HIV Counseling and Testing

Best Practices

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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

Adapted from Fulton County Department of Health and Wellness Communicable Disease Prevention Branch HIV Testing and Counseling Participant’s Manual, Revised: May 12, 2015
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
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4. Develop action plan
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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
Changes in HIV Testing

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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.


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
<table>
<thead>
<tr>
<th>Factor</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>Basic factual information on how one gets a disease and how to protect oneself from it</td>
</tr>
<tr>
<td>Perceived Risk</td>
<td>Feeling of vulnerability to health protect oneself from it</td>
</tr>
<tr>
<td>Perceived Consequences</td>
<td>What one believes will happen, either or positive or negative, as a result of performing a new behavior</td>
</tr>
<tr>
<td>Access</td>
<td>The existence, affordability and accessibility of services and products needed to support a particular behavior</td>
</tr>
<tr>
<td>Skills</td>
<td>The abilities necessary to perform a particular behavior</td>
</tr>
<tr>
<td>Factor</td>
<td>Definition</td>
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<td>-------------------------------</td>
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<tr>
<td>Self-efficacy</td>
<td>Belief or confidence that one can do a particular behavior</td>
</tr>
<tr>
<td>Actual Consequences</td>
<td>Actual experiences, both positive and negative, in doing a particular behavior</td>
</tr>
<tr>
<td>Attitudes</td>
<td>General thoughts and feelings about a current behavior or new behavior</td>
</tr>
<tr>
<td>Intentions</td>
<td>What a person intends to do in the future</td>
</tr>
<tr>
<td>Perceived Social Norms</td>
<td>What a person believes the people important to them require from them</td>
</tr>
<tr>
<td>Policy</td>
<td>Laws and regulations affecting a behavior</td>
</tr>
</tbody>
</table>
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


Contacts

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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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