

HIV Counseling and Testing

Best Practices

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Georgia AETC

Georgia AIDS Education & Training Center



About the Presenter

- Worked in HIV Prevention & Mental Health for 10 years
- Licensed Professional Counselor
- Private Practice: psychotherapy, psycho-education & wellness management
- AIDS Service Organizations
 - Mental Health Clinician
 - Prevention Specialist
 - HIV Testing Counselor
 - Clinical Director
 - Program Design/Implementation
 - Evaluation
 - Health Educator
 - Program Consultant

Disclaimers

- Laughing and smiling is ok
- Biases may be challenged
- The way you view your role as a provider may change
- You may disagree with me and/or your colleagues
- I'm a horrible speller
- Relaxed, yet outcome driven presenter
- Focus: best practices of HIV counseling and testing
- A full 2-day training is available through Georgia AETC

Outline

Part I

- Welcoming Biases into the Room
- Counseling Concepts and Communication Skills

Part II

- 6 Steps of HIV Testing/Counseling
- Changes among HIV Testing/Counseling Strategies
- Test Technology

Part III

- Best Practices

Welcoming Bias into the Room

- We all have biases
- Hiding them can make us less productive and effective
- Our Goal: Increase **awareness** biases
- **Awareness** of how *what we feel* and *experience*-impacts the provider/client relationship

Now that I know, I can find ways to manage my feelings, thoughts and ideas

Managing Personal Feelings, Thoughts & Ideas

Counseling Concepts

- Focus on Clients' Feelings
- Manage Your Own Discomfort
- Set Boundaries

Basic Communication Skills

- Attending
- Squarely
- Open posture
- Lean/Listen
- Eye Contact
- Relaxed
- **Offering options, not directives**

Part II

HIV Counseling and Testing

6 Steps of Prevention Counseling

- Introduce and orient client to session
- Identify client risk behaviors and circumstances
- Identify safer goal behaviors
- Develop action plan
- Make referrals and provide support
- Summarize and close the session

Adapted from Fulton County Department of
Health and Wellness Communicable Disease Prevention Branch
HIV Testing and Counseling Participant's Manual, Revised: May 12, 2015

Changes in HIV Testing

Fulton County, 2015

1. Introduce and orient client to session
2. Identify client risk behaviors and circumstances
3. Identify safer goal behaviors
4. Develop action plan
5. Make referrals and provide support
6. Summarize and close the session

CDC, 2016

1. Introduce and orient the client to the session
2. Conduct brief risk screening
3. Prepare for and conduct the rapid HIV test
4. Deliver results
5. Develop a care, treatment, and prevention plan based on results
6. Refer and link with medical care, social and behavioral services

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Test Technology

- Similarities between tests:
 - Testing procedures
 - Safety procedures
 - Variability/Reliability
- Differences among tests impacts:
 - Counseling process
 - Sequence of steps
 - Next steps (confirmatory test)
 - Providing results

Remember....

Counseling Concepts

Focus on feelings

- In successful helping interactions, the focus is first placed on how an individual feels. If we do not attend to the client's feelings, the client will not hear us

Manage your own discomforts

Setting boundaries

- For clients to engage in an honest counseling session, we must be willing to bring up, listen to, and respond to their feeling-level reactions, beliefs, and issues

Adaption of Implementing HIV Testing in Nonclinical Settings.

A Guide for HIV Testing Providers. March 2, 2016.

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Part III

Best Practices

#1 Best Practice: Self-Care

Who we are is what we give

It comes with the job?!?!

- Compassion Fatigue
- Vicarious (secondary) Trauma
- Burnout

Individual-level Changes

- Bringing “self” into the intervention
- Exercise
- Sleep
- Organization
- Eating Healthy
- Social Support
- Find ways to express yourself creatively

Best Practice: Assessing

Assessing readiness to test & receive results

- Fear, Nervousness, Anxiety, Anger, Threats of Violence to self or others, Fidgeting, Shaking, Crying, Psychotic Behaviors such as Screaming, Yelling, Repetitive Verbalization, Cursing, Vulgarity, Inappropriate Sexual Behavior
- Disorientation, Intoxication, Substance Abuse, Coercion by Others

How Often Should I Test?

- Testing frequency CDC recommends that all adolescents and adults get tested at least once for HIV as a routine part of medical care
- MSM (men that have sex with men) and others at high risk for HIV infection be tested at least annually
- MSM and other high risk individuals might benefit from more frequent screening, such as every 3 to 6 months

Best Practices: Considerations

- It might be difficult for clients to grasp everything you are telling them
- Reinforce the importance of accessing care and treatment
- Important to discuss disclosure to sex partners, inform them about the processes for partner services

Best Practices: Considerations

- Most clients will be referred for follow-up testing to confirm their result and to be enrolled in HIV medical care, so that they can begin accessing treatment as soon as possible to prevent transmission and help them stay healthy
- Remember that this is not the last encounter clients will have with the health care system, your primary goal **should be to link clients with medical care and other necessary follow-up services**— either directly or through a patient navigator or linkage counselor—as discussed in the next step

Best Practices: Pre & Post Test Counseling

- Be *present* in the room
- Prepare the client with “what if” statements to access his/her wishes (Reactive/Non-Reactive Tests)
- Therapeutic silence = Empathy
- Revisit wishes to ground the session and/or create space for motivation
- Establish a suicide and homicide protocol
- Identify a senior member of the team to handle escalated and/or complex cases
- **Give yourself permission to make mistakes**

Factors Affecting Behavior Change

Factor	Definition
Knowledge	Basic factual information on how one gets a disease and how to protect oneself from it
Perceived Risk	Feeling of vulnerability to health protect oneself from it
Perceived Consequences	What one believes will happen, either or positive or negative, as a result of performing a new behavior
Access	The existence, affordability and accessibility of services and products needed to support a particular behavior
Skills	The abilities necessary to perform a particular behavior

Factors Affecting Behavior Change

Factor	Definition
Self-efficacy	Belief or confidence that one can do a particular behavior
Actual Consequences	Actual experiences, both positive and negative, in doing a particular behavior
Attitudes	General thoughts and feelings about a current behavior or new behavior
Intentions	What a person intends to do in the future
Perceived Social Norms	What a person believes the people important to them require from them
Policy	Laws and regulations affecting a behavior

Best Practices: Provider/Client Relationship

Relinquish Control

- How much control do we really have? Can we change how the client feels? Can “we” change our client’s behaviors?

Provide Support

- Be present, practice silence, manage your own discomforts, provide education and remind the client of his/her wishes

Set Boundaries

- Explain how long the process will take, type of test, your role as the provider, transference and counter transference

Refer and Link

Clients who test HIV-negative

- nPEP
- PrEP
- Partner or couples HIV testing
- Retesting for HIV
- Screening and treatment for STDs, hepatitis, and/or TB
- High-impact behavioral interventions that can reduce their risk of acquiring HIV
- Reproductive health services
- Counseling and services for mental health, substance abuse, and/or domestic violence
- Insurance navigation and enrollment
- Housing
- Other social and behavioral services

Refer and Link

Clients who test HIV-positive

- HIV care and treatment
- Partner services
- Medication adherence services
- Partner or couples HIV testing
- Screening and treatment for STDs, hepatitis, and/or TB
- High-impact behavioral interventions for newly diagnosed HIV-positive persons
- Reproductive health services
- Counseling and services for mental health, substance abuse and/or domestic violence
- Insurance navigation and enrollment
- Housing
- Other social and behavioral services

Best Practice: Summarizing the Session

Summarize and Close Session

- Briefly summarize issues and plans that have been discussed and identify the next steps that the client has agreed to take. Assist with any necessary follow-up appointments. Encourage and support clients' progress.
- Today, you tested because_____
- You found out that your risks and goal behaviors were_____
- You committed to _____(action)
- I think linking you to _____ could help support you
- You will retest_____

*****Don't forget your clinical concepts and communication skills**

References

- Implementing HIV Testing in Nonclinical Settings. *A Guide for HIV Testing Providers*. March 2, 2016. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
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https://www.cdc.gov/hiv/pdf/testing/cdc_hiv_frequently_asked_questions_nonclinical_hiv_testing.pdf
- Fundamentals of HIV-STI Prevention Counseling Student Manual. A Training Program Developed by the Centers for Disease Control and Prevention Adapted and Implemented by the Sexual Health and Responsibility Program (SHARP). 2012
- Fundamentals of HIV Testing and Counseling. Fulton County Department of Health and Wellness Communicable Disease Prevention Branch. Revised: May 12, 2015

Contacts

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Georgia AETC

A stylized graphic of the state of Georgia in shades of blue and purple, positioned to the right of the main title.

Georgia AIDS Education & Training Center

Serving the Educational Needs of HIV/AIDS Healthcare Providers in Georgia

- Serving the Educational Needs of HIV/AIDS Healthcare Providers in Georgia
- Mission
- The Georgia AIDS Education and Training Center (GA AETC) provides custom-designed training and technical assistance to support, motivate, and educate healthcare clinicians, enabling them to provide quality HIV care
- We inspire providers to:
 - Improve the HIV Care Continuum
 - Increase patient retention in care
 - Produce positive patient outcomes
 - Promote networking and capacity

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