understand what is said and how it applies to him or her. An environment of trust is created if the client understands the information being shared. Technical language is not always the best when speaking with clients.*

**It is important to ask questions that can be answered with “yes” and “no” because they are easier for the client to answer.**

*By limiting the answers to “yes” and “no,” the counselor receives limited information about the client. Open-ended questions are better at getting the client to share information. The more the counselor explores the client’s history and understands the client’s needs and motivation, the more likely the counselor and client are to come up with an action plan that the client will use.*

**Confidentiality and privacy are ideal, but not necessary, for good counseling to occur.**

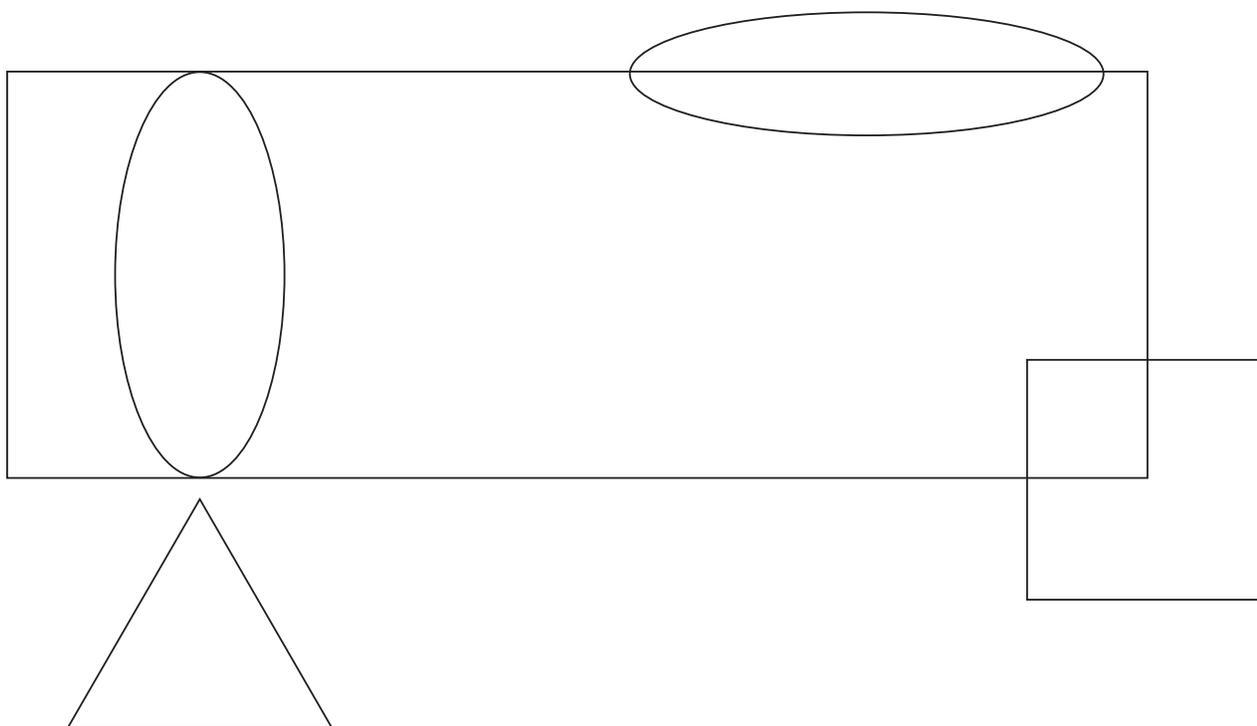
*Because HIV infection and AIDS are sensitive and emotionally charged issues, all information about the individual and his/her sexual partners must be kept strictly confidential. Confidentiality will win a client’s trust and minimize the chances for stigmatization and discrimination. Counseling needs to take place in an environment that maximizes privacy and confidentiality.*

## FLIPCHART: CLIENT-CENTERED COUNSELING

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(Source: Centers for Disease Control and Prevention)

### *Draw What I Say: Shapes Image*



## SESSION 12: RISK REDUCTION

TIME: 3 hours

Agenda for Risk Reduction	
15 minutes	Introduction
30 minutes	Global vs. Tailored Risk Reduction
25 minutes	Risk Assessment
45 minutes	Risk-Reduction Strategies, Barriers and Overcoming Barriers
1 hour	Risk-Reduction Role-Plays
5 minutes	Wrap Up
3 hours	

### SESSION OBJECTIVES

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By the end of this session, participants will be able to:

- Work with the client to determine the behaviors and activities that put the client at an increased risk of HIV infection.
- Work with the client to assess the costs and benefits of different risky behaviors and risk-reduction strategies.
- Work with the client to explore the client's past successes and abilities to reduce risk.
- Work with the client to identify barriers to the client's risk-reduction strategies and ways to overcome those barriers.
- Create a plan of action with the client that should, but may not always, include the following: the strategies the client has identified, the actions he or she needs to take, the timeline for the actions he or she will take and resources he or she needs to carry out the action.

### PREPARATION

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- Prepare flipcharts:
  - Session Objectives
  - Session Agenda
  - HIV/AIDS Counseling Definition (See Trainers' Notes.)
  - Three risk assessment flipcharts: Determine Risky Behaviors, Assess Costs and Benefits, and Explore Past Successes and Abilities (Write titles only.)
- Gather additional materials:
  - Participant's Manual: Definitions and Messages, Risk Reduction Assessment Questions, Risk Reduction Strategies, Risk Reduction Case Studies, and Risk Reduction Checklists (enough for all participants)
  - Global vs. Tailored Risk Reduction dialogs
  - Risk Reduction Client Role-Plays #1, #2 and #3
  - VCT Reference Guide
  - Blank flipchart, markers, pens, tape, timer or watch

### BREAKS

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- Schedule break times into the session as appropriate.

## INTRODUCTION

---

TIME: 15 minutes

MATERIALS: Session Objectives flipchart, Session Agenda flipchart, HIV Counseling Definition flipchart

### STEPS:

- Introduce session objectives and agenda. Ask whether participants have any questions.
- Inform participants that you have written a definition from the World Health Organization for "HIV/AIDS Counseling" on a flipchart. Ask participants to write their definitions. Ask participants to share their responses if they would like.
- Share the HIV/AIDS Counseling Definition flipchart (see Trainers' Notes). Refer participants to the second sentence: "The counseling process includes evaluating the personal risk of HIV transmission and discussing how to prevent infection." Ask for volunteers to explain how their work as a VCT counselor contributes to this mission.

- Say the following to participants:

*One of your primary roles as a VCT counselor is to work with clients to assess and reduce their risk of HIV infection. Clients come to testing because they feel they have done something that has put them at risk, so on a certain level, they have identified their own risky behavior or behaviors. This is a great opportunity to help individuals change their behavior and in some way reduce their risk.*

*Unfortunately, some clients look at testing as the sole means to prevention, assuming that if they test negative they can engage in "risky" behavior because they are "clean." **This is what makes handling negative results very challenging.** In that moment of relief, we don't want to lose the opportunity to effect change. Clients who test positive also need help in creating a plan to take care of themselves and their partners. In this session, we will look at how to work with clients to create risk reduction plans they will use.*

## GLOBAL VS. TAILORED RISK REDUCTION

---

TIME: 30 minutes

MATERIALS: Blank flipchart, markers, tape, Participant's Manual: Definitions and Messages, and Global vs. Tailored Risk Reduction Messages

### STEPS:

- Ask participants to define prevention and to define it in terms of the work they will do as VCT counselors. Write their responses on a blank flipchart. Be sure to cover the following points:
  - Prevention means to stop something from happening.
  - According to the WHO definition, prevention means keeping people from becoming infected with HIV.
  - Some frequently used global prevention messages include "be abstinent, practice monogamy (with uninfected, tested partners), and use latex condoms consistently and correctly."
- Ask participants to define risk reduction. Write their responses on a flipchart. Make sure the following point is made: Risk reduction means to lower or lessen the risk of becoming infected or infecting someone else with HIV. Encourage participants to write these definitions on the Definitions and Messages sheet in their Participant's Manuals.
- Inform participants that they will listen to two dialogs. Ask participants to write the prevention messages they hear during the dialog on the Definition and Messages sheet in their Participant's Manuals.
- Read from the first dialog (Global Risk Reduction). (**Note to trainers:** Read this dialog together.) Ask participants to identify the prevention messages they heard. Write these responses on a blank flipchart.
- Read from the second dialog (Tailored Risk Reduction.) Ask participants to identify the prevention messages they heard. Write these responses on a blank flipchart.
- Facilitate a discussion comparing the two dialogs. Ask participants what skills and techniques the counselors used in each of the dialogs. Ask the participants what the client did or did not do in each of the dialogs. Explain that the first dialog contains

what are referred to as "global" risk-reduction messages—general messages that apply to everyone. The second dialog has "tailored" risk-reduction messages—these messages fit the needs of a particular client. Share the following analogy with the participants: *Just like a tailor cuts and fits a piece of clothing according to the needs of the client, you will create a plan with your client that fits his or her needs.*

## RISK ASSESSMENT

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**TIME:** 25 minutes

**MATERIALS:** Determine Risky Behaviors flipchart, Assess Costs and Benefits flipchart, Explore Past Successes and Abilities flipchart, markers, tape, Participant's Manual: Risk Reduction Assessment Questions, timer or watch

### STEPS:

- Inform participants that the first three steps of risk reduction are to:
  1. Determine risky behaviors. What is the client doing that puts him or her at risk?
  2. Assess the risks and benefits of different behaviors and risk reduction activities. What behaviors is the client willing or not willing to change? At what cost? For what benefit?
  3. Explore past successes and abilities in reducing risk: What has the client tried before that worked? What other abilities does he or she have that would be helpful here?
- Ask participants what type of skills they would use to gather this information. Include the following counseling skills and techniques: ask open-ended questions, ask close-ended questions and use active listening skills.
- Post three flipcharts around the room with the following headings:
  - Determine risky behaviors
  - Assess costs and benefits
  - Explore past successes and abilities
- Divide the participants into three groups. Assign each group a risk assessment step. Ask each group to write as many questions as they can think of that would be appropriate for getting this information. Allow five to seven minutes for brainstorming.
- Bring all participants back together and ask for a volunteer from each group to share his or her group's questions. Ask the participants whether they have any questions to add. Refer them to the Risk Reduction Assessment Questions page in their Participant's Manual (see Trainers' Notes). Review the list of questions. Ask participants to add to this list any additional questions they identified.

## RISK REDUCTION STRATEGIES, BARRIERS AND OVERCOMING BARRIERS

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**TIME:** 45 minutes

**MATERIALS:** Blank flipchart, markers, Participant's Manual: Risk Reduction Strategies and Risk Reduction Case Studies, timer or watch

### STEPS:

- Explain to participants that the fourth step of the risk reduction process is to identify personal barriers that make it difficult to choose a risk reduction strategy or method and to identify strategies for overcoming those barriers.
- Inform participants that they will brainstorm risk reduction strategies. Remind participants that brainstorming means anything goes—no idea is too crazy. Remind participants that their clients might have a wide range of behaviors that put

them at risk and to keep those behaviors in mind when brainstorming. Allow three to five minutes for this. Review the list after it is completed. Ask participants whether they have any questions about the ideas listed.

- Refer participants to the list of risk reduction strategies in their Participant's Manual. Ask participants to add any from their own list to the list in the Participant's Manual. Inform participants that they can use this list as a reference with clients who might have some difficulty in identifying their own strategies. Sharing this list with clients gives clients more options from which to choose.
- Ask participants to form groups of four or five. Refer participants to the Risk Reduction Case Studies in their Participant's Manual. Ask participants to work with their group to identify risk reduction strategies that might work for the clients in the case studies. Allow five minutes for this.
- Process as a group. Ask the groups to share the strategies they chose for the clients in the case studies. Ask the participants why they chose the strategies they did. Ask participants why they did not choose some strategies.
- Ask the participants to briefly identify potential barriers and strategies for overcoming those barriers for the clients in the case studies. Allow five minutes for this.

## RISK REDUCTION PLAN ROLE-PLAYS

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**TIME:** 1 hour

**MATERIALS:** Participant's Manual: Risk Assessment Questions, Risk Reduction Strategies, Risk Reduction Checklist, and Risk Reduction Plan Role-Plays (See Trainers' Notes.)

**STEPS:**

- Review the steps participants have discussed.
  1. Determine risky behaviors.
  2. Assess costs/benefits.
  3. Explore past successes and abilities.
  4. Identify personal barriers and strategies to overcome those barriers.
- Inform participants that for this next activity they will perform all four of these steps as well as the last step:
  5. Create a risk reduction plan.
- Tell participants that they will perform role-plays. Explain that each role-play group will consist of three people: a client, a counselor and an observer.
  - The client will be given a scenario to act out in the role-play.
  - The counselor will try to cover as many of the risk reduction steps as are appropriate.
  - The observer will use the checklist to note when counselors use the risk reduction steps and to indicate opportunities for further counseling. Observers also will provide feedback to the counselors.
- At the end of each role-play, roles will switch so that everyone will have a chance to be a counselor, client and observer.
- Encourage participants to use these resources in their Participant's Manual if they get stuck when they are the counselor: the Risk Assessment Questions list, the Risk Reduction Strategies list and the Risk Reduction Checklist. Remind them to use the counseling skills they used in the last session, in particular, open-ended questions, specific questions, simple information, and all of the determining action skills.
- Ask participants to form groups of three. Ask participants to determine who will play which role in their group for the first role-play. Give those who will be the client the Client Role-Play #1.
- Give all participants a Risk Reduction Checklist handout to use when they are observers. The checklist will help them evaluate the performance of the counselors.

- Remind participants to use the rules of good feedback when they play the observer: be timely and specific, focus on something the person can change, focus on the behavior not the person, and say something positive as well as pointing out something to improve.
- Ask participants to stop after they have finished the first role-play and the observer has given feedback using the checklist.
- After all groups have finished the first role-play, briefly process this role-play by asking the whole group how it went. What was difficult? What was easy? What would have made it easier? Were the counselors able to remain objective with the scenarios and the strategies the client chose?
- Ask participants to switch roles and continue with the second and third role-plays. Give participants the client role-play handout when it is their turn to play the client. Trainers should check in with groups to see if any clarification is needed.
- Process the second and third role-plays as a large group. Ask the participants share some of the strategies they developed with their client. Ask participants how they can apply this exercise to their work as VCT counselors.

## WRAP UP

---

**TIME:** 5 minutes

**MATERIALS:** None

### STEPS:

- Ask participants to reflect on the steps discussed during the session and their individual comfort level with these steps. Ask participants to assess their skills in risk reduction using the feedback they received while doing their role-play.
- Ask participants to share their ideas for building and improving their skills. Inform participants that they can use their ideas as part of the personal plan for improvement that they will create during the advanced skills phase of training.
- Tell participants that they will do more work on risk reduction in the next session, which focuses on condom demonstrations and partner negotiation.

## TRAINERS' NOTES

### FLIPCHART: HIV/AIDS COUNSELING DEFINITION

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*HIV Counseling is a confidential dialog between a client and a counselor aimed at enabling the client to cope with stress and make personal decisions related to HIV/AIDS. The counseling process includes evaluating the personal risk of HIV transmission and discussing how to prevent infection.*

### PARTICIPANT'S MANUAL: DEFINITIONS AND MESSAGES

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#### Definitions

Prevention:

Risk Reduction:

### GLOBAL VS. TAILORED RISK-REDUCTION MESSAGES

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Dialog 1:

Dialog 2:

### GLOBAL VS. TAILORED RISK-REDUCTION DIALOGS

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- Say the following to participants:

*These dialogs do not include all of the parts of pre- or post-test counseling. These are shortened dialogs created for demonstrating the difference between global and tailored prevention and risk-reduction messages.*

### GLOBAL RISK-REDUCTION DIALOG

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**Background:** Client is a 35-year-old male in the military.

**Counselor:** Greetings. What brings you here today?

**Client:** I came to be tested. A friend of mine has AIDS. We used to go to the same bars and sleep with some of the same women.

**Counselor:** How many partners do you have unprotected sex with?

**Client:** I'm married, but my wife lives far from here, in the capital city. I sleep with about three or four other women a month. One of them is my girlfriend in the next town. Occasionally I go to a commercial sex worker, sometimes the same one.

**Counselor:** You can get HIV/AIDS from having sex with an infected partner. You cannot tell who has HIV just by looking at them. The World Health Organization recommends using condoms correctly and consistently. Given your circumstances, you should probably use condoms regularly to protect yourself from infection.

**Client:** I really don't like to use condoms. I don't think I would ever use them all the time.

**Counselor:** Condoms, abstinence or having sex only with a tested partner are the surest ways of not getting infected.

**Client:** Hmm, well thanks for the information.

#### TAILORED RISK-REDUCTION DIALOG

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**Background:** The client is a 28-year-old woman who is married and has three children. She lives in a town close to a large city.

**Counselor:** Greetings. What brings you here today?

**Client:** I came to be tested. I would feel a lot better if I knew for sure that I am negative.

**Counselor:** What are you doing that might be putting you at risk for getting infected with HIV?

**Client:** I'm not doing anything; it's my husband. I know he sleeps with other women. I know he sees at least two other women. My brother is his best friend. When I became suspicious, my brother's wife let me know that I was right. She told me he has brought two different women to their house.

**Counselor:** What do you know about HIV/AIDS?

**Client:** I know people die of it. It has happened to my aunt's husband and a family friend. I know you can get it from sex.

**Counselor:** HIV is a virus that infects the body. It attacks your immune system. That's the system that fights off sickness in your body. You can get HIV/AIDS from having sex with an infected partner. You cannot tell who has HIV just by looking at them. Is this making sense to you?

**Client:** I think so. You're saying that HIV makes your body weak so it cannot fight other sicknesses. What is the difference between HIV and AIDS?

**Counselor:** AIDS is diagnosed when the blood in the body has been overpowered by HIV so much that it can't fight even diseases that you and I are exposed to everyday, but don't get. The body's immune system is weak so it gets sick a lot and can't fight off sickness very well. Eventually, the illnesses overtake the body and the person dies.

**Client:** Well, now I know more about the disease, which makes me sure that I do not want to get it. I still don't know how to handle my husband.

**Counselor:** Have you discussed using condoms?

**Client:** He would get mad if I even brought it up. He would say I do not trust him. I have asked him where he goes sometimes at night and he gets very mad.

**Counselor:** What have you done in the past when you had to talk about a difficult subject with him?

**Client:** When I wanted to start taking birth control I asked my brother to talk to him. It took a while, but he finally agreed.

**Counselor:** What do you want your brother to say to him?

**Client:** Well, he could suggest he wear condoms with those other women, but I don't know that he would. What I would prefer is if he got tested. That way we could know for sure, and he could get more information about HIV and AIDS.

**Counselor:** That's a great idea. What do you need to do to make that happen?

**Client:** I'll talk to my brother this week. He always takes care of me, so I know he'll help me. Do you have some information I can give him to read? He might even come with my husband to get tested, although I'm not sure how his wife would take that.

**Counselor:** What do you want to do about that?

**Client:** I'll just talk to my brother and let him decide what he wants to do about taking the test and telling his wife.

**Counselor:** Let's review what you have decided to do to reduce your risk of infection. You are going to talk to your brother and ask him to talk to your husband about using condoms with the other women and coming to get tested. You are going to let your brother decide if he wants to get tested and what he will tell his wife. Is there any thing else you want to discuss about reducing your risk?

**Client:** No, this was actually very helpful. I wasn't sure how I was going to handle this. They always say use condoms on TV, but it's not always that easy. Thank you for helping me.

**Counselor:** Sure. Thanks for coming in today. You took an important step in being responsible for your health.

### **1. Determine risky behaviors.**

- What activity are you concerned about?
- How do you think you might have become infected?
- How many partners do you have?
- What makes you think you have been exposed?
- Did you use a condom?
- When was the last time you were at risk? What was happening then?
- Have you or your partners been tested before? What were the results?

### **2. Assess the costs and benefits of different risky behaviors and risk reduction activities.**

- Are you comfortable with what you are doing?
- What are the benefits of this behavior?
- What are the costs of this behavior?
- Is there anything that would prevent you from using this technique?
- Are condoms something you can use? Do you usually use them?
- Will your partner agree to this?
- Is this something that makes sense to you?
- Do you feel comfortable talking with your partner about this?
- Is there something that makes this difficult for you?
- Different people are comfortable with different levels of risk. What are you comfortable with?

### **3. Explore successes and abilities to reduce risk.**

- What kind of things have you done in the past to protect yourself?
- What are you currently doing to protect yourself? How is that working for you?
- Tell me about a time when you did protect yourself (or did not protect yourself).
- Have you ever used a condom? What happened when you did use a condom? What went well? What did not go well?
- Have you ever been tested for STIs or HIV?
- What have you heard about reducing your risk? How have you talked about this with previous partners?
- Who have you discussed this with?

### **4 & 5. Identify barriers to the strategies and ways to overcome the barriers. Create a risk reduction plan.**

- What can you tell me about your current sexual relationships?
- Based on what we have discussed, here are some things that you may consider as part of reducing your risk of HIV.
- Can you tell me what you will do to reduce your risk of HIV exposure?
- Counselors can facilitate the process in #4 and #5 by following the following steps with clients:
  - For each risk reduction behavior, the counselor assesses internal and external obstacles to change, the client's perceived efficacy in enacting the new behavior, readiness to change and availability of resources to support change.

- In supporting a client's enacting his or her personalized risk reduction plan, the counselor acknowledges and supports the client's strengths (e.g., social support, self-efficacy, previous success in changing behavior, etc.) and assists in problem solving in areas of concern or expected difficulty.
- If condom use (male or female condoms) is part of the risk reduction plan, the counselor asks the client to tell what he or she knows about condoms and invites the client to practice putting a condom on a penis or vagina model before the counselor conducts the condom demonstration.
- If the client does not mention condoms, the counselor may introduce the subject, whether or not the client is planning to use them.
- The counselor elicits a commitment from the client to try to carry out specific behavioral changes.

## PARTICIPANT'S MANUAL: RISK REDUCTION STRATEGIES

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- Masturbate
- Get tested for HIV and other STIs.
- Re-test and use protection during the three-month window period
- Use condoms.
- Always have a condom with you
- Stop seeing specific people who might put you at risk for HIV (for example, commercial sex workers or other non-exclusive partners).
- Use condoms with specific people (for example, commercial sex workers or other non-exclusive partners).
- Reduce your number of partners (even if in a monogamous relationship with each different partner, risk increases with an increasing number of partners).
- Abstain from anal sex (skin in this area can tear easily, creating an opening for the virus to enter the body).
- If you do have anal sex, always use a condom.
- Ejaculate outside of your partner's body.
- Reduce or stop drinking and/or drug use (alcohol and other drugs affect decision-making ability).
- Insist on an unused, sterile needle when getting an injection at the doctor's.
- Do not share unsterilized needles, cutting instruments or sharp instruments with others.
- Talk with a doctor about HIV/AIDS.
- Avoid infected area if genital sores are present.
- Get tested and treated for STIs.
- Go with a new partner to get tested together.
- Get re-tested with your partner.
- Be in a monogamous relationship with a tested partner
- Do not put herbs in the vagina. This can lead to dryness, tearing and infections.
- If you are male, consider getting circumcised. (It is believed that circumcised men may have a lower risk of infection than uncircumcised men).
- Have longer monogamous relationships with fewer partners.
- Do not brush teeth or floss before oral sex. (Brushing or flossing may cause gums to bleed, which means there is an opening in the skin through which the virus can enter the body.)

- Use a condom when having oral sex.
- If performing oral sex on male, have your partner ejaculate outside the mouth.

## PARTICIPANT'S MANUAL: RISK-REDUCTION STRATEGIES CASE STUDIES

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Identify risk-reduction strategies for these clients. Then list possible barriers and solutions to overcoming those barriers. Because you are unable to discuss these ideas with the client, assume that anything is possible.

### **Case Study #1**

The client is a 28-year-old woman. She is a commercial sex worker who works at a bar along a truck route. She has a boyfriend. She has said that some of her clients don't like to use condoms. She also pays for the condoms, which is a financial burden for her. She sometimes drinks with her clients.

Strategies:

Barriers:

Strategies to overcome barriers:

### **Case Study #2**

The client is a 40-year-old male. He works at a bank in the capital city. He is married. He also has a girlfriend whom he believes sees other men. He tried condoms once, but had a negative experience; they made him go soft or flaccid.

Strategies:

Barriers:

Strategies to overcome barriers:

## PARTICIPANT'S MANUAL: RISK-REDUCTION CHECKLIST

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Each of these steps should be done when working with the client.

1. Determine risky behaviors.
2. Assess costs and benefits of risky behaviors and risk-reduction activities.

3. Explore successes and abilities.
4. Identify barriers to those strategies and ways to overcome those barriers.
5. Create a risk-reduction plan.

## RISK-REDUCTION CLIENT ROLE-PLAYS

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### ***Client #1***

The client is a 35-year-old woman. She is married, but her husband works half the year in a neighboring country. She has a boyfriend in the neighboring town. She believes that both her husband and her boyfriend see other women. She has two children and is pregnant with a third. She thinks the father of the baby is her husband. She wants to know what she can do to protect herself while she is pregnant.

### ***Client #2***

The client is a 23-year-old male. He prefers sex with men. He works at a tourist resort. He has sex frequently with the male tourists for money. He has noticed that it hurts when he urinates and is concerned.

### ***Client #3***

The client is an 18-year-old girl. She attends high school in the city close to her hometown. She stays with her aunt and uncle. She has a boyfriend who is 28 years old. She thinks he has other girlfriends. She will have only anal sex to preserve her virginity.

## SESSION 13: PARTNER COMMUNICATION, NEGOTIATION AND CONDOM DEMONSTRATION

TIME: 2 hours

Agenda for Partner Communication, Negotiation and Condom Demonstration	
10 minutes	Introduction
10 minutes	Steps to Using a Condom
15 minutes	Condom Demonstrating Role-Plays
10 minutes	Partner Communications: Guess the Statistic
20 minutes	Steps to Counseling on Partner Communications and Negotiation
15 minutes	Partner Communications Guidelines
35 minutes	Partner Communication and Negotiation Role-Plays
5 minutes	Wrap Up
2 hours	

### SESSION OBJECTIVES

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By the end of this session, the participants will be able to:

- Identify and demonstrate the steps involved in putting on and taking off a condom correctly (both male and female condoms if possible).
- Identify questions and employ steps in counseling clients on partner communication and negotiation around condom use and other risk-reducing behaviors.

### PREPARATION

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- Prepare flipcharts:
  - Session Objectives
  - Session Agenda
  - Steps for Using a Condom (See Trainers' Notes.)
  - Assess Client's Ability, Explore Barriers, Identify Strategies (Write titles only.)
  - Partner Communication and Negotiation (See Trainers' Notes.)
- Gather additional materials:
  - Steps for Using a Condom sheets
  - Condom demonstration role-plays
  - Condoms, penis and vagina models
  - Participant's Manual: Steps for Using a Condom, Partner Communication and Negotiation Steps and Questions List, Partner Communication Guidelines
  - VCT Reference Guide
  - Markers, pens, tape, timer or watch
  - Prizes (if available or appropriate)
  - Partner Communication and Negotiation Role-Play (make enough copies for the entire group)

Source: Partner Communication and Negotiation Model is adapted from the American Social Health Association's ADD Health Information Manual, 2002.

## BREAKS

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- Schedule break times into the session as appropriate.

## INTRODUCTION

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**TIME:** 10 minutes

**MATERIALS:** Flipcharts: Objectives, Agenda

### STEPS:

- Introduce session objectives and agenda, reviewing prepared flipcharts. Ask whether participants have any questions.
- Share the following statistics and information about condom use:

*H. Meda, of Project Sida and the Canadian International Development Agency, conducted a study on condom use in Benin. At a family planning clinic in Cotonou, Benin, clinic staff introduced an aggressive HIV/AIDS education and condom promotion campaign targeted to commercial sex workers. Their hard work paid off. From 1996 to 1997, reported condom use was at 6 percent. By 1998, it had increased to 35 percent, and by 1999, it had increased to 67 percent. Many lessons can be learned from this study, but the one we will focus on today is that HIV/AIDS education and condom promotion can increase condom use.*

*Where can you introduce HIV/AIDS education and condom promotion during a counseling session?*

- Inform participants that a major part of their role as counselors is to work with clients to reduce their risk. Explain that condoms are the best protection clients have, next to abstinence.
- Tell participants that they are going to start the session with a short activity that focuses on condoms and partner negotiation skill building. Inform participants that they are going to create a "condom comeback." Explain that a condom comeback is a phrase said to a partner who refuses to use a condom.
- Share the following examples: "no glove, no love" (glove referring to a condom) and "put it on or pull it out." Encourage participants to use slang, have fun with it, and keep the phrase to just a few words. Ask participants to write the phrase on a small piece of paper and then fold it and give it to the trainers when they are done. Allow three minutes or so for this.
- Read the participants' condom comebacks. Ask participants what they think about using these in a real-life situation. Inform participants that this activity was to get them thinking about condoms and ways to increase condom use among clients.

## STEPS FOR USING A CONDOM

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**TIME:** 10 minutes

**MATERIALS:** Steps for Using a Condom sheets, Steps for Using a Condom flipchart

### STEPS:

- Divide participants into two groups. Inform participants that using a condom is not enough; the condom must be used correctly. Tell participants that they will have a race to see which group can put the steps for putting on and taking off a condom in the proper order first. Inform the groups that they are not to look at the Steps for Using a Condom sheets until the race begins. Inform the groups that to win, the steps need to be in the correct order.
- Give each group a face-down stack of the Steps for Using a Condom sheets. Start the race. When a group feels they have completed the race, use the Trainers' Notes to check over the order of their sheets. If the order is correct, announce that group as the winners, but allow the other group to finish organizing their sheets. Check the order of their sheets as well. If

the first group has an error in their order, inform them that they have an error, without telling them what the error is, and ask them to continue working.

- When the groups have finished, refer them to the Steps for Putting on a Condom flipchart.
- Give a prize, if available and appropriate, to the winning group. Ask participants whether they have any questions about the steps. Ask participants what they learned during this activity.

## CONDOM DEMONSTRATION ROLE-PLAYS

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**TIME:** 15 minutes

**MATERIALS:** Condom Demonstration role-plays, condoms, penis models, timer or watch

**STEPS:**

- Ask participants to pair up with another participant, preferably someone they haven't worked with before. Inform participants that they are going to do a role-play in which they demonstrate to a client how to properly put on and take off a condom.
- Inform participants that one person will act as the client and the other will act as the counselor. Tell participants that the person who will act as the client will use the Steps for Using a Condom checklist in the Participant's Manual or on the flipchart to evaluate the performance of the person acting as the counselor.
- Tell participants that they should not correct the counselor during the role-play, but should save their comments for after the role-play. Remind the participants of the rules for good feedback written in their Participant's Manual, Session 6 (good feedback is timely, specific and descriptive, includes something the person can change and focuses on what went well first and then what could be improved).
- Ask participants to begin role-plays using the scenarios described in their Participant's Manuals following the Steps for Using a Condom checklist. Inform participants that those who are acting as the counselors should describe each step during the demonstration. Tell the participants that those acting as clients are encouraged to ask questions. Allow three minutes for the role-play.

## PARTNER COMMUNICATION: GUESS THE STATISTIC

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**TIME:** 10 minutes

**MATERIALS:** Paper, pens

**STEPS:**

- Ask participants to get a small piece of paper and pen. Tell them that they will guess a number and write it on the paper. Ask participants not to say their guesses aloud and to write their name on their sheet of paper. Say the following:  
*The percentage of female counselors who reported being worried about their partner's sexual behavior, but were unable to discuss HIV risks with their partner is \_\_\_\_\_%.*
- Ask participants to share some of their guesses. Say the following to the participants:  
*The percentage of female counselors who reported being worried about their partner's sexual behavior, but were unable to discuss HIV risks with their partner is 50%.*
- Ask participants what this statistic means to them. Inform participants that HIV/AIDS prevention and risk reduction almost always involves more than one person, because sex almost always involves more than one person. Inform them that this is also where prevention and risk reduction can have the biggest impact. A lack of communication and negotiation represents a lost opportunity for reducing risk and preventing transmission. But, as this statistic shows, even counselors who are trained to communicate with people have difficulty communicating with their own partners. It is important for us to explore how we can improve communication between partners.

## STEPS TO COUNSELING ON PARTNER NEGOTIATION

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**TIME:** 20 minutes

**MATERIALS:** Partner Communication and Negotiation flipchart, Assess Client's Ability flipchart, Explore Barriers flipchart, Identify Strategies flipchart, markers, tape, timer or watch

### STEPS:

- Introduce the four steps to counseling clients on partner communication and negotiation by referring to the Partner Communication and Negotiation flipchart:
  1. Assess the client's ability to communicate with a partner or partners.
  2. Explore barriers the client faces in communicating with a partner.
  3. Identify strategies with the client that can be used when talking to a partner about HIV/AIDS.
  4. Have client practice what he or she wants to say to a partner or role-play with the client.
- Inform the participants that the last step is optional. It is up to clients to decide whether they want to practice or role-play, but the option should be made available. Remind participants that clients may have more than one partner with whom they will be communicating.
- Post three flipcharts around the room:
  - Assess client's ability
  - Explore barriers
  - Identify strategies
- Divide participants into three groups. Assign each group a step. Ask the groups to write as many questions as possible that would be appropriate for getting this information. Tell participants that they will practice the fourth step during the role-plays. Allow five to seven minutes for brainstorming.
- Ask for a volunteer from each group to share their group's questions. Ask the whole group whether they have any questions to add. Refer them to the Partner Communication and Negotiation Steps and Questions Sheet in their Participant's Manual (see Trainers' Notes) for any questions that might be missing. Review the list of questions.
- Ask participants to add the questions that they identified to the list. Inform participants that it is important to draw from the client's personal experiences whenever possible. Tell them that this is referred to as "capacity building." They are helping clients build on what they already know and have experience with, thus increasing their capacity to make and carry out good decisions.

## PARTNER COMMUNICATION GUIDELINES

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**TIME:** 15 minutes

**MATERIALS:** Partner Communication Guidelines flipchart, Participant's Manual: Partner Communication Guideline

### STEPS:

- Ask participants to name some good guidelines for communicating with a partner. Share the Partner Communication Guidelines flipchart (see Trainers' Notes). Inform participants that these guidelines are also in their in their Participant's Manuals.

## PARTNER COMMUNICATION AND NEGOTIATION ROLE PLAYS

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**TIME:** 35 minutes

**MATERIALS:** Partner Communication and Negotiation Steps flipchart, Participant's Manual: Partner Communication and Negotiation Steps and Questions List, Partner Communication Guidelines, Partner Communication and Negotiation Role-Plays (See Trainers' Notes.), timer or watch

### STEPS:

- Ask participants to find a partner, preferably one they have not worked with before. Inform participants that they will do role-plays in which they will counsel a client on partner communication and negotiation. Encourage participants to refer to the Partner Communication and Negotiation Steps flipchart, the Partner Communication and Negotiation Steps and Questions List in their Participant's Manual and the Partner Communication Guidelines.
- Ask each pair to decide which roles they will play first. Give the participants who are playing clients first their role-play sheet. Inform these participants that they will give feedback to the counselors using the questions and checklist on the role-play sheet.
- Tell the participants they have eight minutes for the role-play and two minutes to give feedback. Alert the participants when their eight minutes are almost over. Allow two minutes for feedback. Have pairs switch roles and follow the same steps for the second role-play.
- Process the activity in the whole group. Ask the participants what worked well and what did not. Ask participants what skills they need to improve on for this type of counseling. Ask participants how this activity could be applied to their work situation.

## WRAP UP

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**TIME:** 5 minutes

**MATERIALS:** Session Objectives flipchart

### STEPS:

- Review the session objectives. Ask participants how they met the objectives.
- Inform participants that in the next session they will have a chance to practice pre- and post-test counseling skills.

## TRAINERS' NOTES

### PARTICIPANT'S MANUAL: STEPS FOR USING A CONDOM

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**Note to trainers:** Write each of the following steps on a separate sheet of paper. Do this twice because the group will be divided into two teams. Mix up the order of the sheets. Also, write all the steps in the order shown here (the correct order) on a flipchart to be shown after the competition.

- Make sure the package does not have any holes or leaks. Check the date to make sure it has not expired.
- Open the package.
- Pinch the closed end of the condom and then place it on the erect penis.
- Still pinching the end, unroll the condom right to the base of the penis. (Pinching the end prevents air from becoming trapped in the tip of the condom. If air does become trapped, the condom has a higher chance of breaking.)
- After ejaculation, hold the condom and withdraw the penis before it gets soft.
- Take off the condom. Wrap it and dispose of it in a trash bin. Never dispose of a condom in a water flush toilet. Never reuse a condom.

### CONDOM DEMONSTRATION ROLE-PLAYS

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**Note to trainers:** Make enough copies for your group.

#### Client #1

The client is a pre-literate 17-year-old female who has never seen a condom. She wants to introduce them to her boyfriend, who is 18.

#### Client #2

The client is a 35-year-old male who has tried condoms but did not like them. He had difficulty getting them on because he put them on before he was hard.

### FLIPCHART: PARTNER COMMUNICATION AND NEGOTIATION

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- Assess the client's ability to communicate with a partner or partners.
- Explore barriers the client faces in communicating with a partner.
- Identify strategies with the client that he or she can use when talking to a partner about HIV/AIDS.
- Have client practice what he or she wants to say to a partner, or role-play with the client.

### PARTICIPANT'S MANUAL: PARTNER COMMUNICATION AND NEGOTIATION: STEPS AND QUESTIONS LIST

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**Assess ability:** Use open-ended and specific questions to assess the client's ability to communicate with partner or partners.

- Is it hard to think about talking to your partner?
- Is it difficult to talk to your partner?
- Does it seem realistic to talk to your partner about this?
- What experience do you have discussing things like this with your partner?

**Explore barriers:** If the client expresses that it is difficult to talk to a partner, assess what barriers the client faces in talking to the partner. Use open-ended and specific questions.

- What's hard about it?
- What might make it difficult?
- How realistic does it seem to talk to your partner?
- How do you think your partner might react if you talked to him/her about it?
- What is challenging about talking to your partner?

**Identify strategies:** Help the client identify strategies that he or she can use to talk to the partner. Use open-ended and specific questions to help the client identify personal strategies. The most effective strategies come from the client. Only this person knows what will work. Give the client plenty of space to identify potential strategies. Avoid being directive in this discussion.

- How do you think you might do this?
- What do you think will work when talking to your partner?
- How have you brought up topics like this in the past with your partner?
- What do you think might work? What would you want to say to your partner?
- Who might be able to help you? Who could you talk to about this?
- Have you ever talked about issues like this in the past? Maybe with a different partner? What worked then?
- What have you done in similar situations?
- What have you thought about doing?

**Have client practice:** Help the client be clear about what he or she wants to say by asking him or her to practice during the counseling session. This step is optional, but the option should be made available. The client may have more than one partner to communicate with, so practice accordingly.

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#### FLIPCHART: PARTNER COMMUNICATION GUIDELINES

- Decide when and where you want to talk. Pick a neutral place.
- Decide what you want to say.
- Try not to drink alcohol or use drugs before you talk.
- Plan to talk sometime other than when you are about to have sex.

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#### PARTICIPANT'S MANUAL: PARTNER COMMUNICATION GUIDELINES

- Decide when and where you want to talk. Choose a neutral place that is safe, yet private. Choose a place that is comfortable for both of you.
- Decide what you want to say. Be clear with yourself about your goals and expectations. Set realistic expectations for yourself and your partner. Ask your partner for his or her ideas; create a dialog.
- Try not to drink or use drugs before you talk. Alcohol and other drugs make communication difficult for many people.
- Plan to talk sometime other than when you are about to have sex. Plan to talk at a time when sex is not happening.

**Note to trainers:** Make enough copies of each of these for your group.

### Client #1

The client is a 24-year-old woman. She is a university student. She is beginning a new relationship. She has had two sexual relationships in the past, but has not yet been tested. She had unprotected sex in each of those relationships. She wants her new boyfriend to get tested. She knows he sleeps with other women, and she wants to discuss condoms with him and ejaculating outside of the body.

Did the counselor use the following steps?

- Assess the client's ability to communicate with a partner or partners.
- Explore barriers the client faces in communicating with a partner.
- Identify strategies with the client that can be used when talking to a partner about HIV/AIDS.
- Have client practice what he or she wants to say to a partner, or role-play with the client.

Did the counselor let you as the client come up with some of your own ideas before making suggestions?

### Client #2

The client is a 19-year-old male who works at a taxi stand. He has a serious girlfriend and another friend he has sex with occasionally. He has had five partners in the past with whom he had unprotected sex. He wants to start using condoms with the friend. He also wants to ask his girlfriend to get tested.

Did the counselor use the following steps?

- Assess the client's ability to communicate with a partner or partners.
- Explore barriers the client faces in communicating with a partner.
- Identify strategies with the client that can be used when talking to a partner about HIV/AIDS.
- Have client practice what he or she wants to say to a partner, or role-play with the client.

Did the counselor let you as the client come up with some of your own ideas before making suggestions?

## SESSION 14: PRE- AND POST-TEST COUNSELING STEPS

TIME: 3 hours

Agenda for Pre- and Post-Test Counseling Steps	
25 minutes	Introduction
45 minutes	Putting the Steps in Order: Pre- and Post-Test Counseling
45 minutes	Performance Checklist
1 hour	Tag Team Role-Play
5 minutes	Wrap Up
3 hours	

### SESSION OBJECTIVES

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By the end of this session, the participants will be able to:

- Identify the steps to pre- and post-test counseling for negative and positive results.
- Conduct part of either a pre- or post-test counseling session using the Performance Checklist as a guide.
- Create and use a Performance Checklist for evaluating and giving feedback to their fellow participants.

### PREPARATION

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- Prepare flipcharts:
  - Session Objectives
  - Agenda
  - Pre-Test Counseling Steps, Post-Test HIV-Positive Counseling Steps, Post-Test HIV-Negative Counseling Steps (See Trainer's Notes.)
- Prepare sheets and large envelopes for Putting It In Order: Pre-Counseling, Post-Test HIV-Positive Counseling Steps and Post-Test HIV-Negative Counseling Steps. (See Trainers' Notes.)
- Gather additional materials:
  - Participant's Manual: Counseling Steps: A Guide, Performance Checklist, and Tag Team Role-Plays (See Trainers' Notes.)
  - VCT Reference Guide
  - Blank flipchart paper, markers, pens, tape, timer or watch

### BREAKS

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- Schedule breaks into the session as appropriate.

### INTRODUCTION

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TIME: 25 minutes

MATERIALS: Session Objectives flipchart, Session Agenda flipchart, blank flipcharts, markers, tape, timer or watch

STEPS:

- Introduce session objectives and agenda, reviewing prepared flipcharts. Ask whether participants have any questions.

- Ask participants to brainstorm about what they think the different steps in conducting a pre-test counseling session are. Inform them that the steps don't need to be in order. Ask for a volunteer to write the responses on a flipchart. Do not add to or comment on their suggestions. Allow three to four minutes for this.
- Ask participants to brainstorm about what they think the different steps in conducting a post-test negative-result counseling session are. Inform them that the steps don't need to be in order. Ask for a volunteer to write the responses on a flipchart. Do not add to or comment on their suggestions. Allow three to four minutes for this.
- Ask participants to brainstorm about what they think the different steps in conducting a post-test positive-result counseling session are. Inform them that the steps don't need to be in order. Ask for a volunteer to write the responses on a flipchart. Do not add to or comment on their suggestions. Allow three to four minutes for this.
- Inform participants that for the next exercise they will put the steps in order. Inform them that some of the steps may be ones they have identified, and some may not.

## PUTTING STEPS IN ORDER: PRE- AND POST-TEST COUNSELING

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**TIME:** 45 minutes

**MATERIALS:** Putting It In Order sheets (Pre-Counseling, Post-Test HIV-Positive Counseling Steps and Post-Test HIV-Negative Counseling Steps) (See Trainers' Notes.), Participant's Manual: Pre- and Post-Test Counseling Steps, Pre-Counseling flipchart, Post-Test HIV-Positive Counseling Steps flipchart, Post-Test HIV-Negative Counseling Steps flipchart, tape, timer or watch

### STEPS:

- Divide participants into three groups. Inform participants that each group will organize the steps to a different part of a counseling session: pre-test counseling (group 1), post-test positive result (group 2), and post-test negative result (group 3).
- Give the steps in large envelopes to each group with tape, if required. (**Note to trainers:** You can have them organize the steps in different areas of the room. Each group may use a table or the floor, or the group can tape the different steps to the wall.)
- Inform participants that the envelope contains two types of steps: The bulleted (those with circles next to them) steps must be in order. The other steps are smaller steps that fit under each category. Inform participants that they should discuss as a group and determine the order of the steps. Inform participants they have about 10 minutes to arrange the steps.
- Ask the groups to begin. Alert them when they have two minutes remaining. After the groups have finished, ask a volunteer from each group to talk about the order of their steps and why they chose to arrange the steps the way they did. Ask which of the sub-steps had to be in order and which did not. (**Note to trainers:** Invite the groups to get out of their seats to look at each other's arrangements if the steps are on the floor or on a table.)
- Refer all of the participants to the counseling steps on the Pre-Test Counseling Steps, Post-Test HIV-Positive Counseling Steps, and Post-Test HIV-Negative Counseling Steps flipcharts. Ask participants to compare their arrangement to the steps listed on the flipchart. What is different? What is the same? Inform participants that they can also find these steps in their Participant's Manuals.
- Ask participants whether they agree with the order in the Participant's Manual. Discuss the placement of the different steps. Inform participants that for this training, they will use the steps as ordered in their Participant's Manual.
- Explain to participants that these steps are guidelines and that not every counseling session will proceed this way, but that in the beginning, it is easier to use this guide until they are more comfortable and have built their skills.

## PERFORMANCE CHECKLIST

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**TIME:** 45 minutes

**MATERIALS:** Participant's Manual: Performance Checklist, blank flipcharts, markers, tape

### STEPS:

- Keep the participants in the three groups. Inform the participants that their Participant's Manuals already contains a Performance Checklist for counselors, but that they will be creating one as well. Explain that participants often identify steps or ideas that are not included in training materials.
- Inform the participants that as a group they are to identify the performance criteria for a counselor conducting a session: pre-test counseling (group 1), post-test positive result (group 2) and post-test negative result (group 3). Ask the participants to think about the following questions: What skills should the counselors use? What steps should be included or not included as part of the session? How can performance be monitored or evaluated (through a number rating system or another way)?
- Inform the groups that they have 20 minutes to create this performance checklist. Inform the participants that they are to write their Performance Checklists on flipchart paper and present them to the group. Suggest that the participants develop their checklist before writing it on the flipchart paper.
- Tell participants that they can use the VCT Reference Guide, but ask them not look at the Performance Checklist in the Participant's Manual while doing this exercise.
- After the groups have finished their flipcharts, ask for a volunteer from each group to present the group's checklist to the larger group. Ask the participants to compare the different checklists. What is different? What is similar?
- Refer participants to the Performance Checklist in their Participant's Manual. Ask the participants to compare the checklists with the ones they created. What is different? What is similar?
- Inform participants that for this training, they will use the Performance Checklist in the Participant's Manual, but that they can use their own or a mix of different ones at their clinic or counseling site.

## TAG TEAM ROLE-PLAY

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**TIME:** 1 hour

**MATERIALS:** Tag Team Role-Plays (See Trainers' Notes.), Performance Checklists, pens, timer or watch

### STEPS:

Inform the participants that all will participate in two role-plays of a counseling session. Ask for two volunteers. Inform them that they will be the clients. Inform the rest of the group that they will either be observers or counselors during the role-plays.

Say the following:

*Here are the instructions for the activity: one of the trainers may tap you on the shoulder. This means that you go up to the front of the room and act as a counselor for about four minutes. After that time, another person will be tapped, and he or she will take your place and continue with the counseling session. While you are counseling, you may refer to the steps on the Performance Checklist, but try to be with the client and not glance away all the time.*

*An observer will be chosen for each counselor and be given a Performance Checklist to fill out for that counselor. Because each counselor has only a short period of time, the checklist will not be completed. We ask that the observers take this into consideration. The checklists will be given to the counselors after the role-plays are over.*

*The trainers may help you if you are truly stuck as a counselor, but we encourage you to learn about these steps by conducting the session yourselves.*

- Give each participant a Performance Checklist to use as a reference. Begin role-plays. Use a timer for each counselor. Give an additional Performance Checklist to the observers.

- Over the course of the two role-plays, try to give everyone an opportunity to play a role, either as a counselor or observer. Try not to interject unless the counselor is truly stuck. Let the last participant know two minutes before they have to end the counseling session. Allow 20 minutes for each role-play, using about four or five counselors.
- After the first role-play, ask the participants what they learned from the role-play: What was it like to be a counselor? What was challenging? What do they feel they did well? Ask the clients and observers how they felt the session went? What worked well? What could be improved upon?
- Ask observers to give their Performance Checklists to the participants they evaluated. Ask the observers what they liked or didn't like about using the checklist. Ask the counselors what it felt like to be evaluated.
- Continue the session with the second role-play. Repeat the same process for the second role-play using different participants for the client, counselors and observers when possible.
- After the second role-play, ask the participants what they learned from the role-play. What was it like to be a counselor? What was challenging? What do they feel they did well? Ask the clients and observers how they felt the session went. What worked well? What could be improved upon?
- Ask observers to give their Performance Checklists to the participants they evaluated. Ask the observers what they liked or didn't like about using the checklist. Ask the counselors what it felt like to be evaluated.
- Inform participants that they will do more role-plays using all of the pre- and post-test counseling steps in the upcoming sessions.

## WRAP UP

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TIME: 5 minutes

## REVIEW SESSION OBJECTIVES

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### STEPS:

- Ask participants what activity they felt they learned the most from in this session. Inform participants that they will continue to build their counseling skills throughout the remainder of the training and during their practicum.
- Encourage participants to read Chapter 5 on pre-and post-test counseling in the VCT Reference Guide as a follow-up to this session.

## TRAINERS' NOTES

### PUTTING IT IN ORDER SHEETS AND FLIPCHARTS:

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#### *Pre-Test Counseling Steps, Post-Test HIV-Positive Counseling Steps, and Post-Test HIV-Negative Counseling Steps*

**Note to trainers:** For this exercise, use the counseling steps as they are written in the Participant's Manual. *Bullet*, do not number, the main steps. For example:

- Introduce client to the process
- Obtain client information

For the steps listed underneath the main steps (also referred to as "sub-steps"), write them without a bullet. For example:

Greet and affirm

Identify yourself

Write each of the steps and sub-steps on separate sheets of paper. This will take some preparation time. Mix the sheets and place them in a large envelope. Place the sheets for each category—Pre-Test Counseling Steps, Post-Test HIV-Positive Counseling Steps and Post-Test HIV-Negative Counseling Steps—into separate envelopes.

Also write the steps (in the correct order) on flipcharts—one for Pre-Test Counseling Steps, one for Post-Test HIV-Positive Counseling Steps, and one for Post-Test HIV-Negative Counseling Steps.

### PARTICIPANT'S MANUAL: A GUIDE TO COUNSELING STEPS

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#### **Pre-Test Counseling Steps**

- **Introduce Client to the Process**
  - Greet and affirm client's decision to come to clinic.
  - Identify yourself and clarify your role.
  - Tell the client how much time is available for counseling.
  - Emphasize confidentiality.
- **Obtain Client Information**
  - Obtain the client's name or code name.
  - Obtain relevant medical and testing history (past and present). If the client is female, determine how many pregnancies she has had. Also obtain information regarding personal health habits: smoking, drinking or drug use.
- **Assess Knowledge of HIV/AIDS**
  - Find out what prompted the client to come for counseling and/or testing.
  - Assess the client's knowledge of HIV/AIDS and misconceptions or misunderstandings.
- **Explain Positive and Negative Results**
  - Assess the client's understanding of what the test entails.
  - Explain what positive and negative results mean; explain concept of the window period.
  - Explore the personal implications of taking the test, and what a positive or negative result will mean to the client, the client's family and/or significant others.
  - Provide an opportunity for the client to ask questions.

- **Create a Risk-Reduction Plan**
  - Determine risky behaviors. Obtain a sexual history. For example: What is the condom use? Does the client have a steady partner, husband/wife, boyfriend/girlfriend or other partners?
  - Assess costs and benefits of risky behaviors and risk-reduction activities.
  - Explore successes and abilities in reducing risk.
  - Identify potential barriers and strategies to overcome those barriers.
  - Create a risk reduction plan.
- **Obtain Informed Consent and Identify Support**
  - Explain how the test is administered, where it is done and how long it will take for results to be available.
  - If the client decides to take the test, obtain informed consent. Explain the consent form, and, when appropriate, allow the client time to read a leaflet on the procedure.
  - Arrange a date and time for a follow-up interview or post-test counseling.
  - Explore possible support mechanisms. Whom will the client tell about the test result? Where will he or she get support? Explore areas of strength (for example, faith, supportive spouse, partner, relatives or colleagues). If same-day testing is not used, determine whom the client may wish to contact for support while awaiting a result.

### Post-Test HIV-Positive Counseling Steps

- **Assess Client Readiness**
  - Ask client whether he or she is ready to receive results.
  - Ask client whether he or she understands the meaning of the results.
- **Give Test Results**
  - Give results in a calm and quiet setting as soon as possible after the test.
  - Assess client's understanding of results. Allow for questions.
  - Assess client's emotional state upon receiving the results. Use reflection skills to mirror client's feelings.
- **Counsel Client on How to Live Positively with the Virus (Positive Living)**
  - Assess client needs, including those for medical, psychosocial and economic support.
  - Provide information and/or referrals on healthy living and nutrition.
  - Provide information and/or referrals on opportunistic infections and treatment options.
  - Create a plan with client regarding positive living, and provide referrals and follow up.
- **Create or Alter Risk Reduction Plan**
  - Review pre-test risk reduction plan.
  - Alter plan if requested by the client.
  - Offer condom demonstration and education if client is agreeable.
  - Encourage partner notification. Offer partner negotiation skills building.
  - Discuss family planning.
- **Close Counseling Session**
  - Summarize plans for positive living and risk reduction.
  - Provide specific referral information: places, phone numbers and services available if this was not included in plans.

- Provide additional supportive and informational counseling if requested.
- Close session.

### **Post-Test HIV-Negative Counseling Steps**

- **Assess Client Readiness**
  - Ask client whether he or she is ready to receive results.
  - Ask client whether he or she understands the meaning of the results.
- **Give Test Results**
  - Give results in a calm and quiet setting as soon as possible after the test.
  - Assess client's understanding of results. Allow for questions.
  - Assess client's emotional state upon receiving the results. Use reflection skills to mirror client's feelings.
- **Counsel Client on Window Period and Re-Testing**
  - Provide information about window period and re-testing.
  - Assess client need for re-testing: Does client exhibit risky behaviors? Does client have known exposure to HIV? If so, encourage re-testing.
  - Create a risk-reduction plan for the window period if the client agrees to re-test.
- **Create or Alter Risk-Reduction Plan**
  - Review pre-test risk-reduction plan.
  - Alter plan if requested by the client.
  - Offer condom demonstration and education if client is agreeable.
  - Encourage partner notification. Offer partner negotiation skills building.
  - Discuss family planning.
- **Close Counseling Session**
  - Summarize plan for risk reduction.
  - Provide specific referral information: places, phone numbers and services available if this was not included in plan.
  - Provide additional supportive and informational counseling if requested.
  - Close session.

PARTICIPANT’S MANUAL: PERFORMANCE CHECKLIST

The Performance Checklist is a tool for monitoring counseling performance. You can use this checklist as a guide or create your own. The checklist includes 15 counseling skills and the steps for pre- and post-test counseling. Most of the numbered skills and steps should be checked at off at the close of a counseling session. The bulleted items may be checked off to illustrate what specific skills or steps are used, but it is not necessary to use all of them in each counseling session. Only one of the three bottom sections—Pre-Test Counseling, Post-Test HIV-Positive Counseling and Post-Test HIV-Negative Counseling—will be used during a session in most cases.

<b>Counseling Skills</b>	<b>Check if Used/Comments or Examples</b>
<b>1. Building Trust</b>	
• Affirming	
• Attending and Listening	
• Reflecting Feelings	
• Third Person or Impersonal Statements	
<b>2. Assessing/Exploring</b>	
• Open-Ended Questions	
• Polite Imperatives	
• Silence	
<b>3. Understanding and Being Understood</b>	
• Specific or Probing Questions	
• Reflecting Content/Paraphrasing	
• Giving Information Simply	
• Reframing	
<b>4. Determining Action</b>	
• Exploring Barriers	
• Identifying Strategies	
• Exploring Outcomes	
• Summarizing Plan	

<b>Pre-Test Counseling</b>	<b>Check if Used/Comments or Examples</b>
<b>1. Introduce Client to the Process</b>	
• Greet and affirm	
• Identify yourself	
• State time available for counseling	
• Stress confidentiality	
<b>2. Obtain Client Information</b>	
• Obtain name or code name.	
• Obtain relevant medical/testing history	
<b>3. Assess Knowledge of HIV/AIDS</b>	
• Find out what prompted client to come	

<ul style="list-style-type: none"> <li>Assess the client's knowledge of HIV/AIDS</li> </ul>	
<b>4. Explain Positive and Negative Results</b>	
<ul style="list-style-type: none"> <li>Assess the client's understanding</li> </ul>	
<ul style="list-style-type: none"> <li>Explain what positive and negative results mean</li> </ul>	
<ul style="list-style-type: none"> <li>Explore the personal implications</li> </ul>	
<ul style="list-style-type: none"> <li>Provide opportunity for questions</li> </ul>	
<b>5. Create a Risk Reduction Plan</b>	
<ul style="list-style-type: none"> <li>Determine risky behaviors: obtain sexual history</li> </ul>	
<ul style="list-style-type: none"> <li>Assess costs and benefits of behaviors and reduction</li> </ul>	
<ul style="list-style-type: none"> <li>Explore successes and abilities</li> </ul>	
<ul style="list-style-type: none"> <li>Identify barriers and strategies to overcome</li> </ul>	
<ul style="list-style-type: none"> <li>Create a risk reduction plan</li> </ul>	
<b>6. Obtain Informed Consent and Identify Support</b>	
<ul style="list-style-type: none"> <li>Explain how the test is administered</li> </ul>	
<ul style="list-style-type: none"> <li>Explore possible support mechanisms</li> </ul>	
<ul style="list-style-type: none"> <li>Obtain and explain informed consent</li> </ul>	
<ul style="list-style-type: none"> <li>Arrange post-test counseling</li> </ul>	

<b>Post-Test HIV Positive Counseling</b>	<b>Check if Used/Comments or Examples</b>
<b>1. Assess Client Readiness</b>	
<ul style="list-style-type: none"> <li>Ask whether client is ready to receive results</li> </ul>	
<ul style="list-style-type: none"> <li>Ask whether client understands results</li> </ul>	
<b>2. Give Test Results</b>	
<ul style="list-style-type: none"> <li>Give results in a calm and quiet setting</li> </ul>	
<ul style="list-style-type: none"> <li>Assess understanding of results</li> </ul>	
<ul style="list-style-type: none"> <li>Allow for questions</li> </ul>	
<ul style="list-style-type: none"> <li>Assess client's emotional state</li> </ul>	
<b>3. Counsel Client on Positive Living</b>	
<ul style="list-style-type: none"> <li>Assess client needs: economic, psychosocial and medical</li> </ul>	
<ul style="list-style-type: none"> <li>Provide information and referrals on healthy living and nutrition</li> </ul>	
<ul style="list-style-type: none"> <li>Provide information and referrals on opportunistic infections and treatment options</li> </ul>	
<ul style="list-style-type: none"> <li>Create a positive living plan with client</li> </ul>	
<b>4. Create or Alter Risk Reduction Plan</b>	
<ul style="list-style-type: none"> <li>Revisit/review pre-test risk reduction plan</li> </ul>	
<ul style="list-style-type: none"> <li>Alter if requested by the client</li> </ul>	
<ul style="list-style-type: none"> <li>Offer condom demonstration/education</li> </ul>	
<ul style="list-style-type: none"> <li>Encourage partner notification</li> </ul>	
<ul style="list-style-type: none"> <li>Offer partner negotiation skills building</li> </ul>	
<ul style="list-style-type: none"> <li>Discuss family planning</li> </ul>	

<b>5. Close Counseling Session</b>	
<ul style="list-style-type: none"> <li>Summarize plans for positive living and risk reduction</li> </ul>	
<ul style="list-style-type: none"> <li>Provide specific referral information</li> </ul>	
<ul style="list-style-type: none"> <li>Provide additional counseling if requested</li> </ul>	
<ul style="list-style-type: none"> <li>Close session</li> </ul>	

<b>Post-Test HIV-Negative Counseling</b>	<b>Check if Used/Comments or Examples</b>
<b>1. Assess Client Readiness</b>	
<ul style="list-style-type: none"> <li>Ask whether client is ready to receive results</li> </ul>	
<ul style="list-style-type: none"> <li>Ask whether client understands results</li> </ul>	
<b>2. Give Test Results</b>	
<ul style="list-style-type: none"> <li>Give results in a calm and quiet setting</li> </ul>	
<ul style="list-style-type: none"> <li>Assess understanding of results</li> </ul>	
<ul style="list-style-type: none"> <li>Allow for questions</li> </ul>	
<ul style="list-style-type: none"> <li>Assess client's emotional state</li> </ul>	
<b>3. Counsel Client on Window Period and Re-Testing</b>	
<ul style="list-style-type: none"> <li>Provide info on window and re-testing</li> </ul>	
<ul style="list-style-type: none"> <li>Assess need for re-testing</li> </ul>	
<ul style="list-style-type: none"> <li>Create risk reduction plan for window period</li> </ul>	
<b>4. Create or Alter Risk Reduction Plan</b>	
<ul style="list-style-type: none"> <li>Review pre-test risk reduction plan</li> </ul>	
<ul style="list-style-type: none"> <li>Alter plan if requested by the client</li> </ul>	
<ul style="list-style-type: none"> <li>Offer condom demonstration and education</li> </ul>	
<ul style="list-style-type: none"> <li>Encourage partner notification</li> </ul>	
<ul style="list-style-type: none"> <li>Offer partner negotiation skills building</li> </ul>	
<ul style="list-style-type: none"> <li>Discuss family planning</li> </ul>	
<b>5. Close Counseling Session</b>	
<ul style="list-style-type: none"> <li>Summarize plan for risk reduction</li> </ul>	
<ul style="list-style-type: none"> <li>Provide specific referral information</li> </ul>	
<ul style="list-style-type: none"> <li>Provide additional counseling if requested</li> </ul>	
<ul style="list-style-type: none"> <li>Close session</li> </ul>	

### **Post-Test HIV-Negative Counseling**

The client is a 20-year-old female who did not complete high school. She lives in a town 60 kilometers from a major city. She lives at home and works in neighboring compound cooking and cleaning for extra income. She has had three partners in the last year and feels she is at a somewhat low risk for infection because she sees only one person at a time. She tested negative last year. She does not ask her partners to use condoms, fearing that they would be insulted if she suggested it. She knows very little about how HIV/AIDS works in the body, but she does know she can get it through having unprotected sex.

### **Post-Test HIV-Positive Counseling**

The client is a 38-year-old man who did not complete grade school. He works in his fields and tends his animals for income. For additional income, he works the weekly markets in the surrounding area after harvest and planting season is over. He has had 8-10 partners in the last year. This includes his three wives, one of whom is pregnant. His other partners are women he knows in the weekly market communities. One of those women recently died, and it was rumored that she died of AIDS. He knows very little about how HIV/AIDS works in the body, but knows he can get it through having unprotected sex. He does not use condoms. He may be persuaded, but the counselor will really have to convince him why he should use them.

## FLIPCHART: TAG TEAM ROLE-PLAY

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- You may be observer or counselor.
- Counselors counsel for four minutes.
- Trainer will give you a tap when your time is up.
- Those who have been tapped by the trainer take over as new counselors.
- Observers given Performance Checklist.
- Observers fill in Performance Checklist for their counselor.

## SESSION 15: COUNSELING SESSION ROLE-PLAYS

TIME: 3 hours

Agenda for Counseling Session Role-Plays	
5 minutes	Introduction
30 minutes	Self-Guided Study Teams
2 hours 20 minutes	Counseling Session Role-Plays
5 minutes	Wrap Up
3 hours	

### SESSION OBJECTIVES

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By the end of this session, the participants will be able to:

- Identify client information needs and use their VCT Reference Guide and Participant's Manual to access information to address those needs using questions, case studies and role-plays.
- Conduct at least two pre- or post-test counseling sessions role-plays using the Performance Checklist as a guide.
- Observe at least two pre- or post-test counseling sessions using the Performance Checklist as a tool for feedback.

### PREPARATION

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- Prepare flipcharts:
  1. Session Objectives
  2. Session Agenda
- Gather additional materials:
  1. Participant's Manual: Self-Guided Study (See Trainers' Notes.)
  2. Self-Guided Study Answer Guide (See Trainers' Notes.)
  3. VCT Reference Guide
  4. Participant's Manual: Instructions for Counseling Session Role-Plays
  5. Role-Play Envelopes (Three role-plays in each envelope. See Trainers' Notes.)
  6. Results Envelope (Write one positive and one negative result and place both in an envelope.)
  7. Performance Checklist (Enough for two for each participant.)
  8. Blank flipcharts, markers, tape, pens, timer or watch

### BREAKS

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- Schedule breaks into the session as appropriate.

## INTRODUCTION

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**TIME:** 5 minutes

**MATERIALS:** Session Objectives flipchart, Session Agenda flipchart

**STEPS:**

- Introduce the session objectives and agenda, reviewing prepared flipcharts. Ask whether participants have any questions.

## SELF-GUIDED STUDY TEAMS

---

**TIME:** 30 minutes

**MATERIALS:** VCT Reference Guide, Participant's Manual: Self-Guided Study and Self-Guided Study Answer Guide

**STEPS:**

- Ask participants to form groups of three. Refer participants to the Self-Guided Study in their Participant's Manual. Review the instructions on the worksheet. Inform participants that they have 20 minutes to answer the questions using their Participant's Manuals and VCT Reference Guides. Encourage participants to divide the questions among the different members of their group and to work as a team to answer all of the questions.
- Inform participants when five minutes remain.
- Go over each question with the whole group. Ask a different group to share their answer for each question. Provide more information and explanation if needed for any questions.
- Ask participants what it was like to use the VCT Reference Guide and Participant's Manuals as resources. What did they like about using the manuals? What did they find challenging or difficult about using the manuals? Ask participants how they plan to use the manuals as resources at their sites.

## COUNSELING SESSION ROLE-PLAYS

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**TIME:** 2 hours, 20 minutes

**MATERIALS:** Participant's Manual: Instructions for Counseling Session Role-Plays, Role-Play Envelopes, three role-plays (See Trainers' Notes.), Results Envelope, Performance Checklists, timer or watch

**STEPS:**

- Inform participants that they will conduct counseling session role-plays. Refer participants to the Instructions for Pre- and Post-Test Counseling Role-Plays in their Participant's Manual. Review the instructions for the role-play process. (See Trainers' Notes.)

Each group will consist of three people: a client, a counselor and an observer. Each person will first conduct a pre-test counseling session.

After each member of the group has completed a pre-test counseling session, then each person will conduct a post-test counseling session using the same role-play client as they did for the pre-test session.

Client: You will choose a role-play from the envelope. You do not know your test result.

Counselor: You will choose either a positive or negative test result from the Test Results Envelope before you begin your post-test counseling session. Use the Performance Checklist as a guide when you are stuck. Use your VCT Reference Guide and Participant's Manual as resources as well.

Observer: Use the Performance Checklist as a tool for giving feedback.

Remember the rules of good feedback: be timely and specific, focus on something the person can change, focus on the behavior not the person, and say something positive and something to improve.

At the end of each role-play, roles will switch so that everyone will have a chance to be a counselor, client and observer two times (one pre-test and one post-test).

- Ask participants to form groups of three. Give each group the role-play envelopes. Ask participants to determine who will play which role in their group for the first role-play. The roles are: counselor, client and observer. Ask participants to choose a role-play from the appropriate envelope without looking.
- Inform participants who are acting as the clients that they are to give information about themselves as the client in response to the questions the counselor is asking. The goal is to get the counselors to ask more questions and to get the client talking about his or her situation and needs. Ask participants to "be the client" and make it as real as possible for the counselor.
- Give each participant two Performance Checklist handouts to be used when they are observers.
- Inform participants that the counselors will take a result out of the Results Envelope when they begin the post-test counseling. They should not reveal the results until they are sure the client is ready to receive the results.
- Inform participants that they have 20 minutes to conduct the first role-play. Ask participants to end the role-play when they have five minutes left.
- Ask participants to stop after they have finished the first role-play and allow the observer to give their feedback using the checklist. Allow five minutes for feedback. Inform "clients" they should give feedback on how they think the session went during that five minutes, answering the questions: Did I trust this counselor? Would I come back for my test results?
- After all groups have finished the first role-play, briefly process it by asking the whole group how it went. What was difficult? What was easy? What would have made it easier? Were the counselors able to remain objective with the scenarios and the strategies the client chose?
- Ask participants to switch roles and continue with the second and third role-plays. Trainers should check in with groups to see whether any help or clarification is needed.
- Ask the participants to proceed with the fourth, fifth and sixth role-plays. Trainers should continue to check in with groups to see if any help or clarification is needed.
- Process as a larger group. Ask participants to reflect on their performance as counselors and their individual comfort level with the skills they have developed. Ask participants to assess their skills in conducting a counseling session using the feedback they received while doing their role-play.
- Ask participants to share their ideas for building and improving their skills. Inform participants that they can use their ideas as part of the plan for improvement that they will do during the advanced skills phase of training.

## WRAP UP

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**TIME:** 5 minutes

**MATERIALS:** None

### STEPS:

- Inform participants that they have conducted their first counseling sessions and that they will do this during their practicum, when they will have an opportunity to visit a VCT site and shadow a counselor. During this visit, they will have direct contact with clients. Ask participants what they liked best about this activity. Ask participants what part of the activity made them the most uncomfortable. Congratulate the participants on their achievement.

## TRAINERS' NOTES

### PARTICIPANT'S MANUAL: SELF-GUIDED STUDY

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Answer the following questions using your VCT Reference Guide and your Participant's Manual. Please note where you found your answer (the chapter or session and page number).

1. What are the five steps to creating a risk reduction plan?
2. What are the four bodily fluids that carry HIV?
3. List at least three strategies that pregnant HIV-positive women can use to reduce the risk of infecting their unborn child.
4. List at least three opportunistic infections associated with HIV/AIDS.
5. What does a positive test result mean? (No need to include strategies for staying healthy or reducing risk for this question.) Write answer as though you were telling a pre-literate client.
6. What does an indeterminate test result mean? (No need to include strategies for staying healthy or reducing risk for this question.) Write answer as though you were telling a pre-literate client.
7. Identify at least three risk reduction strategies (other than using condoms) for a 21-year-old male who has three to four monogamous/exclusive relationships a year.
8. Using the "hand model," what are the seven recommendations for positive living?
9. What are the seven steps of the Crisis Counseling Model for counseling clients who are experiencing crisis or difficulty?
10. What is the difference between HIV and AIDS?

### PARTICIPANT'S MANUAL: SELF-GUIDED STUDY: ANSWER GUIDE

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Answer the following questions using your VCT Reference Guide and your Participant's Manual. Please note where you found your answer (the chapter or session and page number).

#### **1. What are the five steps to creating a risk reduction plan?**

- Determine risky behaviors.
- Assess costs and benefits.
- Explore past successes and abilities.
- Identify personal barriers and strategies to overcome those barriers.
- Create a risk reduction plan.

Found in *Participant's Manual*: Session 11, Risk Reduction or in Session 15, Pre- and Post-Test Counseling Steps

#### **2. What are the four bodily fluids that carry HIV?**

Blood, semen, vaginal fluids and breast milk

Found in *VCT Reference Guide*: Chapter 1, Basic Information about HIV/AIDS and Other Sexually Transmitted Infections, Section 4, Modes of Transmission.

#### **3. List at least three strategies that pregnant HIV-positive women can use to reduce the risk of infecting their unborn child.**

- Get quality prenatal care.
- Treat malaria, tuberculosis and STIs.
- Prevent HIV re-infection.
- Begin anti-retroviral therapy, if available.

Found in *VCT Reference Guide*: Chapter 7, Counseling and Testing for Specific Groups, Section 4, Antenatal Counseling for Preventing Mother-to-Child Transmission of HIV.

#### 4. List at least three opportunistic infections associated with HIV/AIDS.

- Tuberculosis
- Pneumonia
- Recurrent fungal infections of mouth and throat
- Unexplained fever
- Meningitis
- Other STIs
- Septicemia
- Skin diseases (e.g. Kaposi's sarcoma)

Found in *VCT Reference Guide*: Chapter 1, Basic Information about HIV/AIDS and Other Sexually Transmitted Infections

**5. What does a positive test result mean?** (No need to include strategies for staying healthy or reducing risk for this question.)  
Write answer as though you were telling a pre-literate client.

"A positive result means the antibodies of the human immunodeficiency virus were found in your blood. This means you have been infected with HIV and can give the virus to someone else if you engage in risky behaviors. It does not necessarily mean you have AIDS." (**Note to trainers:** Encourage participants to explain what antibodies are to their clients and how to share this information as simply as possible: "Antibodies are cells in the body that fight off sickness.")

Found in *VCT Reference Guide*: Chapter 2, HIV/AIDS Testing Issues, Section 3, Interpreting HIV Test Results.

**6. What does an indeterminate test result mean?** No need to include strategies for staying healthy or reducing risk reduction.)  
Write answer as though you were telling a pre-literate client.

An indeterminate result may have one of the following two meanings:

- You may have been exposed to HIV and are developing antibodies to it. The test was taken while your body was in the process of producing HIV antibodies in reaction to HIV infection, but the process was not complete yet. (**Note to trainers:** Encourage participants to explain what antibodies are to their clients and how to share this information as simply as possible: "Antibodies are cells in the body that fight off sickness.")
- You have antibodies in your blood that are very similar to HIV antibodies. These antibodies are reacting to the test.

Found in *VCT Reference Guide*: Chapter 2 HIV/AIDS Testing Issues, Section 4, Interpreting HIV Test Results

#### 7. Identify at least three risk reduction strategies (other than using condoms) for a 21-year-old male who has three to four monogamous/exclusive relationships a year.

- Ejaculate outside partner's body.
- Get tested with each new partner.
- Reduce number of partners.
- Have longer monogamous/exclusive relationships with fewer partners.
- Get tested and treated for STIs. (**Note to trainers:** There may be others; leave room for discussion.)

Found in *Participant's Manual*: Session 11, Risk Reduction

#### 8. Using the "hand model," what are the seven recommendations for positive living?

**Wrist:** Decide to get tested and encourage partners to get tested.

**Thumb:** Take Cotrimoxazole to prevent opportunistic infections.

**Index finger:** Screen for TB and get treatment if positive. TB-negative clients should consider preventive therapy.

**Middle finger:** Seek medical attention even for minor illnesses.

**Ring finger:** Maintain weight by eating a healthy diet (50% of which should be carbohydrates) and avoiding diarrheal diseases.

**Little finger:** Protect partners and avoid transmission by practicing safe sex.

**Palm:** Protect the unborn baby by referring to PMTCT services where available.

Found in *VCT Reference Guide*: Chapter 6, Physical and Psychological Care, Coping and Support, Section 5, Prevention and Treatment of Opportunistic Infections and Other HIV-Related Illnesses

### 9. What are the seven steps for the Crisis Counseling Model for counseling clients who are experiencing crisis or difficulty?

1. Express support and reflect feelings.
2. Assess client's state. (self-control and decision-making)
3. Help the client get control.
4. Clarify what the crisis is for the client.
5. Work on one aspect of the crisis.
6. Identify strategies for emotional support.
7. Create a next-step plan, and offer a referral.

Found in *Participant's Manual*: Session 14, Handling Positive Results

**10. What is the difference between HIV and AIDS?** Write as though you were telling a pre-literate client. (Note to trainer: Discuss how to give this information as simply as possible.)

"HIV is the virus that causes AIDS. HIV damages the body's immune defense system, the system that fights off sickness in the body. AIDS is the final stage of the disease caused by HIV. It is when the body can no longer fight off simple illnesses that most healthy people easily resist. Eventually illnesses overtake the body and the individual dies."

Found in *VCT Reference Guide*: Chapter 1, Basic Information about HIV/AIDS and Other Sexually Transmitted Infections, Section 2, Definitions Relevant to HIV/AIDS.

## PARTICIPANT'S MANUAL: INSTRUCTIONS FOR PRE-AND POST-TEST COUNSELING ROLE-PLAYS

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- Each group will include three people: a client, a counselor and an observer. Each person will first conduct a pre-test counseling session. After each member of the group has completed a pre-test counseling session, then each person will conduct a post-test counseling session using the same role-play client as they did for the pre-test session.
- **Client.** You will choose a role-play from the envelope. You do not know your test result.
- **Counselor.** You will choose either a positive or negative test result from the Test Results Envelope before you begin your post-test counseling session. Use the Performance Checklist as a guide when you are stuck. Use your VCT Reference Guide and Participant's Manual as resources as well.
- **Observer.** Use the Performance Checklist as a tool for giving feedback.
- Remember the rules of good feedback: be timely and specific, emphasize something that can be changed, focus on the behavior not the person, and include both positive comments and something to improve.
- At the end of each role-play, roles will switch so that everyone will have a chance to be a counselor, client and observer two times (one pre-test and one post-test).

## Pre-and Post-Test Counseling Role-Plays

### Client A

**Name:** Give your client an appropriate name for your country.

**Sex:** Female

**Age:** 27 years old

**Family status:** Married with four children ages nine, seven, four and two

**Religion:** Give your client a religion appropriate for your country

**Where you live:** A small town located on a major road that leads to a large city 40 kilometers away

**Education:** No formal education

**Work:** Agricultural. Works in fields with family. Sells seasonal fruit at big weekly market in large city.

**Sexual history and behaviors:** You have had only one partner, your husband.

**Why you came to be tested:** You know your husband has been cheating on you, even with some of your friends. You've gotten gonorrhea from him in the past

**What you know about HIV/AIDS and testing:** You know AIDS can kill. You know you can get it from sex. You don't understand the difference between HIV and AIDS. You have heard that condoms protect against AIDS. You do not know anything about the testing process.

**Risk-reduction preferences:** Your husband became extremely upset when you suggested he wear condoms after you were treated for gonorrhea. He says you are looking for problems, and how does he know it isn't you that gave it to him?

**Consent issues and current support networks:** You are very nervous about taking the HIV test. It may create more problems for you, especially if your husband finds out you came to the clinic. As for support, your mother and two sisters live in the large city close by and you see them weekly when you come to the big market day. Your older sister lives in your town, but you don't feel you can always talk to her about matters such as these.

**Your response if positive:** You are extremely upset. You feel completely isolated and unsupported. You are initially unable to focus on anything.

**Your response if negative:** You are so happy that you swear off having sex with your husband and plan to leave him.

## Pre-and Post-Test Counseling Role-Plays

### Client B

**Name:** Give your client an appropriate name for your country.

**Sex:** Male

**Age:** 36 years old

**Religion:** Give your client a religion appropriate for your country

**Family status:** Married, no children with current wife. You and your wife have tried to have children, but cannot. You have a son, age 15, from a previous relationship.

**Where you live:** Large city

**Education:** Completed grade school

**Work:** In the military

**Sexual history and behaviors:** You see commercial sex workers on occasion. Your wife doesn't know about this.

**Why you came to be tested:** You are concerned that one of the commercial sex workers you visit has AIDS. You think your wife is having an affair.

**What you know about HIV/AIDS and testing:** You know AIDS can kill a person and that people with AIDS get sick from a variety of illnesses before they die. You know HIV and AIDS are different, but you are not sure why they are different and how they work in the body. You don't know much about the testing process.

**Risk reduction preferences:** You don't like the feel of condoms, but you could be persuaded to use them sometimes, but definitely not all of the time. You could be convinced of seeing fewer commercial sex workers, although not less often.

**Consent issues and current support networks:** You are willing to consent to the HIV test, but you want assurance that your results are private and that you get to choose how to handle what to do with the information. You are not concerned about support networks; you feel you have taken care of yourself for a long time. If you ever needed anything, though, your brother-in-law could be counted on.

**Your response if positive:** You are defensive, you question the validity of the test, and you don't want to tell your wife. You are contained—not angry, but somewhat anxious and frustrated.

**Your response if negative:** You feel very grateful, but still not sure how you want to handle the situation with your wife.

### Pre-and Post-Test Counseling Role-Plays

#### *Client C*

**Name:** Give your client an appropriate name for your country

**Sex:** Male

**Age:** 23 years old

**Religion:** Give your client an appropriate religion for your country

**Family status:** Single, no children

**Where you live:** Capital city

**Education:** University educated

**Work:** Work with a development organization handling their logistics

**Sexual history and behaviors:** You have about four monogamous relationships a year. You have been sexually active since you were 17 years old. You use condoms in the beginning of the relationship, but you stop when you begin to know, trust and see only that partner.

**Why you came to be tested:** Your friends have been talking about being tested. One of them works at a medical center and says he sees more and more people with AIDS coming to the center. Your current girlfriend said she gets tested with every new relationship and wants you to get tested.

**What you know about HIV/AIDS and testing:** You know a lot about HIV and AIDS. You know it can be transmitted through unprotected sex. You know that HIV is a virus that attacks the immune system and that AIDS happens later and is what ultimately results in death. You don't know that much about testing and you don't know anything about the window period.

**Risk reduction preferences:** You feel like you have been doing the right thing; you are not sure what else you could do. You definitely don't want to wear condoms all of the time.

**Consent issues and current support networks:** You want to be sure the test results won't be given to anyone, especially your partners. You live with your aunt and her family in the capital. She raised you and is like your mother. You and your cousin are very close and you feel you can talk to him about anything.

**Your response if your result is positive:** You are numb, unable to talk and engage in a conversation. You are experiencing the news by withdrawing, which is a form of crisis behavior.

**Your response if your result is negative:** You were confident that it would be negative. You begin to not listen to the counselor.

Counseling Skills	Check if Used/Comments or Examples
<b>1. Building Trust</b>	
<ul style="list-style-type: none"> <li>• Affirming</li> </ul>	
<ul style="list-style-type: none"> <li>• Attending and Listening</li> </ul>	
<ul style="list-style-type: none"> <li>• Reflecting Feelings</li> </ul>	
<ul style="list-style-type: none"> <li>• Third Person or Impersonal Statements</li> </ul>	
<b>2. Assessing/Exploring</b>	
<ul style="list-style-type: none"> <li>• Open-Ended Questions</li> </ul>	
<ul style="list-style-type: none"> <li>• Polite Imperatives</li> </ul>	
<ul style="list-style-type: none"> <li>• Silence</li> </ul>	
<b>3. Understanding and Being Understood</b>	
<ul style="list-style-type: none"> <li>• Specific or Probing Questions</li> </ul>	
<ul style="list-style-type: none"> <li>• Reflecting Content/Paraphrasing</li> </ul>	
<ul style="list-style-type: none"> <li>• Giving Information Simply</li> </ul>	
<ul style="list-style-type: none"> <li>• Reframing</li> </ul>	
<b>4. Determining Action</b>	
<ul style="list-style-type: none"> <li>• Exploring Barriers</li> </ul>	
<ul style="list-style-type: none"> <li>• Identifying Strategies</li> </ul>	
<ul style="list-style-type: none"> <li>• Exploring Outcomes</li> </ul>	
<ul style="list-style-type: none"> <li>• Summarizing Plan</li> </ul>	

<b>Pre-Test Counseling</b>	<b>Check if Used/Comments or Examples</b>
<b>1. Introduce Client to the Process</b>	
• Greet and affirm	
• Identify yourself	
• State time available for counseling	
• Stress confidentiality	
<b>2. Obtain Client Information</b>	
• Obtain name or code name.	
• Obtain relevant medical/testing history	
<b>3. Assess Knowledge of HIV/AIDS</b>	
• Find out what prompted client to come	
• Assess the client's knowledge of HIV/AIDS	
<b>4. Explain Positive and Negative Results</b>	
• Assess the client's understanding	
• Explain what positive and negative results mean	
• Explore the personal implications	
• Provide opportunity for questions	
<b>5. Create a Risk Reduction Plan</b>	
• Determine risky behaviors: obtain sexual history	
• Assess costs and benefits of behaviors and reduction	
• Explore successes and abilities	
• Identify barriers and strategies to overcome	
• Create a risk reduction plan	
<b>6. Obtain Informed Consent and Identify Support</b>	
• Explain how the test is administered	
• Explore possible support mechanisms	
• Obtain and explain informed consent	
• Arrange post-test counseling	

<b>Post-Test Counseling HIV Positive</b>	<b>Check if Used/Comments or Examples</b>
<b>1. Assess Client Readiness</b>	
<ul style="list-style-type: none"> <li>• Ask whether client is ready to receive results</li> </ul>	
<ul style="list-style-type: none"> <li>• Ask whether client understands results</li> </ul>	
<b>2. Give Test Results</b>	
<ul style="list-style-type: none"> <li>• Give results in a calm and quiet setting</li> </ul>	
<ul style="list-style-type: none"> <li>• Assess understanding of results</li> </ul>	
<ul style="list-style-type: none"> <li>• Allow for questions</li> </ul>	
<ul style="list-style-type: none"> <li>• Assess client's emotional state</li> </ul>	
<b>3. Counsel Client on Positive Living</b>	
<ul style="list-style-type: none"> <li>• Assess client needs: economic, psychosocial and medical</li> </ul>	
<ul style="list-style-type: none"> <li>• Provide information and referrals on healthy living and nutrition</li> </ul>	
<ul style="list-style-type: none"> <li>• Provide information and referrals on opportunistic infections and treatment options</li> </ul>	
<ul style="list-style-type: none"> <li>• Create a positive living plan with client</li> </ul>	
<b>4. Create or Alter Risk Reduction Plan</b>	
<ul style="list-style-type: none"> <li>• Revisit/review pre-test risk reduction plan</li> </ul>	
<ul style="list-style-type: none"> <li>• Alter if requested by the client</li> </ul>	
<ul style="list-style-type: none"> <li>• Offer condom demonstration/education</li> </ul>	
<ul style="list-style-type: none"> <li>• Encourage partner notification</li> </ul>	
<ul style="list-style-type: none"> <li>• Offer partner negotiation skills building</li> </ul>	
<ul style="list-style-type: none"> <li>• Discuss family planning</li> </ul>	
<b>5. Close Counseling Session</b>	
<ul style="list-style-type: none"> <li>• Summarize plans for positive living and risk reduction</li> </ul>	
<ul style="list-style-type: none"> <li>• Provide specific referral information</li> </ul>	
<ul style="list-style-type: none"> <li>• Provide additional counseling if requested</li> </ul>	
<ul style="list-style-type: none"> <li>• Close session</li> </ul>	

<b>Post-Test Counseling HIV Negative</b>	<b>Check if used/Comments or Examples</b>
<b>1. Assess Client Readiness</b>	
<ul style="list-style-type: none"> <li>• Ask whether client is ready to receive results</li> </ul>	
<ul style="list-style-type: none"> <li>• Ask whether client understands results</li> </ul>	
<b>2. Give Test Results</b>	
<ul style="list-style-type: none"> <li>• Give results in a calm and quiet setting</li> </ul>	
<ul style="list-style-type: none"> <li>• Assess understanding of results</li> </ul>	
<ul style="list-style-type: none"> <li>• Allow for questions</li> </ul>	
<ul style="list-style-type: none"> <li>• Assess client's emotional state</li> </ul>	
<b>3. Counsel Client on Window Period and Re-Testing</b>	
<ul style="list-style-type: none"> <li>• Provide info on window and re-testing</li> </ul>	
<ul style="list-style-type: none"> <li>• Assess need for re-testing</li> </ul>	
<ul style="list-style-type: none"> <li>• Create risk reduction plan for window period</li> </ul>	
<b>4. Create or Alter Risk Reduction Plan</b>	
<ul style="list-style-type: none"> <li>• Review pre-test risk-reduction plan</li> </ul>	
<ul style="list-style-type: none"> <li>• Alter plan if requested by the client</li> </ul>	
<ul style="list-style-type: none"> <li>• Offer condom demonstration and education</li> </ul>	
<ul style="list-style-type: none"> <li>• Encourage partner notification</li> </ul>	
<ul style="list-style-type: none"> <li>• Offer partner negotiation skills building</li> </ul>	
<ul style="list-style-type: none"> <li>• Discuss family planning</li> </ul>	
<b>5. Close Counseling Session</b>	
<ul style="list-style-type: none"> <li>• Summarize plan risk reduction</li> </ul>	
<ul style="list-style-type: none"> <li>• Provide specific referral information</li> </ul>	
<ul style="list-style-type: none"> <li>• Provide additional counseling if requested</li> </ul>	
<ul style="list-style-type: none"> <li>• Close session</li> </ul>	

## SESSION 16: HANDLING POSITIVE TEST RESULTS

TIME: 2 hours

Agenda for Handling Positive Results	
5 minutes	Introduction
10 minutes	Questions and Concerns about Handling Positive Results
30 minutes	Guest Speaker
30 minutes	Crisis Counseling Model
40 minutes	Memory Box
5 minutes	Wrap Up and Introduction to Positive Living Presentations
2 hours	

### SESSION OBJECTIVES

By the end of this session, the participants will be able to:

- Create counseling questions for handling positive results, in particular for clients experiencing emotional difficulties.
- Interview a person living with HIV/AIDS to gain an understanding of his or her counseling and support needs.
- Create a memory box as an exercise in helping clients deal with grief and loss.

### PREPARATION

- Prepare flipcharts:
  - Session Objectives
  - Session Agenda
  - Crisis Counseling Model (See Trainers' Notes.)
- Gather additional materials:
  - Participant's Manual: HIV Positive Worksheet and Crisis Counseling Model Worksheet (See Trainers' Notes.)
  - VCT Reference Guide: Chapter 6, Physical and Psychological Care, Coping and Support and Chapter 8, Grief and Bereavement, Section 2, Helping Clients Deal with Loss and Bereavement
  - Flipchart paper, markers, pens, tape, timer or watch
  - Memory box (a box that is wrapped with nice paper, preferably large enough to hold 50-100 sheets of small folded paper)
  - Positive Living Presentations Sign-up Sheet (See Trainers' Notes.)
- Prepare an area to sit on the floor with mats
- As far in advance as possible, invite a person living with HIV or AIDS to participate in the session. Remind your guest a few days before the session. Tell him or her about the agenda for the session, in particular the Positive Guest Speaker segment. See if the guest has any suggestions or ideas to contribute. Tell your guest how long this segment will last and how it will be structured (brief presentation by the guest followed by questions and answers). Say that the questions will vary, but that they will begin with the guest's reaction to receiving a positive result and end with a request to give participants advice about telling a client that a test result is positive. It will also be important to have a back-up person in mind in case the speaker originally invited cannot attend.

## BREAKS

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- Schedule breaks into the session as appropriate.

## INTRODUCTION

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**TIME:** 5 minutes

**MATERIALS:** Session Objectives flipchart, Session Agenda flipchart

**STEPS:**

- Introduce session objectives and agenda, reviewing prepared flipcharts. Ask whether participants have any questions.

## QUESTIONS AND CONCERNS ABOUT HANDLING POSITIVE RESULTS

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**TIME:** 10 minutes

**MATERIALS:** Participant's Manual: HIV Positive Results Worksheet, timer or watch

**STEPS:**

- Ask participants to fill out the HIV Positive Results Worksheet in their Participant's Manual. Inform participants that they have five minutes to complete the worksheet.
- Lead a discussion about their responses. Ask for different participants to share their response to each question. Validate their concerns and inform participants that they will be introduced to some steps and skills for handling positive results. Explain to participants that these steps and skills may help them handle the situation more easily, but that they still may find it difficult to tell client that their test result is positive.

## HIV-POSITIVE GUEST SPEAKER

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**TIME:** 30 minutes

**MATERIALS:** Timer or watch

**STEPS:**

- Introduce the guest speaker. Allow 10 minutes for the guest speaker to introduce himself or herself and describe his or her situation.
- Following this presentation, begin the question and answer segment with one or two prepared questions, such as, "What was your experience being tested?" After the guest has answered these questions, encourage participants to ask questions.
- Inform the participants and speaker when five minutes remain. End the segment by asking the speaker the following question: "What advice would you give these counselors about giving positive results?"
- Summarize important messages.
- Thank the guest speaker for participating.

## CRISIS COUNSELING MODEL

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**TIME:** 30 minutes

**MATERIALS:** Crisis Counseling Model flipchart, Participant's Manual flipchart, Crisis Counseling Model Worksheet; timer or watch

### STEPS:

- Say the following to participants:

*A client who receives a positive result may react in a variety of ways—from resignation to severe shock and disbelief. For those who are able to continue the counseling session, you can address their questions around positive living, including treatment, disease progression, opportunistic infection, risk reduction, nutrition and self-care. You can also identify support groups and make appropriate referrals. If it is clear that they are having difficulty coping with the results emotionally or are showing signs of difficulty, such as panic, the following Crisis Counseling Model will prove useful.*

*It is important to note that clients may experience emotional distress with negative results as well. For instance, a client may be negative, but she came to be tested because she was sexually assaulted or raped. The Crisis Counseling Model includes several counseling skills identified in the Counseling Skills session.*

- Refer participants to the Crisis Counseling Model flipchart. Divide the participants into three groups. Inform participants that each group will take two skills and create a list of questions or statements for them, with the exception of "Silence." Give each group a flipchart and markers. Allow 15 minutes for this.
- Ask for a volunteer from each group to post and share their list. Refer participants to the Crisis Counseling Model Worksheet in their Participant's Manual. Ask them to add to the list in the Participant's Manual any questions and/or statements the groups created that aren't included in the manual. Ask participants to read Chapter 6, Physical and Psychological Care, Coping and Support in their VCT Reference Guide (especially Section 8, Living Positively with HIV/AIDS) at a later time. This chapter provides more information on helping clients handle positive results.

## MEMORY BOX

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**TIME:** 40 minutes

**MATERIALS:** Memory Box, five sheets of paper per participant, pens or markers

### STEPS:

**Note to trainers:** This exercise may be difficult and emotionally charged for some participants, especially for those who are living with HIV or AIDS. Also note that some of those who are positive may not have shared their status with the group and may prefer not to.

- Say the following to clients:

*As a counselor, you will be called upon many times to help clients and their loved ones deal with their sense of grief and loss. As a follow up to this session, please read Chapter 8, Section 2 in your VCT Reference Guide for more information about understanding grief and your role as a counselor. For the remainder of this session, we will be doing an activity that you as counselors can do with your clients.*

- Ask participants to share ideas of what they can do to help clients and their families deal with grief and loss.
- Introduce the memory box. A memory box is a collection of personal items that are to be placed in a box and given to loved ones as a reminder of the person who has died or is dying. Some items that may be included in a memory box include personal identification, personal letters, photographs, jewelry, other personal items, favorite passages from the Bible or Koran, birth certificates and tapes of their voice telling a family story or personal message.

- Ask the group to sit in a circle around an empty box. **(Note to trainers:** It is preferable to use a pretty box, perhaps wrapped in nice paper.) Give each participant at least five pieces of paper and be sure that each participant has something to write with.
- Explain to participants that they should imagine that they are preparing to leave things behind for their children or other loved one in the event of their own death, or if they have to leave for an extended amount of time.
- Ask participants to write or draw five or so different items that they would like to leave for their loved ones. Inform participants that they will not have to share with the group what they have written; they should feel free to write or draw what they want.
- Allow enough time for the participants to finish. Encourage participants to be quiet and patient while waiting for others to finish.
- When the participants have finished writing, ask them to fold their sheets of paper if they haven't already done so. Ask the participants to, one by one, without speaking, put their items in the memory box and close the lid.
- Ask for volunteers who wish to share one or two of the items they placed in the box.
- Lead a discussion about the activity using the following questions, as appropriate:
  - Why did some of you choose the items you did?
  - What emotions and thoughts did you experience while going through the exercise?
  - If you were to receive a memory box, would you want it before or after the person died or left? Why or why not?
  - How would you feel if you received a memory box from a loved one?
  - How can this activity be used with your clients and coworkers?
- Challenge participants to make their own memory box as an exercise in understanding their clients better.

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## WRAP-UP AND INTRODUCTION TO POSITIVE-LIVING PRESENTATIONS

**TIME:** 5 minutes

**MATERIALS:** Positive Living Presentations Sign-up Sheet (See Trainers' Notes.)

**STEPS:**

- Ask participants what affected them the most about this session. Inform participants that dealing with people who are HIV positive is a challenging aspect of VCT work.
- Inform participants that in the next session, they will give presentations on positive living. Ask participants to sign up on the presentation sheet after the session has ended. Remind participants to use the same presentation guidelines they used for their HIV/AIDS presentations.
- Inform participants that they are to read Chapter 6 in their VCT Reference Guide, which they will use for their presentations. Remind participants to use a non-formal education technique as part of their presentation. **(Note to trainers:** The presentations can be done with teams of two if needed.)
- Inform participants that their presentations will be 20 minutes long and will include ideas for resources (informational) and referrals (services) as part of their presentation. Also tell participants that any time necessary for setting up their presentations is included in their 20 minute limit, and that they should keep this in mind when preparing.

## TRAINERS' NOTES

### PARTICIPANT'S MANUAL: HIV-POSITIVE RESULTS WORKSHEET

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What is your biggest fear about giving a positive result?

What do you wish you could do for the client?

What is the best thing that you think you can do to prepare for giving the result?

Do you want other counselors to know (if applicable) when you have to give a client an HIV positive result? Do you want them to give you any kind of support during the session? After the session?

Is there any other information you need to review about HIV/AIDS or positive living?

### FLIPCHART: CRISIS COUNSELING MODEL

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- Express support and reflect feelings.
- Assess client's state (self-control and decision-making)
- Help the client gain emotional control.
- Clarify what the crisis is for the client.
- Work on one aspect of the crisis.
- Identify strategies for emotional support.
- Create a next step plan and offer a referral.

### PARTICIPANT'S MANUAL: CRISIS COUNSELING MODEL WORKSHEET

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Here are skills and techniques for dealing with clients experiencing emotional distress, whether it is from a positive or a negative test result. For instance, a client may be negative, but she came to be tested because she was sexually assaulted or raped. Many of these skills were introduced in the Counseling Skills session. The questions asked or statements may be different according to the situation and the needs of the client.

**Express support and reflect feelings:** State clearly that you want to help and that you can talk about how the client is feeling. Use open-ended questions to elicit more about the client's feelings while giving permission to the client to express his or her feelings. Use reflection statements to mirror those feelings back to the client:

**Example:** *I'm here to help you. Could you tell me more about what you are feeling? It's okay to tell me about how you are feeling. Would that be helpful for you right now?*

**Assess the client's state regarding self-control and decision-making:** Determine whether the client is able to make decisions or if he or she gives the impression of not being in control or of feeling helpless.

**Example:** *What can you do right now to get yourself under control?*

**Help the client get control:** Depending on the client's state of mind, give the client an assignment if necessary to help them regain control. Usually this is a small task, such as getting a drink of water, or as simple as taking a deep breath. Repeat information throughout the session if the client is in denial or is too distressed to understand what is being said.

**Example:** *Take a deep breath. Now let it out slowly. I want to help you, but first it may be helpful to relax.*

**Clarify/determine what the crisis is:** Help the client to identify what is the most troubling issue for them at this time.

**Example:** *What is the hardest part of this news for you?*

**Work on one aspect of the crisis:** Focus on what you can do to help the client and what others can do to help. Do not use clichés such as: "Don't worry. Everything will be fine."

**Example:** *Let's work on one step at a time.*

**Identify strategies for emotional support:** Use open-ended questions to help the client identify resources he or she may not have thought of.

**Example:** *To whom have you turned in the past when you had something difficult to deal with? Can you talk to your partner or a family member about this?*

**Create a next step plan and offer referrals:** Work with the client to identify the next step he or she plans to take that day. If a real risk of suicide exists, have local resources available to help you take all precautions necessary. Provide useful referrals to the client that include local, regional and national organizations. This may include crisis or counseling services or support groups.

**Example:** *Here are two resources in your regional capital that may be able to help you.*

POSITIVE LIVING PRESENTATIONS SIGN-UP SHEET

Topic	Adult Learning or Participatory Technique	Presenters
Psychosocial, Economic, Emotional and Spiritual Support	Case Study	
Home-Based Care	Home Visit Demonstration	
Nutrition and AIDS	Bring ingredients for healthy cooking or an example of a healthy meal. Or create a poster with take-home messages for nutrition.	
Prevention and Treatment of Opportunistic Infections	Create a visual aid for the Hand Model (see Chapter 6, Section 5 in VCT Reference Guide).	
HIV/AIDS Treatment Options	Create a visual aid for treatment options available in this country. Use beans or colored beads to represent the different drugs.	
Follow-up and Referral Plans	Demonstration/role-play of the elements of a good referral. Outline steps on flipchart.	

Read Chapter 6 in the *Reference Guide* and use the Presenter’s Guidelines and Adult Learning or Participatory Techniques Guide that you used for your HIV/AIDS presentations.

The Adult Learning or Participatory Techniques listed are optional. Please discuss with the trainers if you would like to try something different.

Each group will have 20 minutes to present their subject. Set-up time is included in your 20 minutes. Please take this into consideration when preparing for your presentation.

## SESSION 17: POSITIVE LIVING PRESENTATIONS

TIME: 3 hours

Agenda for Positive Living Presentations	
10 minutes	Introduction
2 hours 40 minutes	Presentations
10 minutes	Wrap Up
3 hours	

### SESSION OBJECTIVES

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By the end of this session, participants will be able to:

- Make a presentation to their fellow participants on a topic related to living with HIV infection.

### PREPARATION

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- Prepare flipcharts:
  - Session Objectives
  - Session Agenda
  - Presentation Feedback Criteria (See Session 5b)
- Gather additional materials:
  - Participant's Manual: Guidelines for Feedback (Session 5b)
  - VCT Reference Guide
  - Flipchart paper, markers, pens, tape, timer or watch

### BREAKS

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- Schedule breaks into the session as appropriate.

### INTRODUCTION

---

TIME: 10 minutes

**MATERIALS:** Session Objectives flipchart, Session Agenda flipchart, Presentation Criteria; Participant's Manual: Guidelines for Feedback; timer or watch

**STEPS:**

- Introduce session objectives and agenda, reviewing prepared flipcharts. Ask whether participants have any questions.
- Remind participants that they will have 20 minutes to present their topic and that a timer will be used due to the limited amount of time available for training. Remind participants that their set up time should only take a few minutes and will be included in their presentation time.
- Inform participants that they will be giving feedback to one another using the Presentation Criteria flipchart (see Trainers' Notes). Review the Guidelines for Feedback in Participant's Manual, Session 5b. Inform participants that the feedback time will be kept to three minutes. A timer will be used for the feedback as well.

## PRESENTATIONS

---

**TIME:** 2 hours and 40 minutes

**MATERIALS:** Timer or watch, tape, markers, blank flipcharts

**STEPS:**

- Determine an order in which the participants will present their topics. Time the presentations, giving each participant a warning two minutes before their time is up. (**Note to trainers:** Participants tend to go over. Try to hold them to the 20 minutes.)
- Inform participants that they will evaluate their own performance first and then their fellow participants will give them feedback using the Performance Criteria listed on the flipchart. Allow a few minutes for feedback.
- Schedule breaks during the presentations.

## WRAP UP

---

**TIME:** 10 minutes

**MATERIALS:** None

**STEPS:**

- Ask participants what they learned by doing these presentations. Ask the participants what they learned from each other. Ask participants what they felt they did well. Ask participants what they might do when relaying some of this information to clients or other counselors.

## SESSION 18: IDENTIFYING RESOURCES AND MAKING REFERRALS

TIME: 2 hours

Agenda for Identifying Resources and Making Referrals	
30 minutes	Introduction
1 hour	Making Referrals
25 minutes	Resource and Referral Action Plan
5 minutes	Wrap Up
2 hours	

### SESSION OBJECTIVES

---

By the end of the session, participants will be able to:

- Determine a client's needs for referral.
- Explain the methodology and procedures for referral.
- Begin work on an action plan for updating, adding to and improving resources and referral information and materials.

### PREPARATION

---

- Prepare flipcharts:
  - Session Objectives
  - Session Agenda
  - Definition of Referral (See Trainers' Notes.)
  - Who Should Receive a Referral (Prepare one with title only and one with title and text. See Trainers' Notes.)
  - Steps to a Successful Referral (Prepare one with title only and one with title and text. See Trainers' Notes.)
  - Elements of a Good Referral (Prepare one with title only and one with title and text. See Trainers' Notes.)
- Gather additional materials:
  - Blank flipcharts, tape, and markers, timer or watch
  - Participant's Manual: Resource and Referral Action Plan
  - VCT Reference Guide

### BREAKS

---

- Schedule breaks into the session as appropriate.

### INTRODUCTION

---

TIME: 30 minutes

MATERIAL: Session Objectives flipchart, Session Agenda flipchart, Definition of Referral flipchart

#### STEPS:

- Introduce session objectives and agenda, referring to prepared flipcharts. Ask whether participants have any questions.

- Ask the group to think about what we mean when we talk about referrals in the context of VCT. Encourage participants to share their thoughts with the group.
- Share the VCT referral definition. (See Trainers' Notes.)
- Say the following to the participants:

*VCT services are most effective when they are linked to a wide range of other care and support services for people who have been tested. All of this requires the involvement of the family, the community, religious groups, self-help groups, non-governmental organizations, development partners, health-care facilities and other groups.*

*A large percentage of clients benefit sufficiently from intensive pre-test and post-test counseling sessions so that they do not require further help. However, a significant proportion may require further counseling and support.*

*Additionally, the psychosocial support and care needed by HIV-positive clients change as the infection progresses. Therefore, it is important to remember that as counselors, you cannot take care of all of the needs of a client, but you have responsibility to mobilize additional resources to reinforce the care and support being offered.*

*As counselors, you must be aware of the limitations of the services you can offer. These limitations should be clearly explained to clients so that they do not feel rejected when counselors make a referral. Please remember that as counselors, you can refer clients during the pre-test or the post-test session. However, always refer clients to services that are responsive to their priority needs and that are appropriate to a client's culture, language, gender, sexual orientation, age and developmental level.*

*In this session, we will work on identifying needs, sources and resources of referral and support entities, and we will create a Resource and Referral Action Plan.*

## MAKING REFERRALS

---

**TIME:** 1 hour

**MATERIALS:** Who Should Receive a Referral flipcharts (one with the title and one with the title and text), Steps to a Successful Referral flipcharts (one with the title and one with the title and text), Elements of a Good Referral flipcharts (one with the title and one with the title and text), blank flipcharts, tape, markers, timer or watch

### STEPS:

- Divide participants into three groups and ask them to spend 30 minutes brainstorming on the following issues. Groups should record their responses on blank flipcharts. Hand each group a blank flipchart with the appropriate title.
  - **Group One:** Which groups are likely to need referrals?
  - **Group Two:** What should counselors do to ensure a successful referral?
  - **Group Three:** What are the elements of a good referral?

After 30 minutes, bring all the groups together. Ask each group to present their ideas to the larger group. Share the following filled-in flipcharts with participants: Who Should Receive a Referral, Factors Necessary for a Successful Referral and Steps to a Good Referral (see Trainers' Notes). As you do this, discuss similarities and differences among the ideas the groups listed and the ones from the flipcharts. Ask participants how they can apply these concepts at their counseling sites.

## RESOURCE AND REFERRAL ACTION PLAN

---

**TIME:** 25 minutes

**MATERIALS:** Participant's Manual: Resource and Referral Action Plan

**STEPS:**

- Inform participants that they will work on a Resource and Referral Action Plan during this time. Review the activities and instructions.
- Inform participants that their Referral and Resource List should include information about local medical and hospital services, economic support services, psychological support services, support groups, hospice/client care programs, and prevention/education programs.
- Ask participants to take the next 10 minutes to identify potential organizations/individuals to use for their Resource and Referral List using the worksheet in their Participant's Manual.
- At the end of 10 minutes, ask participants to share some of the ideas they had for resources and referrals. Inform participants that they will have the opportunity to continue working on their action plans during the role-play assessments and feedback sessions.

## WRAP UP

---

**TIME:** 5 minutes

**MATERIALS:** Session Objectives flipchart

**STEPS:**

- Review session objectives and whether they were met. Trainers' Notes

## TRAINER'S NOTES

### DEFINITION OF REFERRAL FLIPCHART

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In the context of voluntary counseling and testing, referral is the process by which immediate client needs for prevention, care and support services are assessed and prioritized and clients provided with assistance (e.g., setting up appointments, providing transportation) to access these services. Referral should also include the basic follow-up efforts necessary to facilitate initial contact with care and support service providers

### FLIPCHART: WHO SHOULD RECEIVE A REFERRAL

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Clients who:

- Have complex needs that affect their ability to adopt and sustain behaviors
- Need medical evaluation, care and treatment
- Are HIV-positive pregnant women
- Are addicted to drugs and/or alcohol
- Have mental illnesses, developmental disabilities or difficulty coping with an HIV diagnosis or HIV-related illnesses
- Need legal services to prevent discrimination in employment, housing or public accommodation.
- Require individual counseling
- Require relationship counseling
- Need family counseling
- Need spiritual counseling
- Require access to social services
- Need assistance with housing, food, employment, transportation, child care or domestic violence

### FLIPCHART: STEPS TO A SUCCESSFUL REFERRAL

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- Work with clients to decide what their immediate referral needs may be. Service referrals that match the client's self-identified priority needs are most likely to be successfully completed.
- Outline the various health and social service options available and help the client to choose the most suitable, in terms of distance, cost, client's culture, language, gender, sexual orientation, age and developmental level.
- In consultation with the client, identify key factors likely to influence a client's ability to adopt or sustain new behaviors. This assessment should include examination of the client's willingness and ability to accept and complete a referral. In consultation with the client, also assess what factors may make it difficult for the client to complete the referral (e.g. lack of transportation or childcare, work schedule, cost) and address them.
- Determine whether the client should be referred to clinical or community support groups. This decision will depend on the needs of the client and on the client's responsiveness to counseling.
- Inform the client of the possible need to move from anonymity to confidentiality, depending on the type of referral indicated.
- Make a note of the referral in the client's file. Ensure follow-up and monitor the referral process.
- Give the client a list of other potentially useful services with addresses, telephone numbers and hours of operation.
- Ask the client to give feedback on the quality of services to which he or she is referred.

- Be aware of community support groups located near the counseling site, services offered, hours of operation and contact persons.
- It is useful to always use referral forms (see a sample below) and to write the referral information to the client on another separate piece of paper.
- In certain cases, it may be more appropriate to refer clients to a member of their family, a friend or a sexual partner.

## PARTICIPANT'S MANUAL: SAMPLE REFERRAL FORM

---

### **VCT SERVICE REQUEST FOR REFERRAL**

1. CODE NUMBER OF CLIENT

2. DATE OF FIRST ATTENDANCE AT OUR CENTER

3. REFERRAL DATE

4. REASON FOR REFERRAL (Please tick)

Medical Services \_\_\_\_\_

Social Services \_\_\_\_\_

Legal Services \_\_\_\_\_

Orphan Services \_\_\_\_\_

Family Planning Services \_\_\_\_\_

STI Services \_\_\_\_\_

Other support services (specify) \_\_\_\_\_

5. REFERRED TO (Name of service)

6. REFERRED BY (Counselor name)

Thank you

Respectfully

Signed: Counselor

## FLIPCHART: ELEMENTS OF A GOOD REFERRAL

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- Information is clear, specific and up-to-date.
- Confidentiality is preserved.
- Referral services are safe and easily accessed.
- The referral uses a multi-sectoral approach.

- Client receives several options.
- The counselor and the services to which clients are referred create a system for clear communication.
- Practices of service providers are not discriminatory.
- Referral and follow-up are documented.

## PARTICIPANT'S MANUAL: RESOURCE AND REFERRAL LIST

---

### **Name of Organization:**

Address:

Phone Number:

Contact Person(s):

Population Served:

Services Available:

Hours of Operation:

Fees:

### **Name of Organization:**

Address:

Phone Number:

Contact Person(s):

Population Served:

Services Available:

Hours of Operation:

Fees:

### **Name of Organization:**

Address:

Phone Number:

Contact Person(s):

Population Served:

Services Available:

Hours of Operation:

Fees:

## RESOURCE AND REFERRAL ACTION PLAN

---

- VCT clinics provide a great opportunity to connect clients with the follow-up services they need. A resource and referral list is a valuable tool for any VCT counselor.
- A referral and resource list should include information about local medical and hospital services, economic support services, psychological support services, support groups, hospice/client care programs and prevention/education programs. In

developing this list, the VCT counselor should be familiar with the services available, how the organization/individual operates and the quality of service or care the client can expect.

- Outline how you plan to gather information about the different organizations/individuals and the services they offer.
- For the first step, identify potential organizations/individuals to use for your resource and referral list from the following areas:
  - Local medical and hospital services
  - Economic support services
  - Psychological support services
  - Support groups
  - Hospice/client care programs
  - Prevention/education programs

## ADDITIONAL INFORMATION FOR PARTICIPANT'S MANUAL

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### Important Community Links

VCT services are most effective when they are linked to a wide range of prevention, care and support services for people following testing. Creating these linkages will build a referral network that should include the following services:

- HIV prevention services
- TB services
- Antenatal services, including prevention of mother-to-child transmission (MTCT) programs
- STI services
- Family planning
- Home-based care
- Counseling and support for orphans and vulnerable children and children affected by AIDS (OVC/CAA)
- Legal services, AIDS support organizations and community-based support
- Community based organizations/services for target groups
- Youth clubs/youth services
- Injecting drug user (IDU) services
- Sex worker services
- Churches/faith-based organizations
- PHLA support groups and post-test clubs

### HIV prevention services

- It is essential to provide HIV prevention services to people following VCT.
- At a minimum, these services should provide condoms and education on how to use them. It is preferable to have both male and female condoms available. If the service is not able to supply large quantities of condoms, counselors should know where they can be obtained free of charge or bought cheaply.
- HIV prevention services should also include counseling on other risk reduction measures, such as reducing number of partners, having longer monogamous relationships with fewer partners, and getting tested and treated for STIs.
- Advice on safe injecting should be available if the target groups, include injection drug users.

## TB services

- People identified as being HIV positive at VCT sites should be referred to TB services and screened for TB. If necessary, they should be given TB treatment or prevention prophylaxis. People attending TB services should also be referred to VCT sites because in high HIV prevalence areas, up to 70 percent of people with TB will also be HIV-infected.
- Introducing on-site TB screening, treatment and preventive therapy has been successfully accomplished at some VCT sites. Although it would be easier initially to link with outside services, the VCT site should explore the possibility of introducing on-site services at a later stage.

## MTCT programs

- Links should be made with any existing MTCT interventions so that the VCT center can make counseling referrals for individual pregnant women, as well as couples or families. At the same time, the VCT center can refer to the MTCT program women and couples who are considering pregnancy.

## STI services

- Some VCT services offer STI screening and treatment. If these cannot be provided at the site, counseling staff should be aware of local STI services for referrals.
- Counseling staff should make linkages with local STI services so that staff and the STI clinic are aware of the VCT services and can refer their clients.

## Family planning services

- Some people want to find out their HIV status so that they can make informed decisions about having children. Providing family planning services or linkages with local family planning services is important.

## Home-based care services

- Some people who come for VCT will be sick or have family members who need medical care and counseling at home. Linkages with home-based care services will enable people to receive care in their homes.
- People working on home-based care teams will also be able to refer clients and their partners and families for VCT and counseling.

## Counseling and support for orphans and vulnerable children/children affected by AIDS (OVC/CAA)

- Given the overwhelming number of orphans and children living in families affected by HIV and the burden of HIV on other household members, many of these children find themselves in strained households. Some orphans seek to survive on the streets or find marginal shelter in child-headed households. Orphans face not only the trauma of losing their parents, but also the stigma of losing them to AIDS. Without parents to protect them, orphans, especially girls, are also more likely than other children to face sexual abuse and exploitation (often resulting in HIV infection).
- Counseling and emotional support services for orphans and children in families affected by HIV are still poorly developed in most high-prevalence countries. Therefore, VCT services should strive to identify and facilitate linkages with facilities that can provide effective, age-appropriate counseling services. These services should build on indigenous structures and existing models of care in order to help families and guardians address the psychosocial needs of children.

## Legal support services

- Following VCT, some people find it helpful to make plans for their and their families' future. This may include making legal guardianship arrangements for their children and preparing wills to allocate their possessions and property after their death.
- Counseling staff should be aware of local legal advice services and facilitate appropriate referrals.



# **PHASE 3**

## THE PRACTICUM

Session 19: Ethics in Counseling and the Practicum

Session 20: Processing the Practicum

Session 21: Practicum Case-Study Presentations



## SESSION 19: ETHICS IN COUNSELING AND THE PRACTICUM

TIME: 10 hours, 30 minutes

Agenda for Ethics in Counseling and the Practicum	
5 minutes	Introduction
40 minutes	Ethics Guest Speaker and Discussion Groups
40 minutes	Ethics Case Studies
50 minutes	Practicum Preparation
15 minutes	Wrap Up
8 hours	Practicum in the field
10 hours 30 minutes	

### SESSION OBJECTIVES

---

By the end of this session, participants will be able to:

- Identify the legal and ethical issues that accompany VCT work.
- Using case studies and a questionnaire, identify strategies for dealing with ethical and legal issues associated with VCT work.
- Create a calendar for practicum/field work to include case-study preparation, counseling skills assessment and building, resource and referral development, and support group work.

### PREPARATION

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- Prepare flipcharts:
  - Session Objectives
  - Session Agenda
- Gather additional materials:
  - Participant's Manual: Ethics Questions and Answer Sheet, Practicum Objectives, Resource and Referral List, Practicum Calendar, Practicum Case Study and Presentation Guidelines
  - National AIDS policy handout on legal and ethical issues (if available)
  - Ethics Case Studies (See Trainers' Notes.)
  - VCT Reference Guide
  - Flipcharts, markers, tape, pens, timer or watch
- Invite a lawyer or expert in your country's National AIDS Policy to discuss legal and ethical issues around AIDS and VCT work. Provide guest speaker with the prepared list of questions and case studies found in the Participant's Manual.
- Prepare for participants' practicum site visits:
- Identify one or two local sites where VCT is already established that are willing to host a practicum.
- Ensure that the VCT counselors at the site are prepared for the practicum and transport for the participants is arranged.

### BREAKS

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- Schedule breaks into the session as appropriate.

## INTRODUCTION

---

**TIME:** 5 minutes

**MATERIALS:** Session Objectives flipchart, Session Agenda flipchart

**STEPS:**

- Introduce the session objectives and agenda, reviewing prepared flipcharts. Ask whether participants have any questions.

## ETHICS GUEST SPEAKER AND DISCUSSION GROUPS

---

**TIME:** 40 minutes

**MATERIALS:** Ethics Questions and Answer Sheet, National AIDS Policy handout (if available)

**STEPS:**

- Divide the participants into three groups. Give each group a different question from the three Ethics Discussion Questions listed in their Participant's Manual. Inform each group that they have about 10 minutes to discuss the question.
- Ask a representative from each group to share some highlights from what was discussed in the group.
- Introduce the guest speaker. Refer the participants to the Ethics Question and Answer Sheet in their Participant's Manual. Invite participants to ask the Guest Speaker their own questions as well as the questions listed on that sheet. Encourage participants to take notes. Allow 30 minutes for a question and answer period.
- Give each participant a National AIDS Policy handout (if available.) Ask the guest speaker to comment on or highlight important information in the handout. Ask the guest speaker to stay for the next activity.

## ETHICS CASE-STUDIES

---

**TIME:** 40 minutes

**MATERIALS:** Ethics Case Studies

**STEPS:**

- Divide participants into four groups (**Note to trainers:** If the group has too few participants, divide them into three groups and use only three of the case studies.) Give each group a case study (see Trainers' Notes).
- Ask participants to discuss the case studies and the questions that accompany them. Encourage them to use their National AIDS Policy handout, their Ethics Question and Answer Sheet and the guest speaker as resources. Allow 25 minutes for discussion.
- Ask a representative from each group to share some highlights about what was discussed in the group. Process the activity in the full group. Ask the following questions:
  - What are the ethical and legal challenges you might experience as VCT counselors?
  - What can you do to prepare for and meet these challenges?
  - What are the first steps you plan to take at your site to meet the ethical and legal challenges associated with VCT work?

## PRACTICUM PREPARATION

---

**TIME:** 50 minutes

**MATERIALS:** Practicum Objectives, Practicum Calendar, Resource and Referral List, Practicum Case Studies and Presentations Guidelines

### STEPS:

- Inform participants that for the remainder of this session, they will prepare for their practicum. Review the Practicum Objectives found in the Participant's Manual.
- Ask participants to come and write a concern or question regarding their practicum on a flipchart in the front of the room. Respond to the concerns and answer questions when possible.
- Ask participants to complete a calendar for their practicum using the Practicum Calendar in their Participant's Manual. Review instructions in the Participant's Manual. Participants should include activities in the following areas:
  - Case-study preparation
  - Counseling skills assessment and building
  - Resource and referral development
  - Support group work.
- Note that the calendar is a guide. Inform participants that they should not feel pressured to stick to this schedule if they are unable. They should use only the days needed for the practicum.
- Ask participants to share some of the activities written in their calendar. Ask participants what resources they will need to accomplish their practicum objectives and how they plan to get them. Ask participants what excites them about their calendar.
- Review the following issues that participants should consider during their practicum:
  - Maintain records of clients counseled (subject to client consent) using a format that ensures anonymity and confidentiality. The records will be presented during the feedback session.
  - Throughout the counseling interaction, self-assess and identify the personal features that enhance counseling and those that may be a barrier to effective counseling, quality assurance and supervision.
  - Inform participants that during the actual practicum session, they will build and assess their counseling skills through the following tasks:

### Task 1

Shadow an experienced counselor for at least five hours at a VCT clinic or site.

### Task 2

Conduct at least three hours of counseling sessions after the shadowing.

Use the Performance Checklist as a tool for self-assessment or assessment by the supervising counselor at the clinic.

Identify areas for improvement with the supervisors and through self-assessment.

### Task 3

Identify at least three resources or places in the area to use as referrals. Include medical, psychosocial, economic services, prevention and education services.

Provide information for each resource and place in the Resource and Referral List. Examples of information to include:

Name of Organization:

Address:

Phone Number:

Contact Person(s):

Population Served:

Services Available:

Hours of Operation:

Fee:

#### Task 4

Take steps during the practicum to establish contact with an existing support group or create a new support group.

#### Task 5

- Prepare a Practicum Case Study of a counseling session with a client to present during the Advanced Skills Phase of training.
- Use counseling session transcripts or tape recordings (with client consent), the client's file and a Performance Checklist as resources for preparing the case study. In preparing the case study, remember confidentiality issues.
- Use the Practicum Case Study and Presentation Guidelines in the Participant's Manual when preparing the presentation.
- Review the Practicum Case Study and Presentation Guidelines in the Participant's Manual. Inform participants how much time they will have for their presentation. (Note to trainer: Calculate this in advance. The time allotted for presentations is five hours. Determine the time for each participant, considering your group size and allowing a short amount of time for feedback.)

### PRACTICUM CASE STUDY AND PRESENTATION GUIDELINES

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#### Client Information

- Client Name (First only or a fictional name to protect confidentiality):
- Sex:
- Age:
- Religion:
- Family status:
- Where client lives:
- Education:
- Work:

#### Counseling Session Information

- Why client came to be tested:
- Client knowledge about HIV/AIDS and testing:
- Information given to client regarding HIV/AIDS and testing:

- Sexual history and behaviors:
- Pre-test risk reduction plan:
- Consent issues and current support networks:
- Post-test plan if positive:
- Post-test plan if negative:
- Client's emotional state pre-test:
- Client's emotional state post-test:
- Counseling skills used pre-test:
- Counseling skills used post-test:

### Counselor Self-Assessment

Biggest challenge with this client:

What I felt I did best during this session:

What would I have liked to have done differently during this session:

- Inform participants that they should focus on the last three questions for their presentations:
- What was the biggest challenge with this client?
- What I felt I did best during this session?
- What would I have liked to have done differently during this session?

---

### WRAP UP

**TIME:** 15 minutes

**MATERIALS:** Session Objectives flipchart

**STEPS:**

- Review objectives and whether they were met.
- Remind participants that they will present their case studies during the next session and ask that they be prepared.
- Close by asking each participant to stand and share a personal counseling strength. Acknowledge the work the participants have done to this point and congratulate them on their efforts. Wish them luck in their practicum.

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### THE PRACTICUM

**TIME:** 8 hours

Trainees shadow a counselor in a VCT site.

## TRAINERS' NOTES

### PARTICIPANT'S MANUAL: ETHICS DISCUSSION QUESTIONS

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- What are some of the ethical principles that guide or will guide your counseling practice regarding confidentiality and informed consent? What do those terms mean to you for your counseling activities? Do you make exceptions? What are the exceptions?
- Why has HIV/AIDS become a human rights issue? What human rights abuses or injustices are happening in the town where you live? At the clinic where you work? In your country? What should be done about these injustices or abuses, in your opinion?
- What are some of the ethical principles that guide or will guide your counseling practice regarding personal conduct (professional behavior) and integrity (regarding sexual relationships with clients)? What types of disciplinary measures are in place where you work or plan to work?

### PARTICIPANT'S MANUAL: ETHICS QUESTION AND ANSWER SHEET

---

- How have the government and other organizations dealt with counteracting discrimination against people living with HIV/AIDS?
- Are legal and ethical guidelines available to personnel working in the HIV/AIDS field? If so, what are they and where can they be obtained?
- In this country, where can PLHA go for assistance and advice about the legal aspects of HIV/AIDS?
- What are the legal consequences of breach of confidentiality?
- What constitutes "consent"?
- What constitutes consent in the context of pre-test counseling (age requirements for consent, who can consent)?
- Under what circumstances is consent not needed?
- Is pre-employment testing discriminatory? Legal? Illegal?
- Is HIV/AIDS testing before college acceptance mandatory?
- To what resources do employees have access if they feel they have been treated unfairly because of their HIV status?

### Case Studies: Group 1

You are the manager of a VCT site. You notice one of your staff members has not been performing well. This person has been sleeping on duty, reports for work smelling of beer and looks untidy.

- What are the legal and ethical issues in this case?
- How do you respond?

You are supervising a counselor in training under the MOH training program. He is in the second week of the course. On observing his sessions, you are very concerned about his abilities. He is advising clients on what to do and is very judgmental in his comments to clients.

- What are the legal and ethical issues in this case?
- How do you respond?

### Case Studies: Group 2

Mrs. M hired a domestic worker, Vera, on a three-month trial basis. Vera takes care of cleaning the house, does some meal preparation and helps take care of Mrs. M's three-month old baby. At the end of the three-month period Mrs. M asks Vera to get tested for HIV. Vera refuses, and therefore Mrs. M dismisses Vera from her job.

- What are the legal and ethical issues in this case?
- What are Vera's rights? What are Mrs. M's rights?
- If you were a lawyer, how would you handle Vera's situation? How would you handle Mrs. M's situation?

Geremie is a state nurse. He has recently found out he is HIV positive. He has no symptoms of AIDS. He works in a rural clinic that serves a population of 20,000. He often gets small cuts and abrasions on his hands doing his work. He comes into contact with the blood of clients on a daily basis. He helps the midwives handle difficult births.

- What are the legal and ethical issues in this case?
- What are his rights? What are the rights of the clients coming to the clinic?
- What measures does he need to take to ensure the protection and safety of his clients? Who should pay for the costs of those measures?

### Case Studies: Group 3

You are conducting a counseling session with a male client who has received a positive test result. He is extremely anxious and defensive. He has told you he has many partners and is married. His wife does not know about his other relationships. He refuses to tell her about his HIV status and about his other relationships. He tells you that she is probably already infected and that informing her or getting her tested would only add to his stress at this time. He says, "What's the point of letting her know the test results? It would only cause her extreme agony. Also, I don't know how she is going to handle knowing I have had sexual relations outside of our marriage. It would mean the end of our marriage and the break up of our family. I can't handle that on top of my positive test result."

- What are the legal and ethical issues in this case?
- How do you respond?

- What are the rights of the client? What are the rights of the wife?
- What are your obligations as his counselor?

### Case Studies: Group 4

A 15-year-old girl from a nearby high school came to you in confidence for counseling and testing two weeks ago. She told you that she has been sleeping with a teacher who threatened to hold her back if she did not have sexual relations with him. She told you that if you informed anyone, she would not come back for the test results.

- What are the legal and ethical issues in this case?
- What are her rights? What are the rights of her parents or guardians?
- What are you going to tell your client?
- How do you handle the situation?

An 18-year-old girl from a nearby high school came to you in confidence for counseling and testing two weeks ago. In that session, the girl said clearly that if her test results were positive, she would kill herself. You are giving her the results today, and they are positive.

- What are the legal and ethical issues in this case?
- What are her rights? What are the rights of her parents or guardians?
- What are you going to tell your client?
- How do you handle the situation?

---

### PARTICIPANT'S MANUAL: PRACTICUM OBJECTIVES

**Build and Assess Counseling Skills:** Shadow an experienced counselor for at least \_\_\_\_ hours at a VCT clinic or site. Conduct at least \_\_\_\_ hours of counseling sessions after at least \_\_\_\_ hours of shadowing. Use Performance Checklist as a tool for self-assessment or assessment by the supervising counselor at the clinic. Identify areas for improvement with supervisor and through self-assessment.

**Develop a Resource and Referral List:** Identify at least three resources or places to use as referrals in your area. Use the Resource and Referral Sheet for each resource or place. Include medical, psychosocial, economic, prevention and education services.

**Work with a Support Group:** Take steps during the practicum to establish contact with an existing support group or create a new support group.

**Prepare a Case Study:** Prepare and present a case study using the practicum counseling session with a client. Use counseling session transcripts or recordings (with client consent), the client's file and a Performance Checklist as resources for preparing the case study. In preparing the case study, remember confidentiality issues. Use the Presenter's Guidelines in your Participant's Manual when preparing the presentation.

## PARTICIPANT'S MANUAL: PRACTICUM CALENDAR

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Include activities for the following objectives: case study preparation, counseling skills building and assessment, resource and referral development, and support group work. Use the calendar as a guide; do not feel pressured to stick to this schedule if you are unable. Use only the days needed for your practicum.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	<i>Example: Meet Supervisor</i>					
						<i>Example: Visit medical center</i>

### **Client Information**

Client Name: First only or a fictional name to protect confidentiality

Sex:

Age:

Religion:

Family status:

Where client lives:

Education:

Work:

### **Counseling Session Information**

Why client came to be tested:

Client knowledge about HIV/AIDS and testing:

Information given to client regarding HIV/AIDS and testing:

Sexual history and behaviors:

Pre-test risk reduction plan:

Consent issues and current support networks:

Post-test plan if positive:

Post-test plan if negative:

Client's emotional state pre-test:

Client's emotional state post-test:

Counseling skills used pre-test:

Counseling skills used post-test:

### **Counselor Self-assessment**

Biggest challenge with this client:

What I felt I did best during this session:

What I would have done differently during this session:

## SESSION 20: PROCESSING THE PRACTICUM

TIME: 2 hours

Agenda for Practicum Processing/Feedback from the Field	
10 minutes	Introduction
1 hour 45 minutes	Practicum Processing
5 minutes	Wrap Up
2 hours	

### SESSION OBJECTIVES

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By the end of this session, participants will be able to:

- Discuss the rewards and challenges of their practicum experience.
- Identify areas for further skill development.

### PREPARATION

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- Prepare flipcharts
  - Session Objectives
  - Session Agenda
  - What I Enjoyed Most (Write title only.)
  - What Challenged Me (Write title only.)
  - What I Learned (Write title only.)
- Gather additional materials:
  - Participant's Manual: Self-Improvement Guide (See Trainers' Notes.)
  - VCT Reference Guide
  - Flipcharts, markers, tape, pens, timer or watch

### INTRODUCTION

---

TIME: 10 minutes

MATERIALS: Session Objectives flipchart, Session Agenda flipchart

STEPS:

- Introduce the session objectives and agenda, reviewing prepared flipcharts. Ask whether participants have any questions.

## PRACTICUM PROCESSING

---

**TIME:** 1 hour 45 minutes

**MATERIALS:** What I Enjoyed Most flipchart, What Challenged Me flipchart, What I Learned flipchart, Participant's Manual: Self-Improvement Guide

### STEPS:

- Post the three prepared flipcharts around the room.
- Invite participants to move about the room and write their responses on each of the flipcharts. Ask participants to be specific with their responses (Rather than "I liked helping people," they should say something like, "I enjoyed providing people with support at a difficult time.") Ask participants to write as clearly as possible.
- After all participants have responded to the questions, move from one flipchart to the next reviewing their remarks and using the remarks to facilitate a discussion about the challenges and rewards of VCT work.
- Ask the participants to write on their Guide to Self-Improvement Worksheet in their Participant's Manual the areas/skills in which they feel they will need to do the most work (see Trainers' Notes). Ask them to be specific (Rather than say, "better communication skills," they should write, "need to have a variety of probing types of questions that get the client talking").
- Ask for volunteers to share with the group some of the areas or skills they feel they need to work on.
- Inform clients that they will have an opportunity to continue working on these skills over the remaining sessions in addition to the work they will do back at their sites. Tell clients that they will work on the rest of their Guide to Self-Improvement during the last part of the Advanced Skills Phase of training.

## WRAP UP

---

**TIME:** 5 minutes

**MATERIALS:** Session Objectives flipchart

### STEPS:

- Review objectives and how they were met.
- Close with a Senegalese proverb: "He who is patient will smile." Remind participants that these skills will become more natural with time.

## SESSION 21: PRACTICUM CASE STUDY PRESENTATIONS

TIME: 5 hours

Agenda for Practicum Case Study Presentations/Lessons Learned	
10 minutes	Introduction
4 hours 40 minutes	Presentations
10 minutes	Wrap Up
5 hours	

### SESSION OBJECTIVES

---

By the end of this session, participants will have:

- Presented their prepared case studies from their practicum experiences to fellow participants.
- Provided fellow participants with feedback on their case study preparations and presentations.

### PREPARATION

---

- Prepare flipcharts:
  - Session Objectives
  - Session Agenda
  - Case Study Presentation Criteria (See Trainers' Notes.)
- Gather additional materials:
  - Participant's Manual: Guidelines for Feedback (Session 5b)
  - VCT Reference Guide
  - Flipchart paper, markers, pens, tape, timer or watch

### BREAKS

---

- Schedule break times into the session as appropriate.

### INTRODUCTION

---

TIME: 10 minutes

**MATERIALS:** Session Objectives flipchart, Session Agenda flipchart, Case Study Presentation Criteria flipchart, Participant's Manual: Guidelines for Feedback (Session 5b), timer or watch

**STEPS:**

- Introduce session objectives and agenda, reviewing prepared flipcharts. Ask whether participants have any questions.
- Inform participants that each of them will have 30 minutes (or less depending on the number of participants) to present their case studies and that a timer will be used to ensure that they stay within their time limit.

**(Note to trainers:** The amount of time you have available for presentations will depend on the number of participants you have. If the presentations must be short, limit what the participants discuss during their presentation. They should primarily focus on particular challenges with the client, what they did well, what they would do differently and where they could improve.)

- Inform participants that they will give feedback to one another using the Case Study Presentation Criteria flipchart.
- Review Guidelines for Feedback in Participant's Manual, Session 5b. Inform participants that the feedback time will be kept to three minutes. A timer will be used for the feedback as well.
- Inform participants that their set-up time should only take a few minutes and will be included in their presentation time.

## PRESENTATIONS

---

**TIME:** 4 hours 40 minutes

**MATERIALS:** Case Study Presentation Criteria flipchart, timer or watch, tape, markers

### STEPS:

- Determine an order in which the participants will present their topics. Time the presentations, giving each participant a two-minute warning before their time is up. (**Note to trainers:** Participants tend to go over time. Try to hold them to the agreed time limit.)
- Inform participants that they will evaluate their own performance first and then their fellow participants will give them feedback using the Case Study Presentation Criteria listed on the flipchart. Allow three minutes for feedback.
- Schedule breaks at different points during the presentations.

## WRAP UP

---

**TIME:** 10 minutes

**MATERIALS:** None

### STEPS:

- Ask participants what they learned by doing these presentations. Ask the participants what they learned from each other. Ask participants what they felt they did well and what was challenging.
- Inform participants that after they address special needs populations in the next session, they will look in greater detail at how to handle client sessions that are particularly challenging and difficult.

## TRAINERS' NOTES

### FLIPCHART: CASE STUDY PRESENTATION CRITERIA

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Did the presenter describe the challenge(s) he or she had with the client?

Did the presenter identify what he or she did well during the session?

Did the presenter identify an area for improvement?

What do you feel the presenter did well in preparing and presenting the case study?

What feedback do you have for this presenter?



# **PHASE 4**

## ADVANCED SKILLS TRAINING

Session 22: Special Needs Populations

Session 23: Challenging Situations

Session 24: Stress Management

Session 25: Self-improvement Guide and Monitoring, Counselor Supervision, and Quality Assurance



## SESSION 22: SPECIAL NEEDS POPULATIONS

TIME: 5 hours

Agenda for Special Needs Population	
10 minutes	Introduction
1 hour	Panel of Experts
3 hours	Case Studies
40 minutes	Support Group Action Plans
10 minutes	Wrap Up
5 hours	

### SESSION OBJECTIVES

---

By the end of this session, participants will be able to:

- Further strengthen counseling skills and identify skills to manage and support special populations of clients.
- Discuss and explore counseling for special needs populations, including youth, women, HIV-positive pregnant women, parents of HIV-positive children and couples. This will be done using case studies and a panel of experts.
- Provide appropriate referral for specialized services, as required.
- Create an action plan for establishing a support group or developing a relationship with an existing one.

### PREPARATION

---

- Prepare flipcharts:
  - Session Objectives
  - Session Agenda
- Gather additional materials:
  - Case Studies and Additional Activities (See Trainers' Notes.)
  - Prepared questions for panel
  - Participant's Manual: Sample Action Plan and Support Group Action Plan (See Trainers' Notes.)
  - VCT Reference Guide
- Invite a panel of representatives from the different special needs groups listed above. If you are unable to invite a panel of representatives, provide participants with two or three written testimonies or autobiographical articles from any of the groups mentioned above. The participants can read the articles in place of the panel discussion activity.

### BREAKS

---

- Schedule break times into the session as appropriate.

## INTRODUCTION

---

**TIME:** 10 minutes

**MATERIALS:** Session Objectives flipchart, Session Agenda flipchart

**STEPS:**

- Introduce the session objectives and agenda, reviewing prepared flipcharts. Ask whether participants have any questions.

## PANEL OF EXPERTS

---

**TIME:** 1 hour

**MATERIALS:** Prepared questions for panel

**STEPS:**

- Introduce the panel of representatives to participants. Inform participants that the panel was invited to discuss the HIV/AIDS and VCT needs of their group.
- Begin by asking a few general questions of the panel (see Trainers' Notes).
- Ask the participants for questions for the panel. Facilitate the discussion and encourage questions and ideas from the participants.
- At the close of the discussion, thank the panelists for coming. Invite them to remain for the next activity.

## CASE STUDIES

---

**TIME:** 3 hours

**MATERIALS:** Case Studies and Additional Activities, timer or watch

**STEPS:**

- Divide the participants into four groups. Invite panelists to join any of the groups if they would like to. Give each group a different case study and additional activity. Ask them to read the case studies together in their groups and then discuss the questions that follow the case study. Allow 20 minutes for group discussions.
- Inform the group five minutes before the end of their activities that they should conclude and identify the highlights of what they have done. Ask the participants to identify one person from their group to report to the larger group.
- Process the case studies and activities with the entire group. Ask each group to share briefly their case study and additional activities and the highlights of their discussion. Ask the participants how these case studies and activities tie to their work as VCT counselors. Ask participants how they view their role as VCT counselors in dealing with these special needs populations.

## SUPPORT GROUP ACTION PLAN

---

**TIME:** 30 minutes

**MATERIALS:** Participant's Manual: Support Group Action Plan

**STEPS:**

- Ask a volunteer to share an experience with a support group. Ask the volunteer the following questions: What was the purpose of the support group? What type of activities did it engage in? How often did it meet? Was there a counselor present? If so, what was the role of the counselor? (**Note to trainers:** If no volunteer is able to share this information, provide information about an existing support group in your region.)

- Facilitate a discussion on the benefits of a support group and what different groups might form a support group: HIV-positive youth, women, men, couples, parents or family members of HIV positive people. Ask participants to identify a VCT counselor's role with a support group.
- Inform participants that they are required to visit a support group during their practicum. If no support group exists in their area, they will lay the groundwork for starting one.
- Refer participants to their Participant's Manual: Sample Action Plan. Review the Sample Action Plan. Ask participant's to write an action plan for creating a support group in their area or establishing a relationship with an existing one. Inform participants that they should include steps they will take during their practicum. Review the instructions on the worksheet. Ask whether there are any questions regarding the activity. Allow 20 minutes for this.
- Ask for volunteers to share some of the steps they plan to take during the practicum. Inform participants that they can continue to work on their plan during their practicum and during the Advanced Skills phase of the training. Remind participants that this is one of their assignments during their practicum and a training objective.

## WRAP UP

---

**TIME:** 10 minutes

**MATERIALS:** Session Objectives flipchart

### STEPS:

- Review session objectives and how they were met.
- Inform participants that in the next session, they will use all that they have learned: counseling skills, self-awareness, and the pre- and post-test steps.

## TRAINERS' NOTES

### PREPARED QUESTIONS FOR SPECIAL NEEDS PANEL

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- What needs would you consider to be unique to the population or group you are representing for us today?
- Do you belong to a support group? What types of activities does the group engage in? What do you enjoy or receive by belonging to the group?
- What are some good programs or organizations that provide education or services for the group you represent?
- Which of these programs exists in the various regions of this country?

### SPECIAL NEEDS CASE STUDIES

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#### Case Study #1: Youth

Jean is a 17-year-old male. He did not finish grade school. He works as a mechanic with his uncle in a large town outside of a major city. He is Catholic and occasionally attends Mass with his family on Sundays. Jean's uncle gives Jean's father most of the money Jean earns, and Jean receives a small amount. Jean began having sex last year. He has had four partners in the last year. He does not believe he has much risk of getting HIV/AIDS because he dates one girl at a time. His girlfriends are young as well, and he doesn't think they have had that many partners. Jean does not have conversations about sex with his partners.

Jean is skeptical about VCT clinics. There is a clinic in the city close to his town. He doesn't trust that they will keep his results confidential if he does test. He also is unsure of what his family would do if they heard he was at the VCT clinic. He has not discussed his sexual behavior with family members.

Jean is experimenting with sex and hasn't used a condom. He has started drinking alcohol socially. He drinks with his friends, and they talk about sex. This is where he gets much of his information and misinformation about sex. He does know people who have died of AIDS, including an uncle and a family friend.

#### Discuss the following questions:

- What is the best way for getting information about HIV/AIDS and STIs to Jean?
- What can the VCT clinic in Jean's area do to encourage youth to get tested or to get information?
- What can you do as a counselor to get Jean to visit a clinic?
- What can you do as a counselor to address Jean's concerns about confidentiality?
- What are the laws in your country regarding the legal age of consent for testing?
- How do these laws apply to Jean's situation?
- What risk reduction strategies would be most appropriate and realistic for Jean?
- What steps could you take to start a support group for youth in your area?

#### Additional Activity: Youth

**Exercise:** Imagine that your 13-year-old daughter has approached you to request permission to go for VCT at the local center.

What is your immediate reaction/first thought to what she has told you? How do you respond?

Role-play this scenario.

**Exercise:** A young couple age 14 and 15 years old come to you for counseling. They are planning to start a sexual relationship and wish to know their serostatus and to have counseling. They are not married. The boy has had other sexual partners. The girl states that she is a virgin. She would also like to know about family planning and condoms.

What are the issues? How do you respond to this couple?

Take turns role-playing each of the characters. Then discuss your experiences as each character.

- What was helpful from each of the counselors?
- What was most difficult as a counselor?
- How did you feel as the young person?
- What did you like/not like about the counselor's responses?

**Exercise:** Identify the range of potential barriers that young people may experience in accessing VCT services. Discuss strategies to address these barriers.

### **Case Study #2: HIV-Positive Pregnant Women**

Joy is a 30-year-old female. She has had no formal education. She is pregnant with her fourth child. She lives in a small rural village 100 kilometers from a VCT clinic and 20 kilometers away from a health clinic that has a state nurse. Joy's husband is HIV positive and has AIDS. He is her only sexual partner. He travels to a neighboring country to do agricultural work for half the year. This year he may be too sick to travel. One of her three children has HIV.

She lives near her husband's brother's family in his village. He has other family members in the neighboring village. Her husband's family knows he is sick and thinks he has AIDS, although he has never been tested. Joy suspects that she has it and is concerned about her children, but is not sure of their status. Her husband's family continues to visit, but has asked that Joy and her family not come to their compound because they do not want their children to catch his sicknesses. They occasionally help by bringing meals over, but they are barely able to provide for themselves.

#### **Discuss the following questions:**

- What is the best way for getting information about HIV/AIDS to Joy?
- What can the VCT clinic in Joy's area do to encourage women, particularly pregnant women, to obtain testing and information?
- What can you do as a counselor to get Joy to visit a clinic?
- What type of information and services can your VCT clinic provide to Joy and her family?
- What risk-reduction and positive-living strategies would be most appropriate and realistic for Joy?
- What steps could you take to start a support group for HIV-positive pregnant women in your area?

#### **Additional Activity: HIV-Positive Pregnant Women**

- Perform role-plays based on the following case:

A young pregnant woman enters the clinic to have an HIV test. She expresses fear that her partner is involved with other women and states that he refuses to use a condom when they have sexual relations. She says that he becomes very agitated and angry when she mentions the use of a condom. She also confesses that he has hit her in the past for other reasons. She expresses concern that she wants to protect herself and yet does not feel she has any other option but to have sex without a condom.

- Brainstorm on how you would proceed in working with this woman. Address issues related to her pregnancy.

### Case Study #3: Parents or Caretakers of HIV-Positive Children

Anna is a 50-year-old female. She has had no formal education. She is the grandmother and caretaker of two of her daughter's HIV-positive children—six-year-old Elizabeth and three-year-old George. Helene, Anna's daughter and the children's mother, died of AIDS two months ago. Their father died of AIDS last year. Helene's two older children who do not have HIV have gone to live with Anna's other daughter.

Anna lives in a large city that has a VCT clinic, several primary care clinics and a large hospital. She moved there ten years ago to be with her sister after her sister's husband died. Anna's husband lives with her and her sister. He has a small food stand in the market. The three of them live modestly on his income from the food stand and on income that Anna makes from selling seasonal fruits by the side of the road. They are very active in their church.

Anna knows the status of her daughter's children. Helen's sister took them all to be tested three months ago when Helen became very sick. Anna agreed to take the two children who are positive, but knows very little about HIV/AIDS.

#### Discuss the following questions:

- What is the best way to get information about HIV/AIDS and positive living to Anna?
- What can you do as a counselor to get Anna to visit a clinic and get more information?
- What types of information and services can your VCT clinic provide to Anna and her family?
- What steps could you take to start a support group for caretakers of HIV-positive children in your area?

#### *Additional Activity: Parents or Caretakers of HIV-Positive Children*

Discuss the specific challenges that are faced by parents and guardians of HIV-positive children and what services the VCT center could refer them to.

### Case Study #4: Couples

Moussa and Awa are married. Moussa is 37 years old; Awa is 29 years old. They have two children who are four and six years old. Moussa works in a post office. He has a high school education and attended a school for civil servants. They live in a large town that has a large medial center. There is a VCT clinic 100 kilometers away in the capital.

Moussa is seeing a 25-year-old woman, Fatou, whom he plans to ask to be his second wife. She is a teacher and has one child. Both Moussa and Fatou have had one or two partners a year over the last five years. One of Moussa's past partners is HIV positive. Moussa is not aware of this. Both Fatou and Moussa have had a STI and have been treated for it. They began having unprotected sex last month. Awa does not have any other partners, but had one before marrying Moussa seven years ago.

Fatou has suggested to Moussa that they get tested together for STIs and HIV/AIDS. Moussa became verbally abusive when she first brought it up. Moussa's friends at the mosque have mentioned testing and are not sure what purpose it serves. Moussa's sister is a trained midwife at the medical center.

#### Discuss the following questions:

- What is the best way to get information about HIV/AIDS and STIs to Moussa and Fatou?
- What can you do as a counselor to get Moussa and Fatou to visit a clinic and get tested?
- What type of information and services can your VCT clinic provide to Moussa and Fatou?
- How would you counsel them on risk reduction if both were negative? Positive? Moussa positive and Fatou negative? Fatou positive and Moussa negative?
- What steps could you take to start a support group for positive and sero-discordant couples in your area?

### **Additional Activity: Couples**

#### **Conduct a role-play:**

- Each group will identify a counselor, two participants to act as the couple and at least one observer.
- The counselor will first meet with the couple separately to give them their results. Both partners are positive, and their nine-month-old infant has tested positive.
- The counselor will then meet with the couple together and help develop a plan for the next few days. The female partner is very downhearted, and the male partner refuses to acknowledge his result.
- The counselor should incorporate all of the counseling tools she or he has learned.
- Following the counseling session, there will be brief time for feedback, with the counselor express feelings first, followed by the client. The observers will give feedback to the counselor last.
- Once the role-play is completed, the observers will take the place of the client and counselor and be observed by the other two in the group.
- All of the participants should take a turn playing the role of counselor.

#### **Additional Activity for the Whole Participant Group If Time Permits:**

- Divide participants into two groups. One group deals with Case Study 1, and the other group deals with Case Study Two.

##### **Case Study 1**

An 11-year-old girl comes into the clinic to receive her HIV test results. Her mother accompanies her. The test results are negative. In the previous session, the mother explained that an uncle, who is HIV positive, had sexually abused the girl. The mother states that they have been living with the uncle ever since her husband died and cannot afford to move anywhere else. In a private session with the girl, the counselor learns that the abuse has continued and that the girl's uncle has said that she must continue to have sex with him while they are living in the house.

The group answers the following questions:

**Question 1:** What ethical and legal issues are involved in this situation?

**Question 2:** How should the counseling process continue?

##### **Case Study 2**

A 16-year-old young man enters the clinic seeking testing. He is not accompanied by his parents and says that he does not want them to know he is taking the test. He tells the counselor that he has been sexually active for the past three years and recently had sexual intercourse with another young man.

The group answers the following questions:

**Question 1:** What ethical and legal issues are involved in this situation?

**Question 2:** How should the counseling process continue?

All participants return to one large group and share the issues involved in both cases. Participants should identify the issues that are beyond the scope of VCT.

## SAMPLE ACTION PLAN

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An action plan is a tool to help you identify the steps and timeline for a particular activity and/or objective.

### Step #1

The first step in creating an action plan is to define the objective and/or activity.

#### Example:

Objective: Create a support group for HIV-positive pregnant women who live in the town of Petit Ville and surrounding villages so that these women give each other psychosocial support and health and nutrition information.

**Activity:** Conduct a needs assessment to find out how to reach these women, if they are interested and what they would want from a support group.

### Step #2

The next step is to create a list of all the steps that need to take place in order for the activity to happen. The steps do not need to be in order at this time, and you may decide ultimately not to use all of the steps and ideas that you write down.

#### Example:

- Hold a meeting with VCT clinic staff to discuss their role in assessing what is needed for a support group.
- Hold a meeting with medical center staff to discuss their role in assessing what is needed for a support group.
- Visit the leader of the town women's group and leaders in surrounding villages.
- Visit the head of Social Development for this department or region.
- Create a list of questions or discussion ideas for each of these meetings.
- Create and include support group needs assessment questions as part of post-test counseling for HIV-positive pregnant women at VCT clinics.
- Present support group idea to staff supervisor and seek permission to work on the needs assessment in addition to your other duties at clinic.

### Step #3

Decide which ideas you want to keep and put them in order.

#### Example:

- Present support group idea to staff supervisor and seek permission to work on needs assessment in addition to your other duties at clinic.
- Create a list of questions or discussion ideas for meeting with VCT clinic staff.
- Hold a meeting with VCT clinic staff to discuss their role in the needs assessment and the support group.
- Create and include support group needs assessment questions as part of post-test counseling for HIV-positive pregnant women at VCT clinics.

## Step #4

Create sub-steps for each step.

### Example:

- Present support group idea to staff supervisor and seek permission to work on needs assessment in addition to your other duties at clinic.
  - Share the action plan created during training with your supervisor.
  - Request written permission to work on needs assessment.
- Create a list of questions or discussion ideas for meetings with VCT clinic staff.
  - Brainstorm ideas for each meeting.
  - Create a different finished list for each meeting.
  - Review questions with supervisor.
  - Create a meeting agenda for each meeting. Get ideas from some VCT staff and medical center staff members.
- Hold a meeting with VCT clinic staff to discuss their role in conducting needs the assessment and to discuss ideas for the support group.
  - Establish a date and time for the meeting with supervisor and/or head of VCT clinic.
  - Secure a meeting place for the date and time of meeting.
  - Prepare or meeting notes.
- Create and include support group needs assessment questions as part of post-test counseling for HIV-positive pregnant women at VCT clinics.
  - Discuss needs assessment questions at the meeting with VCT staff.
  - Integrate needs assessment questions into the performance checklist or steps form.
  - Train staff to include the needs assessment questions for support group.
  - Test questions on a few clients, then revise if necessary.

## Step #5

Add dates, times and resources needed for completing steps and sub-steps even though they might change once you start discussing the steps with other people. Some of you may be able to conduct a needs assessment in three days; for others, it may take three weeks or three months. The goal is to push forward in a realistic manner without losing sight of the goal or objective.

**Objective:** Create a support group for HIV-positive pregnant women who live in the town of Petit Ville and surrounding villages so that these women give each other psychosocial support and health and nutrition information.

**Activity:** Conduct a needs assessment to find out how to reach these women, if they are interested and what they want from a support group.

Action Steps and Sub-Steps	Timeline	Resources
<ul style="list-style-type: none"> <li>Present support group idea to staff supervisor and seek permission to work on needs assessment in addition to other duties at clinic.</li> <li>Share action plan created during training with supervisor.</li> <li>Request written permission to work on needs assessment.</li> </ul>		Action plan, meeting time and place
<ul style="list-style-type: none"> <li>Create a list of questions or discussion ideas for meeting with VCT clinic staff.</li> <li>Brainstorm ideas for meeting.</li> <li>Create a finished list for meeting.</li> <li>Review questions with supervisor.</li> <li>Create a meeting agenda. Get ideas from other VCT staff and supervisor.</li> </ul>		Paper, pen, VCT Reference Guide and notes from last meeting
<ul style="list-style-type: none"> <li>Hold a meeting with VCT clinic staff to discuss their role in conducting a needs assessment and ideas for the support group.</li> <li>Establish a date and time for the meeting with supervisor and/or head of VCT clinic.</li> <li>Secure a meeting place for the date and time of meeting.</li> <li>Prepare chalkboard or meeting handouts.</li> </ul>		Meeting place, chalkboard and meeting handouts
<ul style="list-style-type: none"> <li>Create and include support group needs assessment questions as part of post-test counseling for HIV-positive pregnant women at VCT clinics.</li> <li>Discuss needs assessment questions at meeting with VCT staff.</li> <li>Integrate needs assessment questions into performance checklist or steps form.</li> <li>Train staff to include needs assessment questions for support group.</li> <li>Test questions on a few clients, then revise if necessary.</li> </ul>		Revised Post-Test Counseling Steps Guide and Performance Checklist with needs assessment questions added

**Step #1**

The first step in creating an action plan is to define the objective and/or activity.

Objective:

Activity:

**Step #2**

The next step is to create a list of all of the steps that need to take place in order for the activity to happen. The steps do not need to be in order at this time, and you may decide not to use all of the steps and ideas you write down.

**Step #3**

Decide which ideas you want to keep and put them in order.

**Step #4**

Create sub-steps for each step.



## SESSION 23: CHALLENGING SITUATIONS

TIME: 2 hours

Agenda for Challenging Situations	
5 minutes	Introduction
1 hour	Challenging Situations: Tag Team Role-Plays
50 minutes	Challenging Situations: Discussion Groups
5 minutes	Wrap Up
2 hours	

### SESSION OBJECTIVES

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By the end of this session, participants will be able to:

- Conduct counseling sessions for unique or particularly challenging clients and/or situations using case studies from their fellow participants' practicum.
- Identify strategies for dealing with challenging or unique counseling clients and/or situations.

### PREPARATION

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- Prepare flipcharts:
  - Session Objectives
  - Session Agenda
- Gather additional materials:
  - Challenging Situations Worksheets (Bring enough for each participant. See Trainers' Notes.)
  - Participant's Manual: Performance Checklist (Session 14)
  - VCT Reference Guide
  - Flipchart paper, markers, pens, tape, timer or watch

### BREAKS

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- Schedule break times into the session as appropriate.

### INTRODUCTION

---

TIME: 5 minutes

MATERIALS: Session Objectives flipchart, Session Agenda flipchart

STEPS:

- Introduce the session objectives and agenda, using prepared flipcharts. Ask whether participants have any questions.

## CHALLENGING SITUATIONS: TAG TEAM ROLE-PLAY

---

**TIME:** 1 hour

**MATERIALS:** Challenging Situations Worksheets, timer or watch

**STEPS:**

- Inform participants that during this session they will revisit some of the more challenging clients or situations from their practicum. Ask participants to fill out the Challenging Situations Worksheet. Allow 15 minutes for this.
- Ask for a few volunteers to share their challenging stories. Ask for a participant to choose one of the stories for a role-play. Inform the participants that the individual who wrote about the challenging client/situation will take on the role of the client they wrote about.
- Tell participants that they will do some tag-team counseling with this client. Remind participants of how tag-team role-plays work:
  - The trainer taps a participant on the shoulder.
  - That participant takes on the role of counselor for four minutes.
  - After four minutes, the trainer will tap another participant on the shoulder.
  - That person takes over, and the role-play continues as if it were the same counselor.
- Invite participants to refer to the Performance Checklist in Session 14 of their Participant's Manual as a resource for counseling.
- Use four or five different participants, allowing approximately 20 minutes for the activity.
- As a group, discuss what was different or similar about the counselors' approaches. Use the following questions for the discussion: What worked well in this situation? What was challenging about this client/situation? What are some other approaches for dealing with this situation?

## CHALLENGING SITUATIONS DISCUSSION GROUPS

---

**TIME:** 50 minutes

**MATERIALS:** Timer or watch

**STEPS:**

- Divide participants into groups of three. Ask them to take turns discussing their challenging clients and situations using the discussion questions on their Challenging Situations Worksheet as a starting point. Encourage participants to role-play during their discussions to help build skills and demonstrate different approaches. Inform participants that they should spend 10 minutes on each case.
- Tell participants when it has been 10 minutes, and let them know they should switch to another person's challenging story. Visit each group to check in and offer suggestions if needed.
- After the last person has shared his or her story in the groups, process the activity as a large group. Ask participants the following questions:
  - What were some new approaches that you discussed in your groups?
  - What are some skills you would like to develop more?
  - What was useful about discussing these situations with your fellow participants?
  - How can you do this type of activity at your site?

- Remind participants that they can use this format at their sites. Also remind participants that the situation or client may not be something they can change regardless of what they do, but they can change how they deal with their feelings about what happened.

## WRAP UP

---

**TIME:** 5 minutes

**MATERIALS:** Session Objectives flipchart

**STEPS:**

- Review objectives and how they were met.
- Inform participants that in the next session, they will deal with issues of counselor support, revisit self-awareness, and discuss burnout and stress management techniques.

## TRAINERS' NOTES

### PARTICIPANT'S MANUAL: CHALLENGING SITUATIONS WORKSHEET

---

Client background:

Client's emotional state:

Your emotional state:

What was challenging about this counseling session?

What skills, counseling or other, were useful or would be useful in this situation?

What did you do?

What would you do differently, if anything?

How did you feel about what happened?

How would you like to feel about what happened?

What would you like to discuss with your fellow participants?

## SESSION 24: STRESS MANAGEMENT

TIME: 3 hours

Agenda for Stress Management	
10 minutes	Introduction
1 hour 20 minutes	Counselor Burnout and Stress Management
1 hour 20 minutes	How to Establish Counselor Support and Manage Stress
10 minutes	Wrap Up
3 hours	

### SESSION OBJECTIVES

---

By the end of this session, participants will be able to:

- Demonstrate understanding of the nature of stress and burnout.
- Demonstrate awareness of the causes of stress and burnout in HIV/AIDS work.
- Recognize and deal with the common and uncommon symptoms of stress and burnout.
- Explain the effects of stress and burnout on work performance.
- Enlist strategies for stress management.

### PREPARATION

---

- Prepare flipcharts:
  - Session Objectives
  - Session Agenda
  - What is Stress and What is Burnout? (See Trainers' Notes.)
  - What are the Stages of Burnout? (See Trainers' Notes.)
  - Who Burns Out? (See Trainers' Notes.)
  - What Causes of Stress and Burnout Do Counselors Experience? (See Trainers' Notes.)
  - What Can Counselors Do to Prevent Burnout? (See Trainers' Notes.)
  - Counseling for the Counselor (See Trainers' Notes.)
  - Strategies Counselors Can Use to Cope with Stress and Burnout (See Trainers' Notes.)
- Gather additional materials:
  - Notes for Brief Lecture on Stress and Burnout (See Trainers' Notes.)
  - Blank flipcharts, tape, markers, timer or watch
  - VCT Reference Guide

### BREAKS

---

- Schedule breaks into the session as appropriate.

## INTRODUCTION

---

**TIME:** 10 minutes

**MATERIALS:** Session Objectives flipchart, Session Agenda flipchart

**STEPS:**

- Introduce the session objectives and agenda, reviewing prepared flipcharts. Ask whether participants have any questions.

## COUNSELOR BURNOUT AND STRESS MANAGEMENT

---

**TIME:** 1 hour 20 minutes

**MATERIALS:** Notes for Brief Lecture on Stress and Burnout (See Trainers' Notes.), What is Stress and What is Burnout? flipchart, What are the Stages of Burnout? flipchart, Who Burns Out? flipchart, What Causes of Stress and Burnout Do Counselors Experience? flipchart, What Can Counselors Do to Prevent Burnout? flipchart, Counseling for the Counselor flipchart, Strategies Counselors Can Use to Cope with Stress and Burn-out flipchart, blank flipcharts, markers, tape, timer or watch

**STEPS:**

- Give a brief lecture on stress and burnout. (Refer to Chapter 9 in the VCT Reference Guide and see Trainers' Notes.)
- Divide participants into four groups. Provide blank flipcharts and markers to the groups. Each group will do the following, recording their discussions:
  - Group 1: Define stress and burnout
  - Group 2: List the causes of stress and burnout among counselors
  - Group 2: Identify the stages of burnout
  - Group 4: List what counselors can do to manage stress and burnout
- Invite the group to get together and compare their responses with the prepared flipcharts.

## STRESS MANAGEMENT PLAN

---

**TIME:** 1 hour 20 minutes

- Using the VCT Reference Guide (Chapter 9) and their discussion notes, ask participants to complete the stress management plan in the Participants' Manual.
  - Identify the signs and symptoms they experience when feeling stressed.
  - Identify strategies for adopting a healthy lifestyle, managing time more effectively, and adopting new attitudes and perspectives.

## WRAP UP

---

**TIME:** 10 minutes

**STEPS:**

- Review objectives and how they were met.

## TRAINERS' NOTES

### NOTES FOR BRIEF LECTURE ON BURNOUT AND STRESS

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- More than a few idealistic, enthusiastic counseling trainees promise themselves that they will never become like some of the counselors or counselor supervisors they have known.
- They will not turn into tired, cynical, frustrated individuals who no longer seem to care very much about what they do or what others think about that.
- They will not be one of the burnt-out professionals who have lost their compassion and carry out HIV counseling as if it were any other duty.
- It is important to remember that once those burnt-out professional were just like you.
- Nobody start out in the profession plans for the days when work no longer seems vibrant and exciting.
- This is why we bring the important subject of burnout to the counselor's attention from the very beginning.
- Anticipating the predictable stresses and strains of being an HIV counselor and the toll they may take on a counselor's physical and emotional health allows counselors to take steps to minimize the negative effects.

### FLIPCHART: WHAT IS STRESS AND WHAT IS BURNOUT?

---

- The term "stress" is used to refer to a number of things. However, stress commonly is defined as anything that stimulates an individual and increases his or her level of alertness.
- Stress often originates from an external event or circumstance that places a demand on an individual's inner or external resources.
- How stressful an event is felt to be depends partly on the individual's resources.
- If the demands on the person (e.g., disclosing an HIV-positive test result) exceed his or her ability to cope with them, the person experiences stress.
- "Burnout" is perhaps harder to identify, but it generally refers to a state some people reach when, over a protracted amount of time, the demands on them exceed their resources.
- Burnout has been described as a "physical, emotional, psychological and spiritual phenomenon, an experience of personal fatigue, alienation and failure." For people in the helping professions, burnout also has been described as a "progressive loss of idealism, energy and purpose."
- The term "burnout" evokes the image of a fire going out because it has used up all of the fuel or of the ashes left over after a fire. It is often correlated with the grief process, as grief may occur when a work-life dream is lost.

### FLIPCHART: WHAT ARE THE STAGES OF BURNOUT?

---

- Burnout has four stages:
  - **First stage:** Physical, mental and emotional exhaustion
  - **Second stage:** Shame and doubt
  - **Third stage:** Cynicism and callousness
  - **Fourth stage:** A sense of failure, helplessness and crisis
- People who are suffering from burnout feel growing absence of personal accomplishment in their work.
- Some evidence also indicates that clients are able to identify when a counselor is burnt out.
- It is also documented that clients become dissatisfied and tend to be more critical of the "burnt-out" counselor's interventions and actions.

## FLIPCHART: WHAT CAUSES OF STRESS AND BURNOUT DO MANY COUNSELORS EXPERIENCE?

---

**NOTE:** These causes of burnout are enumerated not to alarm you, but to warn you of the realistic stresses and strains that a counselor might face

- A strong sense of commitment
- Job stress
- Inadequate personal support
- Feelings of isolation and alienation
- Fear of HIV infection
- Experiences of ostracism and stigma
- Excessive identification with clients
- Involvement of client's family and loved ones in the counseling session
- Excessive work
- Heavy responsibilities
- Inadequate or diminishing resources to do the job
- Political pressures
- Client-related issues (e.g., difficulty of informing clients or their partners of test results, especially if they are HIV-positive or a discordant couple; conflict between counseling and giving advice; conflict between encouraging a client and giving false hope; and discouragement at a client's unwillingness to change risky behaviors)
- Boredom (i.e., clients continually entering the office, telling their stories, asking similar questions and expecting the counselor to do essentially the same thing)
- Strong negative emotions about clients' risky behaviors
- Feeling of lack of progress against HIV/AIDS epidemic

## FLIPCHART: WHO BURNS OUT?

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- Almost anyone can experience burnout. However, some people may be more likely to experience burnout than others. For example:
  - Highly committed individuals who hold high expectations of themselves.
  - Frontline workers, more than those behind the scenes. For example, nurses are more likely to suffer from burn-out than physicians.
  - Counselors

## FLIPCHART: WHAT CAN COUNSELORS DO TO PREVENT BURNOUT?

---

- Ensure that an opportunity exists for individual, peer or group supervision or counseling (if available).
- Associate with committed, concerned colleagues who can help tell the counselor whether he or she is at risk of burnout and help analyze the situation and decide on corrective actions.
- Seek support from a partner, work team or work environment.
- Engage in self-assessment.
- Retain an attitude of hope.

- Make a commitment to periodically change by altering counseling style, getting different supervision, taking on new challenges, etc.
- Learning to accept what can be controlled and let go of what is not.

#### FLIPCHART: COUNSELING FOR THE COUNSELOR

---

- When feasible, counseling for counselors is recommended because evidence suggests "that counselors cannot hope to open doors for clients that they have not opened for themselves."
- Counselors can benefit from receiving counseling because, as they experience being a counseling client, they can:
  - Reconsider their motivation for wanting to be a counselor.
  - Find support as they struggle to be a professional.
  - Receive help in dealing with personal issues that are raised through interactions with clients.

#### FLIPCHART: STRATEGIES THAT COUNSELORS CAN USE TO COPE WITH STRESS AND BURNOUT

---

Counselors can use a number of coping strategies to deal with stress and burnout. These include:

- Adopting a healthy lifestyle
- Improving time management
- Changing the way they think (positive thinking or imagery-based techniques)
- Relaxation techniques
- Progressive muscular relaxation and deep breathing.
- Meditation

The techniques that counselors select depend on the cause of the stress and burnout and on the situations in which stress occurs. Therefore, counselors should be aware that in choosing a stress management technique, it is worth exploring where the stress is coming from. For example:

- If important events and relationship difficulties are causing stress, then a positive thinking or imagery-based technique (changing the way one thinks) may be useful.
- If stress and fatigue are long-term, then lifestyle and organizational changes (adopting a healthy life style and time management) may be appropriate.
- If the feeling of stress comes from within (anxiety, worries about client results or issues beyond one's control or anxiety based on one's own behavior), then relaxation techniques may be appropriate

## STRESS MANAGEMENT PLAN

---

A VCT counselor's work comes with many challenges—too few resources, too many emotional and material demands, the stigma of working with HIV/AIDS and many others. At times these challenges can feel overwhelming, and as a result, you may feel your stress level rise.

Read Chapter 9 on Stress and Burnout in the VCT Reference Guide, and use it as a resource to complete this plan. It can help you:

- Identify the signs and symptoms you experience when feeling stressed.
- Identify strategies for adopting a healthy lifestyle, managing your time more effectively, and adopting new attitudes and perspectives.

### I: Identify Signs and Symptoms of Stress

#### Physical

I experience these physical symptoms when I feel stressed:

- 
- 
- 
- 
- 

#### Behavioral

I exhibit these behaviors when I feel stressed:

- 
- 
- 
- 

#### Cognitive

I begin to think this way when I feel stressed:

- 
- 
- 
- 

### II. Create New Habits to Reduce Stress

#### Adopt a Healthier Lifestyle

Adopting a healthier lifestyle means creating new habits and letting go of old ones that are not healthy. Write a specific habit you plan to create or one you plan to drop for each of the following areas. It is important to keep balance in your life, which means creating time with family and friends that does not involve your work.

**Eating:** (Example: I will eat at least two fruits a day.)

**Sleeping:** (Example: I will go to sleep around 22:30 every night.)

**Communicating:** (Example: I will address something that frustrates me while it is happening or immediately after so I don't let it bother me later. I will write all of my frustrations and successes in a personal work journal.)

**Physical Exercise and Recreation:** (Example: I will play soccer on Sundays.)

**Drinking/Smoking:** (Example: I will drink no more than three beers when I go out on the weekends.)

**Relationships:** (Example: I will spend Saturdays with my husband and children doing something as a family.)

### Manage Time More Effectively

Time is a resource that can be difficult to manage. When you don't feel in control of how you spend our time, you can begin to feel stressed and resentful. Planning is a great tool for time management and stress reduction. Allow for flexibility in planning so as not to increase your stress. Choose one or more of the following time management strategies, and write the date you will start using it.

- By this date \_\_\_\_\_, I will start making a daily task list and prioritize the things that have to be done first.
- By this date \_\_\_\_\_, I will start using a monthly calendar for meetings, appointments, projects and report deadlines.
- By this date \_\_\_\_\_, I will start saying "no" to too many demands on my schedule.
- By this date \_\_\_\_\_, I will start using action plans to break my work down into smaller, more manageable steps.
- Other:

### Adopt a New Attitude

Occasionally, you will find yourself in a situation that you cannot change. This can become extremely frustrating and cause a great deal of stress. The one thing you can always control, however, is your attitude and how you perceive things. When you feel the need to adjust your attitude during a frustrating situation, try asking yourself any of the following questions:

- What exactly about this situation upsets me?
- What would it be like to feel peaceful about this situation?
- Where can I take control in this situation? (Usually you can begin with how you are reacting.)
- What would it feel like to let go of my anger or frustration in this situation? How would my body feel, and what would I think?

To Those Who Are Advocates for Sexually Healthy People

**We are here to listen** . . .not to work miracles.

**We are here to provide honest information** . . .not to tell them what we want them to think.

**We are here to help them identify their alternatives** . . .not decide what they should do.

**We are here to discuss steps with them** . . .not to take steps for them.

**We are here to empower them to discover their own abilities** . . .not to rescue them and leave them still vulnerable.

**We are here to help them access resources** . . .not to take responsibility for solving all of their problems.

**We are here to care about their health and well being** . . .not to judge them for their choices.

**We are here to provide support for healthy decisions.**

Borrowed from the American Social Health Association's CDC National AIDS/STD Hotline Training Manual, 2002.

## SESSION 25: SELF-IMPROVEMENT GUIDE AND MONITORING, COUNSELOR SUPERVISION, AND QUALITY ASSURANCE

TIME: 2 hours 30 minutes

Agenda for Self-Improvement Guide	
5 minutes	Introduction
1 hour	Monitoring, Counseling Supervision and Quality Assurance
30 minutes	Self-Improvement Guides Independent Work
50 minutes	Sharing Self-Improvement Guides
5 minutes	Wrap Up
2 hours 30 minutes	

### SESSION OBJECTIVES

---

By the end of this session, participants will be able to:

- Write a Self-Improvement Guide in which they identify areas for improvement, identify strengths and how to build on them, determine strategies for quality assurance and supervision and create a three-month action plan for implementing these strategies.
- Share their guides and action plans with fellow participants in order to articulate their commitment to the plan and exchange ideas about the plan.
- Define supervision.
- Define monitoring.
- Define quality assurance.
- Define evaluation.
- Demonstrate an understanding of the supervisory relationship.
- Describe and recognize the purpose of supervision.
- Identify the necessary practical requirements for counseling supervision.

### PREPARATION

---

- Prepare flipcharts:
  - Session Objectives
  - Session Agenda
- Gather additional materials:
  - Participant's Manual: Self-Improvement Guide Worksheet and Self-Awareness Guide
  - VCT Reference Guide
  - Flipcharts, markers, tape, pens, timer or watch
- Based on Chapter 10 of the VCT Reference Guide, prepare a brief lecture on monitoring supervision and evaluation.

### BREAK

---

- Schedule breaks in the session as appropriate.

## INTRODUCTION

---

**TIME:** 5 minutes

**MATERIALS:** Session Objectives flipchart, Session Agenda flipchart

### **STEPS:**

- Introduce the session objectives and agenda, reviewing prepared flipcharts. Ask whether participants have any questions.

## VCT MONITORING AND EVALUATION, COUNSELING SUPERVISION, AND QUALITY ASSURANCE

---

**TIME:** 1 hour

### **STEPS:**

- Spend 10 minutes brainstorming how the following terms are alike and different: monitoring, supervision and evaluation.
- Provide a brief, 20-minute lecture on monitoring, supervision and quality assurance based on Chapter 10 of the VCT Reference Guide.
- Inform participants that learning is an ongoing activity and supervision is a learning opportunity.
- Divide participants into pairs. Ask them to do the following:
  - Discuss why they feel supervision is important.
  - Discuss the skills they want to learn or improve in their counseling work, the knowledge and information they want to gain, new frameworks or concepts for thinking about their work that they want to explore, and the personal issues, opportunities or blocks they want to address.
- Bring the group together to share their thoughts from these discussions.
- Ask participants to think about their colleagues, friends, family, supervisor and other important people and activities in their lives, and to write down who or what could meet the following needs for them:
  - Sharing work issues in a confidential manner
  - Obtaining feedback or guidance
  - Developing professional skills, ideas and information
  - Venting emotions, such as anger, frustration or discouragement
  - Acknowledging feelings, such as distress, pleasure, failure, satisfaction or grief
  - Feeling valued by those you count as colleagues
  - Increasing physical, emotional or spiritual well being
- Suggest the following potential people or activities that could help meet these seven needs:  
Co-workers, boss, partner, friend, husband, wife, uncle, auntie, cousin, grandmother, weekend workshops, university, support group, counseling, massage, work team, consultant, priest, staff meetings, coffee breaks, distance learning, dog/cat, clients, students, children, in-service training, television, radio, sport, prayer, meditation, music, dance, literature
- Then ask the following questions:
  - Which of the seven needs do you consider to be met at the moment?
  - Which might be appropriately met in supervision?
  - Which are not met at all? How might you meet these with the resources available to you?

## SELF-IMPROVEMENT GUIDE INDEPENDENT WORK

---

**TIME:** 30 minutes

**MATERIALS:** Participant's Manual: Self-Improvement Guide Worksheet (See Trainers' Notes.), Self-Improvement Action Plan (See Trainers' Notes.)

### STEPS:

- Refer participants to the Self-Improvement Guide Worksheet in their Participant's Manual. Review the worksheet with the participants. Inform participants that they will use Chapter 10 on Monitoring Supervision and Quality Assurance in their VCT Reference Guide as a resource for this activity.
- Tell participants that they have 30 minutes to work on their Self-Improvement Action Plan. Inform participants that although they may not finish the plan, they will share some of their work later in the session.
- Remind participants that they should be as specific as possible in describing their strengths and areas for improvement. Tell participants that the action plan should include their plans for improvement, building on strengths and including quality assurance and supervision.
- Provide support and ideas to the participants as needed. Inform participants they may use each other as resources, but to try to keep their talking quiet and to a minimum so that others can work in peace.

## SHARING SELF-IMPROVEMENT GUIDES

---

**TIME:** 50 minutes

**MATERIALS:** Timer or watch

### STEPS:

- Ask the participants to form groups of three. Inform participants that they are going to share the work they did on their Self-Improvement Guides. Tell participants that sharing their plan makes it more real and provides an opportunity to learn and get ideas from the others. Invite participants to provide encouragement to each other when discussing their guides.
- Ask participants to take the next 10 minutes to share their strengths and how they plan to build upon and use them in their work. Inform participants that they should spend about three minutes for each person. Tell participants when they have about two minutes left for their discussion.
- At the end of 10 minutes, ask participants to share some of what they discussed in their groups. Ask them how sharing their strengths is useful.
- Ask participants to take the next 10 minutes to share the areas they would like to improve and their strategies for improvement. Remind participants that they should spend about three minutes for each person. Inform participants when they have about two minutes left for their discussion.
- At the end of 10 minutes, ask participants to share some of what they discussed in their groups. Ask them how sharing their ideas for improvement is useful.
- Ask participants to spend the next 15 minutes sharing their strategies for quality assurance and supervision and their action plans. Inform participants that they should spend about five minutes on each person. Notify participants when they have about two minutes left for their discussion.
- At the end of 15 minutes, ask participants to share some of what they discussed in their groups. Ask them how sharing their ideas and action plans was useful. Ask participants how they can use action plans as a tool for other work activities.

## WRAP UP

---

**TIME:** 5 minutes

**MATERIALS:** Session Objectives flipchart

**STEPS:**

- Review objectives and how they were met.
- Inform participants that over the next several sessions, they will do role-play assessments.

## TRAINERS' NOTES

### PARTICIPANT'S MANUAL: SELF-IMPROVEMENT GUIDE

---

#### Areas For Improvement

Areas/Skills that I need to improve and strategies for improvement:

**Example:** Risk Reduction Plans: I give advice too often and tell the client what to do.

**Strategy:** Role-play with supervisor on doing risk reduction plans using the Performance Checklist as a tool.

#### Strengths/Capacity Building

My strengths and how I can build on them and use them in other areas of my work:

**Example:** My organizational skills

**Strategy:** Introduce new and improved system for filing and patient flow.

#### Job Performance Management

Strategies for quality assurance and supervision:

**Example:** Have my supervisor sit in on one session a week the first few weeks of counseling, then move it to once a month. Use the Performance Checklist as a tool for feedback.

This is my three-month action for improving my skills, building on my strengths and managing my job performance. (Refer to the sample action plan in Session 22: Special Needs Populations.)

**Step #1**

The first step in creating an action plan is to define the objective and/or activity.

**Objective:**

**Activity:**

**Step #2**

The next step is to create a list of all of the steps that need to take place for the activity to happen. The steps do not need to be in order at this time, and you may decide not to use all of the steps and ideas that you write down.

**Step #3**

Decide which ideas you want to keep and put them in order.

**Step #4**

Create sub-steps for each step.

**Step #5**

Add dates, times and resources needed for completing steps and sub-steps even though they might change once you start discussing the steps with other people. The goal is to push forward in a realistic manner without losing sight of the goal or objective.





# **PHASE 5**

## CONCLUSION OF TRAINING

Session 26: Role-Play Assessments and Feedback

Session 27: Post-Training Assessment

Session 28: Feedback to Participants and Certification



## SESSION 26: ROLE-PLAY ASSESSMENTS

TIME: 3-5 hours

Agenda for Role-Play Assessments	
20 minutes	Introduction
2-4 hours	Role-Play Assessments
1 hours	Feedback on Role-Plays
3-5 hours 20 minutes	

### SESSION OBJECTIVES

---

By the end of this session, participants will be able to:

- Conduct a counseling session (pre-test only, post-test only, or both, depending on time available) using the Performance Checklist as a guide.
- Identify client information needs and use their VCT Reference Guide and Participant's Manuals to access information that addresses those needs during a role-play assessment.

### PREPARATION

---

- Prepare flipcharts:
  - Session Objectives
  - Session Agenda
- Gather additional materials:
  - Role-plays (See Trainers' Notes.)
  - Performance Checklist (Make one copy for each participant. See Trainers' Notes.)
  - Timer or watch
  - Participant's Manual
  - VCT Reference Guide
- Prepare a Role-play Timesheet. Set up a schedule for each participant to role-play a counseling session with the trainers. These role-plays occur during Session 26 and are part of the participants' post-training assessment. Post the timesheet where it is easily accessible to participants.
- Prepare a Feedback Meeting Timesheet. Set up a schedule for each participant to meet with the trainers to receive feedback on the role-play and the post-training written knowledge assessment. The feedback will occur in Session 28. Post the timesheet where it is easily accessible to participants.

### BREAKS

---

- Schedule break times into the session as appropriate. Include these times on the Role-Play and Feedback Timesheets.

## INTRODUCTION

---

**TIME:** 20 minutes

**MATERIALS:** Session Objectives flipchart, Session Agenda flipchart

**STEPS:**

- Introduce the session objectives and agenda, reviewing prepared flipcharts. Ask whether participants have any questions.
- Inform participants that during this session they will conduct individual counseling session role-plays as part of their post-training assessment. Refer participants to the Role-play Timesheet and let them know their meeting times.
- Tell participants that while they are waiting for their role-play, they can review information in their Participant's Manual and VCT Reference. Allow for questions.
- Inform participants that in the next session, they will take their written VCT post-training test, and in the last session they will receive feedback on their written and role-play tests. Refer participants to the Feedback Meeting Timesheet.

## COUNSELING SESSION ROLE-PLAYS

---

**TIME:** 2-4 hours (depending on group size and time allotted to individual role-plays)

**MATERIALS:** Counseling session role-plays (See Trainers' Notes.)

**STEPS:**

- Using the scenarios provided, conduct a counseling session role-play with each participant.

## FEEDBACK

---

**TIME:** 1 hour

## WRAP UP

---

Wrap up the session with all participants, highlighting things that went well during the role-plays and things that participants need to work on more. Trainers' Notes

**Note to trainers:** During this session, you will assess the counseling skills participants have gained. These assessments can be conducted by focusing on an element of counseling: only the pre-test portion, only the post-test portion, only risk-reduction planning or only positive living planning. Be sure that the participant has enough information about the client if you choose to conduct only one portion of a counseling session.

You have three role-plays to choose from. You can change the results to add to the variety. Create your own if you feel it would be more appropriate or if you want to introduce more variety.

Use the Performance Checklist as your guide for feedback on the role-play assessments. Before conducting the role-play assessments, establish a minimum set of criteria to measure successful completion of the role-play: a minimum number of counseling skills used during a session, a minimum required number of steps followed correctly, etc. The goal is to train competent counselors without discouraging those who have potential. Your role is to define what competency is for this training.

### Client A

**Name:** Give your client an appropriate name for your country.

**Sex:** Female

**Age:** 22

**Family status:** Single, has a boyfriend

**Religion:** Give your client a religion appropriate for your country

**Where you live:** A large city

**Education:** Completed two years at university

**Work:** Work in a bank as a secretary

**Why you came to be tested:** You have a new boyfriend, and you want to get tested. You want the peace of mind of knowing that you are negative for sure.

**What you know about HIV/AIDS and testing:** You know a lot about HIV/AIDS and its effects in the body. You don't know about the window period. You have been tested once before, but that was two years ago.

**Sexual history and behaviors:** You have about three partners a year. You use condoms until you feel you can trust your partner, and then you don't use anything. You take birth control pills.

**Risk-reduction preferences:** You don't mind condoms for a little while, but there is no way you are going to use them all of the time. You are not quite sure you trust your current partner yet, but you have had unprotected sex with him a few times.

**Consent issues and current support networks:** You have taken the test before, so you don't really have any consent issues. You are pretty sure the test is negative, so you haven't thought much about the need for support, but you live with your mother and are close to her. You also have a friend that you are very close to.

**Your response if positive:** You are extremely upset; you were not expecting this at all. You are initially unable to focus on anything.

**Your response if negative:** You are relieved, but you were pretty sure it would be negative so you begin to not listen to what the counselor is saying.

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### PRE- AND POST-TEST COUNSELING ROLE-PLAYS

### Client B

**Name:** Give your client an appropriate name for your country.

**Sex:** Male

**Age:** 45 years old

**Religion:** Give your client a religion appropriate for your country.

**Family status:** Married with five children

**Where you live:** Home is in a rural area, but spends lots of time in cities due to occupation

**Education:** Completed grade school

**Work:** Truck driver

**Why you came to be tested:** You visit commercial sex workers. You are concerned that one of them has AIDS.

**What you know about HIV/AIDS and testing:** You know AIDS can kill people and that they get sick from a variety of illnesses before they die. You know HIV and AIDS are different, but you are not sure why they are different and how they work in the body. You don't know much about the testing process.

**Sexual history and behaviors:** You see commercial sex workers on occasion. You also have a girlfriend. Your wife doesn't know about this. You think your girlfriend has had affairs in the past, but you are not sure whether she is having one presently.

**Risk-reduction preferences:** You don't like the feel of condoms, but you could be persuaded to use them sometimes, but definitely not all of the time. You could be convinced to see fewer commercial sex workers, although not less often. You are not sure what to do about your girlfriend.

**Consent issues and current support networks:** You are willing to consent to the test, but you want assurance that your results are private and that you get to choose how to handle what to do with the information. You can talk to your religious leader; you trust him.

**Your response if positive:** You are defensive, you question the validity of the test and you don't want to tell your wife. You feel at first that you don't want to talk to anyone. You are contained—not angry, but somewhat anxious and frustrated.

**Your response if negative:** You feel very grateful, but still are not sure how you want to handle the situation with your girlfriend.

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## PRE- AND POST-TEST COUNSELING ROLE-PLAYS

### Client C

**Name:** Give your client an appropriate name for your country.

**Sex:** Male

**Age:** 23 years old

**Religion:** Give your client an appropriate religion for your country.

**Family status:** Single, no children

**Where you live:** Capital city

**Education:** Grade school education

**Work:** You are an apprentice tailor.

**Why you came to be tested:** Your best friend has been diagnosed with AIDS. You spend a lot of time with him and have shared meals with him and razors. You have shared the same sleeping mat. You are concerned you might have gotten it from him.

**What you know about HIV/AIDS and testing:** You don't know much about HIV/AIDS. You don't understand transmission. You have heard that you are not supposed to share razors. You know you can get it from unprotected sex.

**Sexual history and behaviors:** You usually have one girlfriend at a time, but sometimes you go out with more than one. You have about 8-12 partners a year. You've been sexually active since you were 17 years old.

**Risk reduction preferences:** You tried using a condom, but you don't like them. You might use one if a partner requests it, but not more than a few times. Usually you can convince them not to use condoms anymore. You definitely don't want to wear condoms all the time.

**Consent issues and current support networks:** You want to be sure the test results won't be given to anyone, especially your partners. You live with your uncle in the capital, but you are not sure how supportive he would be. You and your cousin are very close and you feel you can talk to him about anything.

**Your response if your result is positive:** You are numb, unable to talk and engage in a conversation. You are experiencing the news by withdrawing; this is a form of crisis behavior.

**Your response if your result is negative:** You feel lucky that you are negative. You are determined not to get yourself into this situation again; you are eager to develop a risk-reduction plan but are not sure how to do it.

## SESSION 27: POST-TRAINING ASSESSMENT

TIME: 1 hour 15 minutes

Agenda for Post-Training Assessment	
10 minutes	Introduction
20 minutes	Information Retrieval
40 minutes	VCT Information
5 minutes	Wrap Up
1 hour 15 minutes	

### SESSION OBJECTIVES

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By the end of this session, participants will have:

- Taken a post-training assessment to determine their knowledge of HIV/AIDS and their preparedness for VCT work.

### PREPARATION

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- Prepare flipcharts:
  - Session Objectives
  - Session Agenda
- Gather additional materials
  - Blank flipcharts, tape, markers
  - Post-Training Assessments: Part 1, Information Retrieval and Part 2, Knowledge of VCT Information
  - Participant's Manual
  - VCT Reference Guide
  - Pens, timer or watch
  - Answer Key (See Trainers' Notes.)

### INTRODUCTION

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TIME: 10 minutes

MATERIALS: Session Objectives flipchart, Session Agenda flipchart

STEPS:

- Introduce the session objectives and agenda, reviewing prepared flipcharts. Ask whether participants have any questions.
- Inform participants that they will spend the next 50 minutes taking a post-training assessment to explore their overall knowledge of HIV/AIDS and VCT counseling. Inform participants that this written assessment has two parts: Information Retrieval and VCT Information. Explain the two parts in further detail.
- Inform participants that this is an assessment of what they know about HIV/AIDS and counseling to determine whether they are adequately prepared for VCT work. Tell participants that they will receive feedback about how they did on the assessment in the next session.

## INFORMATION RETRIEVAL

---

**TIME:** 20 minutes

**MATERIALS:** Part 1, Information Retrieval Assessment, timer or watch

**STEPS:**

- Give each of the participants an Information Retrieval Assessment. Inform participants that for this part of the assessment, they will use their VCT Reference Guide and their Participant's Manual.
- Tell participants that they have 15 minutes to answer five questions using their manuals. Inform participants that they are to write the answer and the name of the manual and the chapter or session number where they found the information.
- Remind participants that they are not to talk during the test unless they have a question for the trainers regarding the test.
- Let participants begin the tests. Inform the participants when two minutes remain.
- Collect the tests at the end of the 15 minutes. (**Note to trainers:** If the majority of participants have not completed the test, then allow more time. The goal is to give the participants every opportunity to pass.)

## VCT INFORMATION TEST

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**TIME:** 40 minutes

**MATERIALS:** Part 2: Knowledge of VCT Information Assessment: timer or watch

**STEPS:**

- Give each of the participants a VCT Information Assessment. Inform participants that this assessment is slightly different than the assessment they completed in the beginning of the training. Tell participants that for this part of the assessment, they may not use their VCT Reference Guide or their Participant's Manual.
- Inform participants that they have 35 minutes to answer 20 questions. Remind participants that they are not to talk during the assessment unless they have a question for the trainers regarding the test.
- Let participants begin the assessments. Notify the participants when five minutes remains.
- Collect the assessments at the end of the 35 minutes.

(**Note to trainers:** If the majority of participants have not completed the test, then allow more time. The goal is to give the participants every opportunity to pass.)

## WRAP UP

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**TIME:** 5 minutes

**MATERIALS:** Session Objectives flipchart

**STEPS:**

- Review and the session objectives and how they were met.
- Inform participants that they have completed all of their training objectives and that they will review their accomplishments, write their evaluation of the training and receive their certificates in the next session

## TRAINERS' NOTES

### POST-TRAINING ASSESSMENT

---

#### **Part 1: Information Retrieval**

- HIV is found in what four bodily fluids?

Information found in:

- What are the five steps to creating a risk reduction plan?

Information found in:

- Identify three counseling skills that build trust:

Information found in:

- What does a negative test result mean?

Information found in:

### Part 1: Information Retrieval: ANSWER KEY

**Note to trainers:** For participants to score at least 70 percent on this portion of the test, they must answer three or more of these questions correctly. If participants do not score at least 70 percent, you can arrange for a re-test after they have reviewed the materials and improved their information retrieval skills.

- HIV is found in what four bodily fluids?

Semen, vaginal fluid, blood and breast milk

**Information found in: VCT Reference Guide, Chapter 2**

- What are the five steps to creating a risk reduction plan?

Determine risky behaviors

Assess costs and benefits

Explore successes and abilities

Identify barriers and strategies to overcome those barriers

Create a risk-reduction plan

**Information found in: Participant's Manual, Session 11 or 15**

- Identify at least three counseling skills that build trust:

Affirming

Attending and listening

Reflecting feelings

Third-person statements or impersonal statements

**Information found in: Participant's Manual, Session 10 or 15**

- What does a negative test result mean?

A negative result means that antibodies to HIV were not found in the person's serum sample either because the person is not infected or the person is still in the window period.

**Information found in: VCT Reference Guide, Chapter 3**

**Part 2: Knowledge of VCT Information**

Name \_\_\_\_\_

**True or False**

*Circle the correct response.*

T F	HIV weakens an infected person's immune system.
T F	AIDS stands for Acquired Immunodeficiency Syndrome.
T F	Studies show that if used consistently and correctly, condoms greatly reduce the risk of HIV transmission.
T F	A positive test result means the individual has AIDS.
T F	Counselors should give advice and tell clients the best risk reduction strategies for their situation.
T F	Allowing silence is a key counseling skill.
T F	The HIV ELISA test looks for HIV antibodies in the blood.
T F	Most HIV-positive babies become positive after birth.
T F	Sero-discordant couples are couples who both have positive results.
T F	Individuals who have an STI, or a history of having STIs, are at a greater risk of contracting HIV.

**AIDS or HIV**

*Circle one.*

AIDS HIV	_____ is a virus detected in a person's blood.
AIDS HIV	_____ is a later stage of the disease in which the body's immune system cannot fight off even the most common illnesses.

## Short Answer/Fill in the Blank/Multiple Choice

### ***The transmission of HIV through the fingers by taking off a used condom . . . (Circle one)***

is a very dangerous possibility and should be avoided.

is theoretically possible because vaginal secretions and semen transmit HIV, but extremely unlikely because HIV cannot live long outside of the body, unless it is in very high concentrations, and cannot penetrate unbroken skin.

### ***At what point during sexual activity should a condom be put on? (Circle one)***

Before genital contact.

Immediately following ejaculation.

### ***HIV is a \_\_\_\_\_ sexually transmitted infection.***

bacterial

viral

### ***The steps that health care workers should take with all patients to prevent transmission of HIV and other pathogens are called \_\_\_\_\_.***

### ***Give the word represented by each letter of "HIV:"***

H \_\_\_\_\_

I \_\_\_\_\_

V \_\_\_\_\_

### ***For a person to become infected with HIV, the virus must somehow enter his/her \_\_\_\_\_.***

### ***Of the following list, circle the two that demonstrate good VCT counseling skills because they encourage communication with the client to continue:***

ask why questions

use polite imperatives ask open-ended questions

give good advice

provide information only

### ***Read the following scenario. Check the response that would you would use as part of a client-centered counseling approach.***

A young girl comes into the clinic. She takes care of her aunt who is HIV positive. Her mother doesn't want her to take care of her aunt because her mother thinks she'll become infected. She wants to prove to her mother that she is safe and cannot get infected. By taking the test she believes her mother will let her take care of her aunt.

\_\_\_\_ "I'm glad you came to the clinic today. You sound very concerned about your aunt. Tell me more about her situation and how you help take care of her."

\_\_\_\_ "Does your mother know you're taking the test today? What does she think of you coming here?"

**Part 2: Knowledge of VCT Information: ANSWER KEY**

**Note to trainer:** To obtain a score of 70 percent, participants should answer at least 14 questions correctly. This is the minimum required in the training objectives. If participants do not score at least 70 percent, you can arrange for a re-test after they have reviewed the materials and improved their information retrieval skills.

**Name** \_\_\_\_\_

**True or False**

*Circle the correct response.*

<u>T</u> F	HIV weakens an infected person's immune system.
<u>T</u> F	AIDS stands for Acquired Immunodeficiency Syndrome.
<u>T</u> F	Studies show that if used consistently and correctly, condoms greatly reduce the risk of HIV transmission.
T <u>F</u>	A positive test result means the individual has AIDS.
T <u>F</u>	Counselors should give advice and tell clients the best risk reduction strategies for their situation.
<u>T</u> F	Allowing silence is a key counseling skill.
<u>T</u> F	The HIV ELISA test looks for HIV antibodies in the blood.
T <u>F</u>	Most HIV-positive babies become positive after birth.
T <u>F</u>	Sero-discordant couples are couples who both have positive results.
<u>T</u> F	Individuals who have an STI, or a history of having STIs, are at a greater risk of contracting HIV.

**AIDS or HIV**

*Circle one.*

AIDS <u>HIV</u>	_____ is a virus detected in a person's blood.
<u>AIDS</u> HIV	_____ is a later stage of the disease in which the body's immune system cannot fight off even the most common illnesses.

## Short Answer/Fill in the Blank/Multiple Choice

*The transmission of HIV through the fingers by taking off a used condom . . . (Circle one)*

...is a very dangerous possibility and should be avoided.

...is theoretically possible because vaginal secretions and semen transmit HIV, but extremely unlikely because HIV cannot live long outside of the body, unless it is in very high concentrations, and cannot penetrate unbroken skin.

*At what point during sexual activity should a condom be put on? (Circle one)*

Before genital contact.

Immediately following ejaculation.

*HIV is a \_\_\_\_\_ sexually transmitted infection.*

bacterial

viral

*The steps that health care workers should take with all patients to prevent transmission of HIV and other pathogens are called Universal Precautions.*

*Give the word represented by each letter of "HIV:"*

H Human

I Immunodeficiency

V Virus

*For a person to become infected with HIV, the virus must somehow enter his/her blood.*

*Of the following list, circle the two that demonstrate good VCT counseling skills because they encourage communication with the client to continue:*

ask why questions

use polite imperatives ask open-ended questions

give good advice

provide information only

*Read the following scenario. Check the response that would you would use as part of a client-centered counseling approach.*

A young girl comes into the clinic. She takes care of her aunt who is HIV positive. Her mother doesn't want her to take care of her aunt because her mother thinks she'll become infected. She wants to prove to her mother that she is safe and cannot get infected. By taking the test she believes her mother will let her take care of her aunt.

\_\_\_\_ "I'm glad you came to the clinic today. You sound very concerned about your aunt. Tell me more about her situation and how you help take care of her."

\_\_\_\_ "Does your mother know you're taking the test today? What does she think of you coming here?"

## SESSION 28: FEEDBACK TO PARTICIPANTS AND CERTIFICATION

TIME: 3 hours

Agenda for Feedback to Participants and Certification	
5 minutes	Introduction
25 minutes	Introducing My Client
1 hour 30 minutes	Feedback from Trainers to Participants
30 minutes	Certification Ceremony
15 minutes	Evaluation of Training Program
15 minutes	Closing
3 hours	

### SESSION OBJECTIVES

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By the end of this session, participants will have:

- Received a Certificate of VCT Training Completion for having attended all five phases of the training and having completed all training objectives successfully.
- Received feedback on their performance in the role-plays and post-training assessment.
- Completed an evaluation of the training.

### PREPARATION

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- Prepare flipcharts:
  - Session Objectives
  - Session Agenda
  - My Client (See Trainers' Notes.)
- Gather additional materials
  - My Client images (Make enough for all participants. These are pictures of anonymous people cut out of newspaper and magazines. Collect enough images for each participant to have one.)
  - Participant's Manual: Training Objectives (Session 1)
  - Certificate of VCT Training Completion (Make enough for all participants.)
  - Training Evaluation (Make enough for all participants.)
  - VCT Reference Guide

### INTRODUCTION

---

TIME: 5 minutes

MATERIALS: Session Objectives flipchart and Session Agenda flipchart

STEPS:

- Introduce the session objectives and agenda, reviewing prepared flipcharts. Ask whether participants have any questions.

## INTRODUCING MY CLIENT

---

**TIME:** 25 minutes

**MATERIALS:** My Client images, My Client flipchart

**STEPS:**

- Ask participants to choose an image of an anonymous person from the ones that have been cut out of magazines or newspapers. Inform participants that they will make up a fictional client from this image and will introduce the person they chose as a client. Say the following:

*Each day you will meet people who come to be tested because they believe that they may be infected with a deadly virus. Their life may be dramatically altered that day. They may make some choices you agree with and others you may not, whether they test negative or positive. Yet you are with them at the moment when they are making those very important choices. Reflect on who you want to be for them and for yourself at that moment.*

- Refer them to the My Client flipchart. Ask participants to write their answers to the questions on the flipchart on a piece of paper. Allow five minutes for this.
- Ask participants to share, one at a time, their clients and who they want to be for them.
- Invite participants to reflect on this exercise when they are feeling overwhelmed from the pressures of their work, and validate that they are the counselors they want to be for their clients.

## FEEDBACK ON ROLE-PLAYS AND POST-TRAINING ASSESSMENT

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**TIME:** 1 hour 30 minutes

Allow trainees to reflect upon the results of their post-training assessment and how they have improved compared to how they did on the pre-training assessment.

In feedback meetings with participants, provide them with their written assessment scores and what answers they missed. If they did not pass the written assessment, provide an opportunity to retake the test before the end of the training program.

## CERTIFICATION CEREMONY

---

**TIME:** 30 minutes

**MATERIALS:** Participant's Manual: Training Objectives; Certificates of VCT Training Completion

**STEPS:**

- Refer clients to the Training Objectives in the beginning of their Participant's Manual. Inform participants that they will go over each of the objectives and check off the objectives they have completed during the training.
- Inform the participants that having completed all five phases of the training and having achieved all of the objectives, they will now receive a Certificate of VCT Training Completion.
- Call the name of each participant and present him or her with a certificate. (**Note to trainers:** Create a ceremony out of this activity by asking the other participants to applaud after each name has been read, stand in a circle or outdoors, or do anything you can think of to make the moment more special.)
- After all the names have been read, congratulate the group on their accomplishment.

## EVALUATIONS

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**TIME:** 15 minutes

**MATERIALS:** Training Evaluations

**STEPS:**

- Provide each participant with an evaluation form. Ask participants to fill in the form. Inform participants that their feedback helps the training program improve and build on what is done well. Allow 15 minutes for this.
- Collect evaluations from participants or have them put the evaluations in a specified place.

## CLOSING

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**TIME:** 15 minutes

**MATERIALS:** None

**STEPS:**

- Ask participants to form a circle with their seats (if this is not possible, find a place where participants can sit on mats or stand in a circle).
- Tell participants that as a way to close the training, each of them can take a turn sharing what they have learned or achieved as an individual during this training and acknowledge what they have accomplished as a group. Tell participants that they are not required to speak if they do not wish to.
- Share your insights as a trainer on what the group has accomplished. Thank the participants for their participation throughout the training and say goodbye.

## TRAINERS' NOTES

### FLIPCHART: MY CLIENT

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Who is my client? What is his/her name and who is his/her family?

What is the situation that brought my client to testing?

What makes my client unique?

Who do I want to be for my client when he/she comes to see me?

### CERTIFICATE OF VCT TRAINING COMPLETION

---

Fill out a photocopy of the certificate on the following page to mark the successful completion of the training.

# Voluntary Counseling and Testing Counseling Training Program

*It is hereby declared that*

\_\_\_\_\_ *has successfully completed \_\_\_\_\_ hours*

*and all required training objectives of the  
VCT Counseling Training Program.*

*Date* \_\_\_\_\_

\_\_\_\_\_  
Signature of Trainer

\_\_\_\_\_  
Signature of Trainer

## TRAINING EVALUATION

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**Note to trainers:** The training evaluation scores can be tallied to give an average score to reflect overall participant satisfaction with the training. Use the evaluations to make changes to the training program, either to improve certain activities or build on others.

## Training Evaluation

Please rate the following on a 1-5 scale. A score of 1 indicates that you do not agree, and a score of 5 indicates that you completely agree.

	As a result of this training, I am more confident in my skills as a VCT counselor.
	The facilitator(s) were knowledgeable and kept the activities interesting.
	The training facility contributed to the learning environment.

Please rate the following training activities on a 1-5 scale. A score of 1 indicates a low level of satisfaction, and a score of 5 indicates a high level of satisfaction.

	The Global Impact of HIV/AIDS
	HIV/AIDS in Your Country
	Preparing for HIV/AIDS Presentations and HIV/AIDS Presentations
	Testing for HIV Antibodies
	Clinical Manifestations of HIV and Common Opportunistic Infections
	Self-Awareness and Objectivity
	Talking About Sex
	Counseling Skills
	Client-Centered Counseling
	Risk Reduction
	Condom Demonstrations and Partner Negotiation
	Pre- and Post-Test Counseling Steps
	Counseling Session Role-Plays
	Handling Positive Test Results
	Positive Living Presentations
	Identifying Resources and Making Referrals
	Ethics in Counseling, Practicum Preparation and Steps for Practicum
	Practicum Processing/Feedback from the Field
	Practicum Case Study Presentations/Lessons Learned
	Special Needs Populations
	Challenging Situations
	Self-Awareness, Burnout and Stress Management
	Self-Improvement Guide and Sharing Self-Awareness
	Role-Play Assessment and Feedback

Which activities did you enjoy the most or learn the most from?

Which activities could be improved upon and how?

Please write any additional comments you may have:

## ENDNOTES

- 1 For further information please refer to the following two documents:

Centers for Disease Control, "The revised guidelines for HIV counseling and testing and referral and recommendations for HIV screening of pregnant women from the CDC" *Morbidity and Mortality Weekly Report* 50 (2001).

World Health Organization, *The right to know: New approaches to HIV counseling and testing*, WHO/ HIV/2003/08.

- 2 WHO advocates a four-prong strategy to reduce the number of HIV-positive infants: prevent HIV infection among women, especially young women; reduce unwanted pregnancy in HIV-positive women; prevent the transmission of HIV from infected women to their babies (during pregnancy, labor, delivery and breastfeeding); and provide care and treatment to women, their babies and their families.
- 3 Low uptake of HIV testing has been observed in many antenatal care settings that use an "opt-in" strategy for HIV testing in which clients are offered counseling and then asked whether they wish to be tested. "Opt-out" strategies are an alternative approach to HIV testing that increase uptake. Under this strategy, all clients are offered HIV testing, though they may decline (and thus opt out) during the informed consent procedure. In some programs, post-test counseling of HIV-negative women is not carried out in order to save time and resources, though this results in a missed opportunity for prevention counseling.
- 4 Based on its experience helping countries establish prevention and care services, including VCT services, FHI is spearheading the development of a VCT Toolkit that responds to field needs and closes the implementation gap. The FHI VCT Toolkit provides a comprehensive source of state-of-the-art tools and information on how to assess design, train, set up, scale up and manage VCT programs in the context of the HIV prevention-to-care continuum. For more information, visit FHI's Web site at [www.fhi.org](http://www.fhi.org)



**Family Health International  
Institute for HIV/AIDS**

2101 Wilson Blvd.

Suite 700

Arlington, VA 22201 USA

Tel: 703.516.9779

Fax: 703.516.9781

[www.fhi.org](http://www.fhi.org)