HIV Prevention Counseling

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Objectives

1. Describe the benefits of human immunodeficiency virus (HIV) prevention counseling.
2. Describe specific skills that promote effective prevention counseling.
3. Discuss appropriate techniques for use during HIV prevention counseling, health education, and supportive counseling.
4. Discuss appropriate techniques for use during HIV prevention counseling with rapid tests.
5. Provide case studies to practice prevention counseling skills.

Key Points

1. HIV prevention counseling plays a role in education about HIV transmission and risk-reduction behaviors.
2. Using a prevention counseling assessment will help counselors and health care professionals promote optimal support and guidance of patients seeking HIV testing.
3. An organized approach to prevention counseling is essential to provide effective support to patients receiving HIV results.

Overview

Human immunodeficiency virus (HIV) prevention counseling strategies rely on interventions aimed at changing behaviors, including counseling and testing performed in a variety of settings. Prevention counseling is an important part of testing for HIV and providing test results. In many communities, there are specially designated HIV counselors who have been trained in HIV prevention counseling. However, because of the many people infected with HIV or at risk of being infected, all health care professionals should understand the basic principles involved in HIV prevention counseling. Doing so does not negate the benefit and importance of obtaining more in-depth training to provide HIV prevention counseling, which may indeed be a requirement in some areas.

HIV Prevention Counseling’s Importance

HIV/AIDS is a uniquely stigmatized disease. Stigma affects every aspect of medical and social care for people infected with HIV or at risk of infection. It is rare for the diagnosis of a disease to result in the possible loss of home, family, and religious or cultural supports, as well as the infected person’s feeling of connection with the community, but this is a real threat with a diagnosis of HIV/AIDS. Stigma may prevent people at risk of HIV infection from identifying their symptoms or risk factors at an early stage, because acknowledging personal risk of HIV forces them to face their own preconceptions about people with HIV and to associate those attitudes with themselves. Stigma may prevent people who have received positive test results from accepting them, seeking appropriate treatment, and implementing risk-reduction strategies to prevent transmission to others. By the same token, the severe stigma associated with HIV may prevent people from disclosing even an HIV-negative status. In addition to propagating prejudice, stigma also promotes patient denial. Patients in denial often do not take initiative on seeking treatment, care, or support. One aim of HIV prevention counseling is to reduce internalized stigma by providing information about HIV in a neutral, nonjudgmental manner. Health care professionals should extend the reduction of stigma by treating people at risk of HIV infection with respect, tolerance, and compassion in all encounters.
HIV prevention counseling helps patients and health care professionals identify risk factors and symptoms that may indicate HIV infection. It helps patients begin to anticipate a possible HIV-positive result and consider how they would respond to such a result. During the initial session, a patient can begin to think of a safe person whom he or she will tell about the HIV test. If the patient can talk with someone about being at risk of HIV infection, that patient will also be better prepared to talk to that person if the test is positive. Patients who have a supportive environment will find this support critical as they deal with their HIV-positive result. Also, by involving a trusted friend or supporter in the decision to test, the person being tested will have someone with whom to discuss the test results. If couples are tested at the same time, they avoid the potentially difficult situation in which only one partner is tested and then must reveal his or her diagnosis to the other.

HIV prevention counseling is an effective public-health intervention because it promotes the health status of someone living with HIV and plays a role in reducing HIV transmission. Client-centered interventions, education regarding transmission factors, and risk-reduction techniques are the main focus of HIV prevention counseling. A randomized trial conducted in Kenya, Tanzania, and Trinidad showed that people who received voluntary counseling and testing were significantly more likely to reduce unprotected intercourse with nonprimary partners than those who received only health education sessions. Couples in which one or both partners were HIV infected showed a reduction in unprotected intercourse with their primary partner after counseling and testing. Analysis shows that voluntary counseling and testing for HIV can reduce HIV transmission and is cost-effective, especially among women presenting individually for testing and men and women presenting as a couple.

**Informed Decision Making**

Before being tested for HIV, the patient should make an informed decision to test. His or her decision should be made with no coercion or duress but rather from free will. One factor that should be addressed is what legal, emotional, and social consequences would result from a positive test result. Does disclosure of the patient’s HIV status compromise that patient’s emotional well-being? Are test results reported to public health or government officials? If so, what are the consequences? Are significant others or relatives routinely notified of the results, along with the patient? Health care professionals must understand the legal and procedural reporting policies in their institutions.

Patients may consider the advantages and disadvantages of testing and of knowing a positive result, but often they focus mainly on the disadvantages of testing. Health care professionals may be able to help their patients by making a chart of the advantages and disadvantages of testing and of knowing one’s HIV status, compared with the advantages and disadvantages of not knowing one’s HIV status. Advantages may include the ability to seek medical care to prevent complications of HIV/AIDS, to prevent transmission to others, and to make healthful lifestyle changes. Knowing the cause of symptoms that one is experiencing also has value. Disadvantages may include increased fear of illness and death, fears related to family relations and parenting, guilt and anger about past decisions or relationships, and the stigma associated with HIV/AIDS. The patient should be informed of whether testing is voluntary or involuntary—confidential (with a name) or anonymous (without name or identifier); whether he or she can refuse testing; and what consequences, if any, will result from refusing the test. Health professionals must embrace a positive and empowering relationship with their patients. Provider fatalism, a belief that HIV-infected patients are unlikely to change risk behaviors, is a potential barrier that must be addressed when implementing HIV prevention counseling programs, regardless of the settings.

**Health Education**

Health education about the etiology and transmission of HIV is an important part of HIV prevention counseling. Most patients associate HIV with death and know little about what HIV is or how it affects the body. Residents of many African countries believe that witchcraft is the source of many HIV-related illnesses and that HIV itself does not exist. Family members believe that their loved one has been bewitched by someone who is jealous of the loved one’s success. Because of this many HIV-related illness are treated by use of magic, sorcery, and traditional methods, and HIV itself is not recognized as or believed to be a possible cause.

Health care providers can help reduce stigma and fear by explaining that HIV is a virus that enters the body and
causes the immune system, which fights infections, to gradually become less effective, which makes people with HIV more susceptible to infections than people without HIV. Health care providers can further explain that HIV is transmitted in only a few ways, namely, through sexual contact; exchange of blood (e.g., through contaminated needles or cutting instruments); and from a mother to child during pregnancy, childbirth, or breast-feeding. Knowing these facts will help someone living with HIV think more clearly about HIV transmission rather than associating transmission with having done something “bad.” Such knowledge may also alleviate their concerns about the possibility of transmitting the virus to others during daily activities. For example, a mother need not fear that by being around her children, she is putting them at risk of HIV infection.

**Group Health Education**

Some facilities use a group setting for teaching about general aspects of HIV testing, HIV risk factors, and risk reduction. In a study of individual versus group health education for pregnant women in Burkina Faso, group counseling was generally more effective in increasing knowledge about HIV infection. This effect might have been caused by the interaction among patients and counselors as well as the possibility for patients to learn from answers to questions that they might not have been willing to ask for themselves. Patients in the groups were also given individual HIV risk assessments. Group health education may be a time- and cost-effective tool for increasing knowledge of HIV/AIDS and reducing high-risk behavior. In group-level interventions, confidentiality should always be emphasized and reiterated, especially if individuals reveal their HIV status.

**Couple and Family Counseling**

When culturally and socially appropriate and legal, counseling a couple together so that they can decide together to be tested and to return for results is often an effective strategy. When only one partner is tested and is diagnosed with HIV, that person often experiences feelings of shame and fear about disclosing to his or her partner. The disclosing partner may face rejection or blame for bringing HIV into the home. Some women may want to involve their families in the decision to receive testing. One reason to encourage family involvement is to prevent potential problems with treatment adherence. If a woman is diagnosed with HIV/AIDS, she may not receive support from her partner. For example, he may not understand steps taken to prevent transmission, such as using infant formula. A male partner who is not involved in an initial decision to be tested may never be tested once the woman is diagnosed because he fears that he, too, is HIV infected. Ideally, the spouse or partner should be included in initial HIV prevention counseling discussions. The counselor will need to listen carefully to each person and help resolve conflict. One must pay close attention to the cultural and family dynamics between the two partners, which will provide information about counseling techniques that may be helpful. For example, in some families, the counselor will need to show respect to the husband by speaking to him first or by not looking directly at him, which may be interpreted as a lack of respect. Some cultures mandate that women seek permission from their partners before seeking health care (such as antenatal clinical care) and treatment (e.g., voluntary counseling and testing for HIV). Considerations of culturally appropriate communication styles should not prevent the counselor from including the woman in the session. Obtaining an accurate assessment of individual risks when the couple is counseled together might be difficult because either person may be reluctant to be honest about risk factors in the presence of the other. Involving other family members in counseling can be beneficial for finding sources of potential ongoing treatment supporters.

Also, one should consider roles of the two sexes when discussing sexual risk behaviors. Some patients may feel less or more comfortable discussing sensitive sexual and risk-reduction issues with counselors of the opposite sex. In some cultures, open discussion of sexual risk behaviors is not customary, especially if the opposite sex is present in the room.

**Counseling Adolescents**

Adolescents need special considerations in HIV prevention counseling because it is at this growth stage where they experience physical changes and begin to explore their identity. It is at this bridge between childhood and adulthood where many adolescents explore many risky behaviors and the influence of friends and peers is most powerful. Counseling methods should consider these factors.
The national guidelines of the clinic site will tend to stipulate the age at which an adolescent can give his or her full consent for an HIV test without needing a caregiver. The health professional or counselor must ensure that the adolescent has been not pressured, coerced, or placed under duress in consenting to the HIV test. After giving consent, the adolescent must understand the confidential nature of the counseling sessions.

Building rapport with the adolescent patient is critical because such patients need to feel that they can trust the health care worker. The more comfortable adolescents are, the more open and honest they will be not only about their feelings but also about their previous sexual history. Such openness and honesty may be difficult, especially where the adolescent is involved in imbalanced sexual relationships, such as with wealthy, older men (so-called sugar daddies) or in commercial sex work. Many adolescents may not be making informed decisions to have sex, but they engage in it because of peer pressure or for financial gain. Peers tend to pressure one another without having received adequate and accurate information about the risks and implications involved in the behavior that they desire to engage in. The information that peers share tends to be imprecise and mythical. Therefore, they cannot always make informed decisions, placing them more at risk.

Many adolescents may come to a health facility because they need more information before engaging in sexual behavior. Many cultures do not openly discuss sex in the home—especially not to the children. Adolescents then may seek the support of a counselor. Here adolescents need counseling not only on HIV prevention but also on other sexually transmitted infections (STIs) and methods of contraception.

Discussing Reasons to Test

For patients who are seeking HIV testing voluntarily, a discussion of the reasons for testing will focus primarily on risk factors. However, many patients may be identified for testing because of symptoms indicative of HIV or because they have sought medical care for a related medical need, such as pregnancy or an STI. In such cases, health care providers will need to discuss the connections between the reasons that the patients are being seen for medical care and the reasons for and benefits of testing.

Sometimes a patient may identify as a perceived risk an activity or factor that is not associated with HIV infection. For example, the patient may be concerned about casual contact with a “risky” person, or the patient may fear that he or she is bewitched. The health care provider should respond respectfully to the patient’s beliefs and provide education about the known ways in which HIV is transmitted without being judgmental or biased. At times, patients may not feel comfortable talking about particular risky behaviors in which they have participated. In such cases, providers should support patients in being tested. Some patients may display anxious behavior and seek repeated testing, despite repeated negative test results. These patients may need
help in identifying their fears of infection, more in-depth discussion of risk reduction, and/or increased education about HIV transmission and testing.

**Increasing the Odds That Patients Return for Results**

Often individuals may come for HIV testing but not return for results. Health care providers must reinforce the importance of returning for results. Providers should aid patients in setting up a plan for the return visit and prepare them for the anxiety that they might experience during the waiting period. Patients are often anxious and depressed in the time between being tested and receiving results, so strategies for reducing anxiety and stress are important. Counselors should help patients decide when they will return for results, whom they will tell about the test, and who may come with them when they return for results.

A study conducted in Ethiopia evaluated attendance for follow-up of HIV test results. Increased attendance of result counseling was related to greater knowledge and understanding of HIV infection and to the belief that good medical care will improve the course of HIV infection. Education about HIV and the positive effects of medical follow-up for HIV-infected patients should be discussed during initial HIV prevention counseling; doing so increases the likelihood that tested patients will return for results and follow-up counseling.

In a study of pregnant women, a positive test result was associated with failure to return for posttest counseling, suggesting that those who are most afraid of HIV-positive results may fail to return for them. Fear of violence from partners and feelings of lack of control over past and current risk factors also have been associated with failure to return for results. Likewise, feelings of fatalism may keep a patient from returning for results. Providing a sense of realistic hope is important. By using culturally appropriate counseling skills, counselors can help patients discuss the difficult subject of HIV testing and plan for the consequences of test results.

**HIV Counseling with Rapid Tests**

HIV prevention counseling with rapid tests has been a successful intervention in many settings in the United States over the past few years and has shown this approach to be feasible and well accepted by most clients.

HIV prevention counseling with rapid tests consists of two components: provision of information and prevention counseling. All patients must receive information about the rapid test and give consent for testing. Patients who can benefit should also receive prevention counseling.

**Information**

All patients tested with rapid tests should be given the same types of information as those tested with a standard enzyme immunoassay. Also, professionals should inform patients tested with rapid HIV tests that their test results will be made available during the same visit that a reactive rapid test will require confirmatory testing. Information can be disseminated in a face-to-face meeting with the health professional or by way of brochures, pamphlets, or video and includes the following:

- Information about the HIV test, benefits, and consequences
- Ways that HIV is transmitted and how it can be prevented
- The meaning of the test results in understandable language
- Where to receive additional information and, if applicable, HIV prevention counseling
- How and where to obtain other health care services, including (if applicable) HIV/tuberculosis treatment and prevention of mother-to-child transmission
- How and where to obtain community support and resources

**HIV Prevention Counseling**

Fundamentals of HIV prevention counseling with rapid tests include but are not limited to the following:

- Keep the prevention counseling session focused on HIV risk reduction.
- Include comprehensive personalized risk assessment.
- Acknowledge and provide support for any positive steps already made, regardless of how minimal they may be perceived.
- Clarify critical rather than general misconceptions about risk of HIV.
- Negotiate concrete, achievable behavior change steps that will reduce HIV risk.
- Seek flexibility in the counseling process and avoid a one-size-fits-all approach.
The standard enzyme immunoassay setting always offers two test-associated opportunities for HIV prevention counseling for patients who return for their results; however, with rapid HIV testing there may be either one or two:

- Patients with reactive rapid HIV tests also have two associated opportunities—one during the day of testing and one during the day on which they return for their confirmatory test results.
- Patients with a nonreactive rapid test may have only the one test-associated opportunity. They may not have an opportunity to act upon their risk-reduction plan or discuss with the health professional their attempts at carrying it out prior to receiving their test result. If the health professional feels that the patient’s risks justify additional prevention counseling after negotiating a risk-reduction step(s), another appointment may be warranted and scheduled with the patient to further engage and empower the patient in his or her risk-reduction plan.

**Initial prevention counseling assessment.** The following guidelines are models for individual prevention counseling. The counseling assessment form can be used to guide the health care worker and to ensure that important topics covered in the guidelines are discussed with the patient, couple, or family. Group health education about HIV testing and risk factors can be used to convey information prior to counseling patients individually about their personal risk factors and risk-reduction strategies. Prevention counseling needs to be client centered, focusing on the client’s needs and concerns, and not on the completion of a risk-assessment tool. If particular risk factors do not apply to a particular client, the counselor should only briefly describe how those behaviors place one at risk of HIV infection. Discussing risk behaviors and fears is uncomfortable. Therefore the counselor will need to use good, insightful listening skills and supportive discussion to elicit the concerns surrounding the patient’s decision to be tested. Risk-reduction messages should be targeted to the patient’s particular risk factors and behavioral and psychosocial profile.

**Follow-up counseling.** Because the counselor will be the one providing the test results to the patient, the counselor must examine his or her own reactions to those results. The counselor should obtain the results and take time to review them alone or with a supervisor prior to delivering the results to the patient. If the counselor is shocked or distressed, that reaction will affect how he or she delivers the news of a positive or negative test. The counselor must enter the session focused on the patient’s needs and concerns. A quiet and confidential place to discuss results is essential. If possible, the same person who did the initial prevention counseling should provide follow-up counseling because the patient has already developed a relationship with that counselor.

**Assessing patient’s knowledge about HIV testing.** Before giving test results, the counselor should assess the patient’s knowledge about the HIV testing that he or she underwent. Most patients will have had initial prevention counseling and will know what HIV is and which risk factors place one at risk of HIV infection. However, some may have consented in haste or declined in-depth discussion of HIV and risk factors prior to testing. Other patients may have been tested without their knowledge because of, for example, insurance reasons, blood screening, or a concern by the medical provider. Testing people without their knowledge or consent is usually unethical, and doing so is illegal in some countries. Unfortunately, however, some people are tested without their knowledge or consent. Such patients may not be knowledgeable about HIV or prepared to receive HIV results. They may be angry at having been tested or shocked because they are getting unsolicited test results. Counselors will need to use their listening skills and help patients express their emotions and thoughts about the testing process and results.

**Assessing patient’s readiness to receive test results.** Prior to giving test results, the counselor must assess the patient’s readiness to receive them. The counselor should review what was discussed during the initial session of prevention counseling, including the meaning of a positive or negative test result and the patient’s understanding of the process and outcome of testing. The counselor should assess how the patient thinks that he or she is likely to respond to a positive test result. Many patients may be anxious about receiving HIV-positive test results and may plan threatening acts in such an event. This reaction indicates that a patient is not yet ready to hear the result. If a patient has communicated that he or she is not ready to receive HIV results at the time, the session can be deferred until that patient is ready. Counseling can then focus on the current patient...
fears of receiving the result and on patient preparedness. However, the counselor will need to weigh the benefits of a delay against the risk that the patient may not return for the test result.

**Giving HIV test results.** If the patient is ready to receive the test result, the counselor should clearly and directly state the result using a neutral and calm tone of voice.

**Reactions to HIV test results.** People receiving a positive HIV test result have a variety of reactions, ranging from lack of emotion to profound and disruptive reactions resulting from anger and fear. The counselor must remain calm and comforting even if uncomfortable with the patient’s reactions. Here, counseling should focus on the client’s response to his or her newly learned status. If a patient has newly learned of his or her HIV-positive status, the counseling can address client reactions, fears, newly developed self-perceptions, and ideas of how others might perceive the patient and on new implications on his or her quality of life. The aim of these sessions would then be to empower the client to see beyond HIV status and not to concentrate on possible life constraints emerging because of HIV.

West (2007) argues that patients who are most at risk of HIV transmission (MART) who test HIV positive should change their behavior immediately. He further asserts that the primary focus of HIV prevention counseling for MART patients should be on short-term behavior change to reduce risky behaviors and thus stop the spread of HIV. To sustain this behavior change, though, MART patients can simultaneously benefit from long-term support services.

Providing the patient with HIV education about risk-reduction practices right after he or she has been diagnosed may not be possible. One may need to schedule a follow-up appointment to cover important topics and to offer ongoing supportive counseling. The module on psychosocial issues discusses some common issues that may need to be addressed. The counselor should not set a separate time for discussion of these topics just because he or she wishes to avoid the intense emotions of the patient. Instead, the separate appointment should be set only if it will benefit the patient.

If a patient has tested HIV negative, the counselor can review the patient’s initial reasons for testing and discuss prevention of future risk factors. The counselor can congratulate the patient for the results and encourage and empower him or her on ways of trying to remain HIV negative.

Skillful counseling can support patient needs. Listening skills, positive use of silence, and appropriate touch can help patients experiencing the immediate shock of an HIV-positive diagnosis.

Because denial is a prominent feature of patients’ response to a diagnosis of HIV infection, the patient should be shown a copy of the test result with his or her name on it as proof of the result. Many patients will want the test repeated, either at the same medical clinic or somewhere else. Patients with a positive test result should be provided with referrals to medical providers and social support networks or counseling services.

**Follow-up.** During a follow-up counseling session, the counselor may focus primarily on crisis intervention and supportive listening. As in the initial prevention counseling session, the counselor should reinforce the ways in which HIV is and is not transmitted, as well as the benefits of medical follow-up for HIV-positive patients.

Regardless of the test results, counselors should give patients information on reducing their personal risk of HIV infection or HIV transmission to others. Prevention messages should be tailored to the person’s risk factors and willingness and ability to change risk behaviors or situations. Practical information and assistance should be provided, and motivational factors that might prevent the use of risk-reduction practices should be discussed.

### HIV Prevention Counseling Guidelines

**Before prevention counseling:**
- Obtain the patient’s identifying information as determined by the testing site.
- Take the patient to a quiet, designated counseling area to discuss testing and ensure confidentiality.

**Assess the patient’s risk factors and provide education:**
- Ask the patient’s reasons for seeking testing at this time or discuss the reasons that the patient is being engaged to discuss HIV testing.
- Discuss confidentiality of testing.
- Ask if the patient has had a previous HIV test.
HIV Prevention Counseling

- Ask if the patient has had any signs or symptoms that he or she fears are associated with HIV.
- Ask if the patient has ever had another sexually transmitted disease, and if so, ask when that was and what the circumstances were. Avoid making these questions seem like an interrogative sessions where patients are made to confess past transgressions—such an approach stifles the session and often hinders the patient from being honest and open.
- Provide education about HIV risk factors and about risk reduction based on risk factors that the patient has identified.

Assess the patient’s coping and support:
- With whom does the patient live? Who is a positive support in the patient’s life?
- What current life stressors is the patient experiencing?
- What other losses has the patient experienced, and how did he or she cope?
- Does the patient have a history of medical or psychiatric problems?
- Does the patient have a history of suicidal thoughts or attempts? Is the patient currently having thoughts about suicide? Has the patient attempted suicide?
- What experience has the patient had with people with HIV/AIDS?
- What individual strengths does the patient have that help him or her cope with difficulties?
- What are some family and cultural strengths that help the patient cope with difficulties?
- What social networks (e.g., faith-based or community organizations) help the patient cope with difficulties?
- What are the cultural or traditional beliefs around people living with HIV/AIDS?
- Does the patient’s culture facilitate safe, supportive disclosure of HIV, or does it make it harder?

Anticipation of results:
- Ask the patient what result he or she anticipates and why.
- Ask the patient what he or she will do if the result is different from the one that he or she anticipates, either positive or negative.
- Ask the patient what relationships or situations may change if the test is positive or negative.

Discuss the benefits of testing:
- The patient can seek medical intervention to prevent complications of opportunistic infections and to improve the course of the disease.
- The patient can reduce the risk of transmission to others, including children.
- The patient can make healthful lifestyle changes to improve his or her life.
- The patient can be empowered with new information and can actively seek help for signs and symptoms.

Discussion of HIV antibody tests:
- HIV antibody tests look for antibodies to HIV, which in adults and in many children means that the person has HIV.
- There is a window period during which an HIV-positive person can test negative because he or she has not yet developed antibodies (usually ≤3 months).
- Antibody screening and confirmatory testing are both performed before positive diagnosis.

Discuss medical treatment options if test results are positive:
- The patient may receive referrals to health care providers, referrals for support, and counseling and testing for other family members.
- Emphasize the positive effects of medical follow-up for HIV-positive patients.

Ensure that the person is making an informed decision to test:
- Does the patient understand the documenting requirements of the site? Yes No
- Does the patient understand who is notified of test results? Yes No
- Is testing voluntary? Yes No  Reason if not voluntary:
- Does the patient understand the consequences of refusing testing?
- Is the patient of consenting age, and does he or she consent to testing at this time? Yes No

Emphasize the need for follow-up of results:
- Schedule a follow-up appointment for test results.
- Discuss what the patient will do to reduce anxiety and stress while waiting for results.
Help the patient envision coming back for results.
Ask if anyone will come with the patient for results.
Discuss date, time, and place to return for results.
Emphasize the benefits of returning for results and
the courage that it took to come in for testing.

1. **Sexual risk factors**

   **Assess**
   - Has the patient had sex?
   - Does the patient have a known infected sexual
     contact?
   - Has the patient had any other sexually transmitted
diseases?
   - Does the patient have a history of nonconsensual
     sex or sex for survival needs or drugs?

   **Educate about the ABCs**
   - Abstinence.
   - Be faithful.
   - Condom use—discuss techniques of proper use and
     negotiation of condom use.

   **ABCs & SAVED—a dual approach**
   - Safer practices—dual protection, be faithful, circumcision
   - Access to prescriptions—can the patient access treatment regularly?
   - Voluntary testing and counseling
   - Empowerment—can the patient (especially women and children) make informed decisions? Does he or she have decision-making power?
   - Disease Prevention and Control
   - Risk reduction—minimizing exchange of body fluids, using lubrication, and decreasing the number of partners.

2. **Drug use risk factors**

   **Assess**
   - Does the patient have a history of drug use?
   - What types of drugs does he or she use? How often? By what method (inhalation, injection, ingestion, topical application)?

   **Educate**
   - Changing method of use, e.g., from injection to inhalation or ingestion.
   - Changing frequency of use, e.g., from daily to less frequently.
   - Acquiring clean needles or cleaning needles with bleach and water.
   - Drug treatment to stop using drugs.

3. **Medical/traditional practices with contaminated instruments or blood**

   **Assess**
   - Has the patient ever had a blood transfusion?
   - Does the patient have a history of medical procedures with potentially contaminated instruments or needles?
   - Does the patient have a history of traditional practices with potentially contaminated razors or exchange of blood?

   **Educate**
   - Use personally owned razors. Clean razors.
   - Take universal precautions.

4. **Mother-to-child transmission**

   **Assess**
   - Does the child have an HIV-positive mother?
   - Does the child have a mother who died of unknown causes?
   - Is the woman pregnant or considering pregnancy?

   **Educate**
   - Educate the mother about perinatal transmission and risk reduction for future pregnancies.
   - Educate the mother about the risk of breast-feeding.
   - Educate HIV-positive women considering pregnancy about the risk of transmitting HIV to her infant and about treatment to reduce that risk.

5. **Other risk factors**

   **Assess**
   - Does the patient identify other risk factors for HIV?

   **Educate**
   - Correct misconceptions about transmission.

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**HIV Follow-Up Counseling Guidelines**

**Before prevention counseling:**
- Obtain the patient’s identifying information as determined by the testing site.
- Take the patient to a quiet, designated counseling space to discuss testing and ensure confidentiality.

**General guidelines:**
- Make time to review all test results, either alone or with a supervisor, prior to delivering the results.
HIV Prevention Counseling

- Confirm the patient’s identity with the information acquired during the initial session.
- Greet the patient and take him or her to the room in which the results will be discussed.
- Assess his or her emotional and physical state of anxiety.
- Ask if the patient has told anyone that he or she has been tested and is coming for results.
- Did the patient receive initial HIV prevention counseling?
- Assess the patient’s level of HIV knowledge and awareness that he or she was tested for HIV.
- Discuss with the patient whether he or she is ready to receive the HIV test result. If the patient is not ready to receive the result at this time, discuss strategies to reduce anxiety and schedule a follow-up appointment.
- If the patient is ready to receive them, give the test results directly.
- Observe and assess the patient’s initial reactions to the test results.

**When the HIV test is negative:**
- Clarify that the test did not detect HIV antibodies and that this means the patient either does not have HIV or has not yet developed HIV antibodies.
- Listen to the patient’s thoughts and fears about the test results.
- Congratulate the person on the test results.
- Discuss risk-reduction methods.
- Discuss the current risk situations of the patient and help develop strategies to prevent infection.

**When the HIV test is inconclusive:**
- Clarify what the result means.
  - The test needs to be repeated.
  - It is not possible to assess a positive or negative result until the repeat testing is performed.
- Complete repeat testing.
- Reinforce risk-reduction behaviors or abstinence until the test results are back.
- Help the patient think of what he or she will do to reduce stress and anxiety.
- Help the patient think of personal coping strategies.
- Provide referrals for individual or group support.
- Reinforce the importance of returning for the test results.

**When the HIV test is positive:**
- Clarify that the test detected HIV antibodies and that a confirmatory test was done. In an adult, a positive test that has been confirmed usually means that the person is HIV infected.
- Acknowledge the patient’s shock or other reactions.
- Listen to the patient’s thoughts and fears about the test results.
- Avoid speculation on the patient’s prognosis.
- Explain in lay terms what HIV is and how it affects the immune system.
- Review routes of transmission and how to prevent transmission to others.
- Discuss the importance of informing current and previous partners.
- Discuss fears about disclosing the diagnosis.
  - Who might be a safe and positive person to talk to?
  - Discuss the possibility of waiting to tell others if it’s uncertain how they might respond.
  - Discuss safety concerns related to possible violent reactions or people who may not keep the diagnosis confidential.
- Listen to the patient.
  - Be willing to listen to feelings about HIV.
  - Ask about fears of illness and death.
  - Listen for expressions of guilt, rejection, fatalism, and spiritual beliefs.
- Help the patient recognize positive coping skills used in earlier times of crisis or in other areas of life.
- Anticipate previous negative coping responses or difficult social networks.
  - Encourage the patient to seek help if he or she becomes severely depressed or anxious.
  - Advise the patient to talk to someone if he or she has thoughts of suicide.
  - Assess the patient for current thoughts of suicide.
- Prepare the patient to anticipate emotional ups and downs.
- Prepare the patient to interpret common symptoms of HIV. Not all symptoms or problems are related to being HIV infected.
- Provide information on support networks and groups.
- Discuss the importance of receiving medical follow-up.
- Provide referrals for medical care and treatment.
For women, discuss considerations regarding childbearing and contraception.
Discuss healthful lifestyle adjustments that the patient can make.
Provide the patient with a sense of realistic hope.
- There is currently no cure for HIV.
- However, treatments are available that can prolong health and life.
- Emphasize that the patient should continue to pursue goals, e.g., at work or school.
- Encourage the patient to anticipate other goals that he or she might want to accomplish.
- Provide encouragement and appropriate follow-up. Schedule follow-up counseling.

**HIV Prevention Counseling Assessment**

Patient’s identifying information obtained?  □ Yes  □ No
Reasons for seeking testing: ________________________
Previous HIV test? Date and result: __________________
Signs/symptoms of HIV: _________________________
Understanding of HIV risk factors: Discuss and mark patient’s risk factor(s)
- Sexual risk factors
  - Has had sex
  - Known HIV-infected sexual contact:
  - Other STIs:
    - When: _________________________
  - History of nonconsensual sex or exchange of sex for survival needs/drugs?
  - Use of condoms as preventative strategy?
    □ Always  □ Sometimes  □ Never
- Drug use risk factors
  - Type of drug, frequency, and method
  - History of medical/traditional practices with contaminated instruments?
  - History of blood transfusion? When and where?
- Mother-to-child risk factors
  - Child of a known HIV-positive mother?
  - Child of a mother who died of unknown causes?
- Other risk factors identified by the client:
- Assessment of coping and support
- With whom does the patient live?
- Current stressors:
- Previous experiences of loss:
  - History of mental illness
  - History of suicidal thoughts or attempts
  - Current suicidal thoughts or attempts
  - Experiences with people with HIV/ AIDS
- Individual strengths:
- Family strengths:
- Social network strengths:
- What result does patient anticipate?
- What will the patient do if the test result is different?
- What situations or relationships will change if result is positive?
- What situations or relationships will change if result is negative?
  - Understanding of the benefits of returning for results
  - Understanding that good medical care will improve the course of HIV infection

Follow-up appointment date:
  - Patient agrees to return
- What will the patient do until he or she receives the result of the test?

Notes on session: ________________________________
Signature: ______________________________________

**HIV Follow-Up Counseling Assessment**

Patient’s identifying information obtained?
Did the patient tell anyone about the testing and about coming for results?  □ Yes  □ No
Did the patient receive initial HIV prevention counseling?  □ Yes  □ No
Does the patient understand HIV risk factors and that he or she was tested for HIV?  □ Yes  □ No
Is the patient ready to receive the HIV test result?  □ Yes  □ No
If not, follow-up appointment date:
- Patient’s test result
  - Negative test
  - Patient understands test did not detect antibodies.
  - Current risk situations discussed:
  - Risk-reduction methods discussed:
  - Follow-up testing needed? Date: _____________
- Inconclusive test
  - Patient understands test result was ambiguous and test must be repeated.
  - Current risk situations discussed:
  - Risk-reduction methods discussed:
    - Strategies for reducing anxiety reinforced.
  - Discussed importance of returning for result.
HIV Prevention Counseling

- Follow-up testing done? ☐ Yes ☐ No
- Follow-up appointment date: ____________________
  - Positive test
  - Patient understands the test detected antibodies and a confirmatory test was done. This means that the person is HIV infected.
  - Patient understands what HIV is and what it does to the immune system.
  - Patient understands that medical follow-up can improve the course of HIV infection.
  - Partner notification discussed.
  - Disclosure-related concerns discussed.
  - Fears and concerns discussed.
  - Patient understands that he or she will experience emotional ups and downs and may interpret symptoms as being HIV related when that is not always the case.
  - Risk factors reviewed. Patient’s risk factors:
  - Risk-reduction techniques discussed:
  - Assessment of depression/suicidal thoughts:
  - Patient’s support system:
  - Patient’s beliefs that will influence reaction/treatment:
  - Positive coping skills:
  - Referrals to support groups/counseling:
  - Referrals to medical providers:
  - Reinforced hope and family relationships.
  - Follow-up date set:

Patient’s reaction to results: ______________________
Notes on session: ______________________________
Signature: _____________________________________

Review Questions and Role Plays

1. Mary, who is 14, has told you that she has been having a sexual relationship with a 30-year-old man and has had other sexual relationships.
   - What would you be thinking and feeling about this situation? How might your thoughts and feelings potentially interfere with your ability to communicate with Mary?
   - What important information would you discuss with Mary about the risks of HIV and other sexually transmitted infections?
   - How would you bring up the need for HIV testing with Mary?
   - What information would you want to know about Mary’s home situation and relationship with her sexual partners to help you provide prevention counseling and support to her?
   - What referrals might you want to make?
   - What risk-reduction strategies would you discuss with Mary?

Mary agrees to be tested for HIV but does not want to discuss this with her mother.
   - What information would you want to know about Mary’s relationship with her mother?
   - How might you talk to Mary about thinking of someone else whom she could tell about being tested for HIV?
   - How would you help her make that decision?

Mary’s test comes back inconclusive.
   - What information would you present to her, and how?
   - What would you tell her to do while awaiting a repeat test?

Upon repeat testing, Mary’s test is positive for HIV. She misses her first scheduled appointment for the test result.
   - What would you be thinking and feeling in this situation?
   - How would you go about contacting her to bring her back to the clinic to discuss the test result? What information that you obtained during the initial session of prevention counseling would be helpful in trying to contact her?

Mary comes back in for her HIV result. She is visibly anxious.
   - How would you connect with Mary during this return appointment?
   - What would you want to know about what Mary recalls from the initial prevention counseling session and about her thoughts and experiences since she first came for testing?
   - What would you want to review with Mary prior to giving her the test result?

Mary says that she is not sure if she wants to know her result.
   - What would you discuss with her about her feelings about receiving the test result and the pros and cons of knowing the result of the test?
   - Do you feel that patients have a right not to know their test results?
Mary says that she is ready to learn her test result. When you tell her, she begins to cry. She says she has a close friend who recently died of AIDS.

- How might you provide support to Mary?
- What would be the most important information to convey to Mary at this time?
- What strengths would you try to build in Mary at this time?
- What referrals might you make?
- How would you ensure follow-up for Mary?

2. **The Dlaminis have been married for 5 years.** Last month, after their 8-month-old child died of severe pneumonia, a physician recommended that the Dlaminis both be tested for HIV. They agreed to be tested and now have returned for their results. You have the results, which show that one of the Dlaminis is positive and the other is negative.

- Would you tell the couple their results together? Why or why not?
- If the woman were positive, would that change how you would handle the situation? What if it were the husband?
- What issues would you discuss with the person whose test is negative? What recommendations might you make? Would your approach be different if the couple were not married? Would it be different if you did not know the partner’s status?
- How would you tell the person who is positive? What would you counsel that person about the partner? Would your counsel be different if the positive partner is male or female? Why or why not?

3. **Musa is a 12-year-old double orphan.** His father died in his infancy and his mother died 2 months ago. His maternal grandmother has brought him you; she complains that he is showing signs and symptoms similar to those of her deceased daughter. His grandmother says that a week ago she told Musa that she would bring him for an HIV test at your site, but he has said nothing in response. She further explains that Musa has been depressed since his mother’s death. She believes that this is because Musa cared for her as she deteriorated and was at her bedside when she died. Musa presents to you with low affect. He is sad and often teary as his grandmother speaks. He says nothing to either of you through the session, even when spoken to.

- How do you approach the subject of HIV with Musa?
- What is Musa’s social story, and how has HIV affected him?
- What kind of emotions do you think that Musa is experiencing?
- What effect did watching his mother pass away have on him?
- Do you think that HIV testing should proceed? Why or why not?
- How should issues of consent be addressed in this case? Who should give it?
- How much say or decision-making power does Musa have?
- What effect would an HIV-positive result have on Musa?
- What about an HIV-negative result?

## References


