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# Counseling and Testing for HIV

## Course Handbook for Participants

JHPIEGO, an affiliate of Johns Hopkins University, builds global and local partnerships to enhance the quality of health care services for women and families around the world. JHPIEGO is a global leader in the creation of innovative and effective approaches to developing human resources for health.  
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# COUNSELING AND TESTING FOR HIV COURSE HANDBOOK FOR PARTICIPANTS

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(Completed by <b>Participants</b> )	



# OVERVIEW

## BEFORE STARTING THIS TRAINING COURSE

This counseling and testing (CT) for HIV training course will be conducted in a way that is very different from traditional training courses. It is based on the assumption that people take part in training courses because they:

- are **interested** in the topic;
- wish to **improve** their knowledge or skills, and thus their job performance; and
- want to be **actively involved** in course activities.

The training approach used in this course is highly interactive and participatory.

## MASTERY LEARNING

The **mastery learning** approach to clinical training assumes that all participants can master (learn) the knowledge, attitudes, or skills they need, as long as enough time is given and the correct learning methods are used. The goal of mastery learning is that 100 percent of those being trained will “master” the knowledge and skills on which the course is based.

Although some participants are able to gain new knowledge or a new skill quickly, others may need more time or different ways of learning before they are able to show mastery. Not only do people have different abilities to learn new material, but different people learn best in different ways—through writing, speaking, or seeing. Mastery learning allows for these differences and uses a variety of teaching and learning methods.

The mastery learning approach also lets participants be in charge of their own learning. This happens when the clinical trainer acts as facilitator, testing is done differently, and the way testing results are used changes. In courses that use traditional testing methods, the trainer gives a test before and after training to show an increase in what the participants know, often without showing how this change affects how well they perform on the job.

By contrast, with mastery learning, there is a continual assessment of learning. With this kind of learning, the clinical trainer regularly tells

participants how they are doing in learning new information and skills and does not allow it to be the trainer's secret.

With the mastery learning approach, assessment of learning is:

- Competency-based, which means assessment is built upon the course objectives and stresses learning the knowledge, attitudes, and skills needed to perform a job, not simply gaining new knowledge;
- Dynamic, because it allows clinical trainers to give participants constant feedback on how well they are meeting the course objectives and, when it seems necessary, to change the course to meet learning needs; and
- Less stressful, because from the start, participants know what they are expected to learn and where to find that information, and have many chances to talk with the clinical trainer.

## **KEY FEATURES OF EFFECTIVE CLINICAL TRAINING**

Effective clinical training is planned and carried out according to the way adults learn—they are actively involved in the learning, they can relate it to their work, and they can use what they learn. This kind of training:

- Uses behavior modeling;
- Is competency-based; and
- Uses humanistic training techniques.

### **Behavior Modeling**

Learning theory states that when conditions are ideal, a person learns most rapidly and effectively from watching someone perform (model) a skill or activity. For modeling to be successful, the trainer must clearly show the skill or activity so that participants have a clear picture of how they are expected to perform.

Learning to perform a skill takes place in three stages. In the first stage, skill acquisition (gaining skills), participants see others perform the procedure and get a mental picture of the steps to be performed. Once the participants have that mental picture, they try to do the procedure, usually with supervision. Next, the participants practice until skill competency is reached and they feel confident performing the procedure. The final stage, skill proficiency, occurs only with regular practice over time.

<b><i>Skill Acquisition</i></b>	Knows the steps and their correct order (if necessary) to perform the required skill or activity but <b>needs help</b>
<b><i>Skill Competency</i></b>	Knows the steps and their correct order (if necessary) and <b>can perform</b> the required skill or activity
<b><i>Skill Proficiency</i></b>	Knows the steps and their correct order (if necessary) and <b>efficiently performs</b> the required skill or activity

### **Competency-Based Training**

Competency-based training (CBT) is very different from the way training has usually been done. Competency-based training is learning by doing. It focuses on the specific knowledge, attitudes, and skills needed to be able to do a procedure or activity. How the participant performs (a combination of knowledge, attitudes, and, most important, skills) is stressed instead of just what information the participant has learned. Moreover, in CBT the trainer actively supports and encourages learning instead of taking the more traditional role of instructor or lecturer. The participant's competency in the new skill or activity is assessed objectively by the trainer's evaluation of the participant's overall performance.

For CBT to occur, the clinical skill or activity to be taught must first be broken down into its basic steps. Each step is then broken down to determine the safest and most efficient way to perform and learn it. This process is called standardization. Once a procedure, such as counseling for HIV, has been standardized, tools to aid competency-based skill development (learning guides) and assessment (checklists) can be designed. These tools make learning the necessary steps or tasks easier and make evaluating the participant's performance more objective.

A key component of CBT is coaching, which uses positive feedback, active listening, questioning, and problem-solving skills to make the learning climate a positive one. When coaching, the clinical trainer should first explain the skill or activity and then show how it should be done, using an anatomic model or other training aid such as a video. Once the procedure has been shown and the trainer/coach and participant have talked about it, the trainer/coach then observes, interacts with, and guides the participant in learning the skill or activity, checks progress, and helps the participant overcome problems.

With coaching, the participant receives feedback about performance at many different times:

- **Before practice:** The clinical trainer and participant should meet briefly before each practice session to review the skill/activity, including the steps/tasks that will be stressed during the session.
- **During practice:** The clinical trainer watches, coaches, and gives feedback as the participant performs the steps/tasks outlined in the learning guide.
- **After practice:** This feedback session should take place directly after practice. Using the learning guide, the clinical trainer discusses the strengths of the participant's performance and also gives the participant specific suggestions for making it better.

## COMPONENTS OF THE COUNSELING AND TESTING FOR HIV LEARNING PACKAGE

This training course is built around the following materials:

- Need-to-know information contained in the **reference manual** *Counseling and Testing for HIV*
- A **course handbook** for participants containing a precourse questionnaire and learning guides that break down the activities into their main components
- A **trainer's notebook** containing all of the items found in the course handbook for participants, along with answer keys to the questionnaires and detailed information for conducting the course
- **Well-designed training aids**, such as job aids and checklists
- **Competency-based performance evaluation**

The reference manual recommended for use in this course is *Counseling and Testing for HIV*, which contains information on HIV and AIDS, basic counseling skills, and counseling and testing for HIV.

## USING THE COUNSELING AND TESTING FOR HIV LEARNING PACKAGE

In the design of the training materials for this course, particular attention has been paid to making them “user friendly” and to allowing the participants and clinical trainer to adapt the training to the participants' (group and individual) learning needs as much as possible. For example, at the beginning of each course an assessment is made of each participant's knowledge. The results of this precourse



assessment are then used jointly by the participants and the advanced or master trainer to adapt the course content as needed so that the training focuses on learning **new** information and skills.

A second feature relates to the use of the reference manual and participant's handbook. The **reference manual** is designed to provide all of the essential information needed to conduct the course in a logical way. Because it serves as the "text" for the participants and the "reference source" for the trainer, special handouts or extra materials are not needed. In addition, because the manual contains only information that is consistent with the course goals and objectives, it becomes a necessary part of all classroom exercises—such as giving an illustrated lecture or providing problem-solving information.

The **course handbook**, on the other hand, has two functions. First and foremost, it is the road map that guides the participant through each phase of the course. Second, it contains the course syllabus and course schedule, as well as all supplemental printed materials (precourse questionnaire, exercises, learning guides, and course evaluation) needed during the course.

The **trainer's notebook** contains the same material as the course handbook for participants as well as material for the trainer. This includes the course outline, precourse questionnaire answer key, midcourse questionnaire and answer key, and competency-based qualification checklists.

In keeping with the training philosophy on which this course is based, all training activities will be carried out in an interactive, participatory manner. This requires that the role of the trainer continually change throughout the course. For example, the trainer is an **instructor** when presenting a classroom demonstration; is a **facilitator** when conducting small group discussions or using role plays; and shifts to the role of **coach** when helping participants practice a skill. Finally, when objectively assessing performance, the trainer serves as an **evaluator**.

**In summary**, the CBT approach used in this course has a number of important features. **First**, it is based on the way adults learn—they are actively involved in the learning, they can relate it to their work, and they can use what they learn. Also, the trainer actively supports and encourages learning instead of taking the more traditional role of instructor or lecturer. **Second**, the CBT approach involves use of behavior modeling, in which the trainer clearly shows the skill or activity so that participants learn a standardized way of performing it. **Third**, it is competency-based. This means that evaluation is based on **how well** the participant performs the procedure or activity, not just on **how much** the participant has learned. **Fourth**, where possible, it

relies heavily on the use of anatomic models and other training aids (i.e., it is humanistic) to help participants to practice repeatedly the standardized way of performing the skill or activity **before** they work with clients. Thus, by the time the trainer evaluates each participant's performance using the checklist, **every** participant should be able to perform **every** skill or activity competently. **This is the ultimate measure of training.**

# INTRODUCTION

## COURSE DESIGN

This training course is designed for lay persons (e.g., volunteers, clergy) and service providers (e.g., physicians, nurses, nurse-midwives, counselors, and contact investigators). The course builds on each participant's past knowledge and experience and takes advantage of the individual's high motivation to accomplish the learning tasks in the shortest time. Training emphasizes doing, not just knowing, and uses competency-based evaluation of performance.

This training course differs from traditional courses in several ways:

- During the morning of the first day of the course, participants' knowledge is assessed using a Precourse Questionnaire to determine their individual and group knowledge of HIV/AIDS, basic counseling skills, and counseling and testing (CT) for HIV.
- Classroom and practical sessions focus on providing practice in CT.
- Progress in knowledge-based learning is measured during the course using a standardized written assessment (Midcourse Questionnaire).
- Progress in learning to use the CT protocol is documented using the checklist for using the CT protocol.
- Evaluation of each participant's performance is carried out by a CT trainer using competency-based skills checklists.

Successful completion of the course is based on mastery of both the content and skill components, as well as satisfactory overall performance using the recommended CT protocol.

## EVALUATION

This course is designed to produce individuals qualified to use the CT protocol to provide counseling for HIV. Qualification is a statement by the training organization that the participant has met the requirements of the course in knowledge and skills. Qualification does **not** imply certification. Personnel can be certified only by an authorized organization or agency.

Qualification is based on the participant's achievement in two areas:

- Knowledge—A score of at least 85% on the Midcourse Questionnaire
- Skills—Satisfactory performance using the CT protocol either during a role play simulation or with clients

Responsibility for the participant's becoming qualified is shared by the participant and the trainer.

The evaluation methods used in the course are described briefly below:

- Midcourse Questionnaire. This knowledge assessment will be given at the time in the course when all subject areas have been presented. A score of 85% or more correct indicates knowledge-based mastery of the material presented in the reference manual. For those scoring less than 85% on their first attempt, the trainer should review the results with the participant individually and provide guidance on using the reference manual to learn the required information. Participants scoring less than 85% can take the Midcourse Questionnaire again at any time during the remainder of the course.
- Checklist for Using the Counseling and Testing Protocol. This checklist will be used to evaluate each participant as s/he demonstrates CT in the simulated clinical setting or with clients. In determining whether the participant is qualified, the clinical trainer(s) will observe for the key skills during a role play. The participant must be rated "satisfactory" in each skill or activity to be evaluated as qualified.

Within 3 to 6 months of qualification, it is recommended that graduates be observed and evaluated working in their institution by a course trainer or their supervisor using the same checklists. This postcourse evaluation is important for two reasons. First, it gives the graduate direct feedback on her/his performance and the opportunity to discuss any startup problems or constraints to service delivery. Second, and equally important, it provides the training center, via the trainer, key information on the adequacy of the training and its appropriateness to local conditions. Without this type of feedback, training easily can become routine, stagnant, and irrelevant to service delivery needs.

## **COURSE SYLLABUS**

### **Course Description**

This 5-day course is designed to prepare the participant to use the recommended protocol for providing CT for HIV. The recommended protocol focuses on personalized, step-by-step risk reduction. This course also addresses the use of group education to help support and supplement CT.

### **Course Goals**

- To influence in a positive way the attitudes of the participant toward the benefits of CT
- To provide the participant with training in the basics of HIV disease, counseling skills, and CT
- To provide the participant with the knowledge and skills needed to provide CT services effectively to clients

### **Participant Learning Objectives**

#### **Introduction to HIV/AIDS and Counseling and Testing**

1. Describe how HIV becomes AIDS
2. Define how people get infected with HIV
3. Describe ways people can avoid getting infected with HIV
4. Describe safer sex behaviors
5. Describe counseling and testing services
6. Describe the options for HIV testing and the possible HIV test results
7. List the benefits of counseling and testing
8. Describe healthy living

#### **Basic Counseling Skills for HIV Counseling**

1. Describe how HIV/AIDS stigma and discrimination affect people with HIV/AIDS or groups linked with HIV/AIDS
2. Describe and demonstrate basic counseling skills
3. Describe how the counselor's attitudes, values, and prejudices might affect her/his counseling style
4. Display an open attitude when counseling clients

5. Describe key components to counseling clients with special needs
6. Describe how family planning is linked to counseling and testing

### **Group Education**

1. Describe the importance of group education
2. Describe techniques for effective group education
3. Describe different approaches to group education
4. Describe the content of a group education session

### **Overview of the Counseling and Testing Protocol**

1. Describe the purpose of the counseling and testing protocol
2. Describe the way the counseling and testing protocol is organized
3. Describe how to use the counseling and testing protocol tasks to select questions
4. Describe the sections of the counseling and testing protocol

### **Pretest Counseling Session**

1. Identify the components of the pretest counseling session
2. Describe key tasks to be accomplished in the pretest counseling session
3. Demonstrate the ability to provide pretest counseling according to the protocol

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

1. Identify the components of the post-test HIV negative session
2. Describe key tasks to be accomplished in the post-test HIV negative session
3. Demonstrate the ability to provide post-test HIV negative counseling according to the protocol

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

1. Identify the components of the post-test HIV positive session
2. Describe key tasks to be accomplished in the post-test HIV positive session
3. Demonstrate the ability to provide post-test HIV positive counseling according to the protocol

### **Training/Learning Methods**

- Illustrated lectures and group discussions
- Individual and group exercises
- Role plays
- Practical experience working with clients

### **Participant Selection Criteria**

Participants for this course should be persons interested in and available to provide CT for clients. Participants may be lay persons or service providers (such as nurses, contact investigators, or physicians) who are interested and involved in CT for HIV.

### **Methods of Evaluation**

#### ***Participant***

- Pre- and Midcourse Questionnaires
- Learning Guide for Group Education
- Checklist for Using the CT Protocol (to be completed by trainer)

#### ***Course***

- Course Evaluation (to be completed by each participant)

### **Number of Hours**

- 35 hours (5-day course)

### **Suggested Course Composition**

- 10–15 participants
- 2 CT trainers

COUNSELING AND TESTING FOR HIV COURSE (5 days, 10 sessions)				
DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
<p><b>AM (4 hours)</b></p> <p>Welcome and introduction Overview of the course Review course materials Identify participant expectations Establish group norms Precourse questionnaire Identify group and individual learning needs</p> <p><b>Chapter 1: Introduction to HIV/AIDS and Counseling and Testing</b> <b>Activity:</b> HIV/AIDS Exercise <b>Exercise:</b> Fact or myth? Brainstorming <b>Exercise:</b> Think About It Illustrated Lecture Group Discussion</p>	<p>Warmup and overview of day's activities</p> <p><b>Chapter 3: Group Education</b> Brainstorming Illustrated Lecture Demonstration Small group practice</p> <p><b>Chapter 4: Overview of the Counseling and Testing Protocol</b> Illustrated Lecture Demonstration</p>	<p>Warmup and overview of day's activities</p> <p><b>Chapter 6: Post-Test Counseling Session: HIV Negative</b> Group Discussion Illustrated Lecture Group Discussion <b>Exercise:</b> Risk Reduction Plan Summary Form Demonstration <b>Activity:</b> Participants practice conducting post-test HIV negative counseling session</p>	<p>Warmup and overview of day's activities</p> <p><b>Activity:</b> Participants practice all components of counseling for HIV. <b>Midcourse Questionnaire</b></p>	<p>Warmup and overview of day's activities</p> <p><b>Activity:</b> Review answers to Midcourse Questionnaire</p> <p><b>Activity:</b> Participants practice all components of counseling for HIV.</p> <p><b>Optional:</b> Guided practice with clients</p>
<b>LUNCH</b>	<b>LUNCH</b>	<b>LUNCH</b>	<b>LUNCH</b>	<b>LUNCH</b>
<p><b>PM (3 hours)</b></p> <p><b>Chapter 2: Basic Skills for HIV Counseling</b> Illustrated Lecture <b>Exercise:</b> Word Association Discussion Illustrated Lecture Group Discussion <b>Exercise:</b> What Do I Really Think? <b>Activity:</b> Practice counseling skills</p> <p><b>Review of day's activities</b></p> <p><b>Assignment:</b> Read CT Reference Manual, Chapters 1–5 and Appendices A and B. Prepare 10-minute group education presentation.</p>	<p><b>Chapter 5: Pretest Counseling Session</b> Brainstorming Illustrated Lecture Demonstration <b>Activity:</b> Practice conducting first counseling session <b>Activity:</b> Participants rate comfort level with using the protocol</p> <p><b>Review of day's activities</b></p> <p><b>Assignment:</b> Read CT Reference Manual, Chapters 6–7 and Appendices A and B.</p>	<p><b>Chapter 7: Post-Test Counseling Session: HIV Positive</b> Illustrated Lecture Group Discussion Demonstration <b>Activity:</b> Participants practice conducting post-test HIV positive counseling. Group Discussion <b>Activity:</b> Participants rate comfort level with using the protocol</p> <p><b>Review of day's activities</b></p> <p><b>Assignment:</b> Review CT Reference Manual, Chapters 5–7 and Appendices A and B.</p>	<p><b>Activity:</b> Participants practice all components of counseling for HIV. <b>Optional:</b> Guided practice with clients <b>Activity:</b> Participants rate comfort level with using the protocol</p> <p><b>Review of day's activities</b></p> <p><b>Assignment:</b> Review CT Reference Manual, Chapters 5–7 and Appendices A and B.</p>	<p><b>Activity:</b> Participants rate comfort level with using the protocol. <b>Activity:</b> Participants develop plans to introduce or strengthen CT in their facilities. <b>Group Discussion</b> <b>Course Evaluation</b> <b>Course Closing</b></p>



# PRECOURSE KNOWLEDGE QUESTIONNAIRE

## HOW THE RESULTS WILL BE USED

The main objective of the **Precourse Knowledge Questionnaire** is to assist both the **trainer** and the **participant** as they begin their work together in the course by finding out what the participants, individually and as a group, know about the course topics. This allows the trainer to identify topics that may need to be stressed during the course. Providing the results of the precourse assessment to the participants helps them to focus on their individual learning needs. In addition, the questions show the participants the content that will be presented in the course.

The questions are given in the true/false format. A special form, the **Individual and Group Assessment Matrix**, is provided to record the scores of all course participants. Using this form, the trainer and participants can quickly chart the number of correct answers for each of the questions. By examining the data in the matrix, the group members can easily determine their collective strengths and weaknesses and jointly plan with the trainer how to best use the course time to achieve the desired learning objectives.

**For the trainer**, the questionnaire results will show which topics may need more emphasis during the learning sessions. Conversely, for the categories where 85% or more of participants answer the questions correctly, the trainer may choose to spend some of the allotted time on other content.



## PRECOURSE QUESTIONNAIRE AND ANSWER SHEET

**Instructions:** In the space provided, print a capital **T** if the statement is **true** or a capital **F** if the statement is **false**.

### INTRODUCTION TO HIV/AIDS AND COUNSELING AND TESTING

1. In January, a woman has unprotected sex with a man who is HIV positive. If she is infected with the virus, a test done 4 weeks later will **always** be positive. \_\_\_\_\_
2. People who have sexually transmitted diseases are more likely to become infected with HIV. \_\_\_\_\_
3. All HIV-infected pregnant women will pass HIV to their babies. \_\_\_\_\_
4. The main purpose of counseling and testing is to educate the client about HIV/AIDS. \_\_\_\_\_
5. A positive HIV test result means that the client has AIDS. \_\_\_\_\_

### BASIC SKILLS FOR HIV COUNSELING

6. Telling the client what to do is the **most important** part of counseling. \_\_\_\_\_
7. Asking an open question, such as: “How do you think you can decrease your risk of getting HIV?”, is an effective counseling method. \_\_\_\_\_
8. During HIV-related counseling, the counselor and client should talk about any topic the client wishes. \_\_\_\_\_

### GROUP EDUCATION

9. An advantage of group education is that it can make the pretest counseling session shorter. \_\_\_\_\_
10. Group education works best when a clinic uses a guide or protocol for group education sessions. \_\_\_\_\_

### OVERVIEW OF THE COUNSELING AND TESTING PROTOCOL

11. Counseling and testing services consist of the pretest counseling session, HIV testing, and the post-test counseling session. \_\_\_\_\_
12. The counselor should ask all of the questions listed in the Counseling and Testing Protocol. \_\_\_\_\_

## PRETEST AND POST-TEST COUNSELING SESSIONS

13. The pretest counseling session includes introducing yourself and orienting the client to the session. \_\_\_\_\_
14. The pretest counseling session explores the client's most **recent risk behavior** to assess her/his personal HIV risks. \_\_\_\_\_
15. If the client is not ready to have an HIV test, the counselor should convince the client to test anyway. \_\_\_\_\_
16. Post-test counseling is not necessary for clients who have negative HIV test results. \_\_\_\_\_
17. The main focus of post-test counseling for HIV negative clients is to help them develop a plan to reduce, not eliminate, their chances of getting infected with HIV. \_\_\_\_\_
18. It is not necessary to help HIV negative clients prepare to talk to their partners about HIV testing. \_\_\_\_\_
19. It is very important to discuss with HIV positive clients ways to manage disclosure and partner referral. \_\_\_\_\_
20. Pregnant women should be referred for additional counseling and possible treatments to prevent mother-to-child transmission of HIV. \_\_\_\_\_

## INDIVIDUAL AND GROUP ASSESSMENT MATRIX

COURSE: \_\_\_\_\_ DATES: \_\_\_\_\_ TRAINER(S): \_\_\_\_\_

Question Number	CORRECT ANSWERS (Participants)																								CATEGORIES	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24		
1																										<b>Introduction to HIV/AIDS and Counseling and Testing</b>
2																										
3																										
4																										
5																										
6																										<b>Basic Skills for HIV Counseling</b>
7																										
8																										
9																										<b>Group Education</b>
10																										
11																										<b>Overview of the Counseling and Testing Protocol</b>
12																										

Question Number	CORRECT ANSWERS (Participants)																								CATEGORIES	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24		
13																										Pretest and Post-Test Counseling Sessions
14																										
15																										
16																										
17																										
18																										
19																										
20																										

# LEARNING EXERCISES

## FACT OR MYTH?

Please write whether you feel each statement is fact or myth. What other myths or false information exist in your community?

1.	HIV is mainly spread through sexual intercourse.	
2.	AIDS and HIV infection are the same thing.	
3.	The HIV antibody test will show if you have AIDS.	
4.	HIV/AIDS is a condemnation and punishment from God.	
5.	There is little chance of being infected with HIV through infected blood during a blood transfusion.	
6.	A pregnant woman with HIV can infect her unborn child.	
7.	Mother-to-child transmission of HIV can be prevented.	
8.	A negative HIV test is always correct.	
9.	AIDS is a disease that scientists created to control the global population.	
10.	If both people in a couple are HIV positive, they do not need to practice safer sex.	
11.	There is no cure for AIDS.	
12.	A person recently infected with HIV may show no symptoms.	
13.	All people with TB have HIV.	
14.	HIV can be spread by mosquitoes.	
15.	An HIV positive person cannot obtain life insurance.	
16.	Kissing people with HIV can be dangerous.	
17.	Women and men with HIV get different infections.	
18.	Some people are immune to HIV infection.	
19.	A man can be cured of AIDS by having sex with a virgin.	
20.	You can tell when someone has HIV just by looking at them.	

## THINK ABOUT IT

A young man in your community does not know his HIV status, but he believes that he and almost everyone he knows are HIV-infected. He has seen many people get sick and die from AIDS. He has had several girlfriends, so he has concluded, “There is no future. I, too, am a dead man.” On Friday, he gets paid and goes with his friends to drink and have a good time. He meets a young woman and they agree to have sex. Thinking that he and the young woman are most likely HIV-infected, he chooses not to use condoms.

A young pregnant woman in your community does not know her HIV status. She is determined to avoid getting infected with HIV. She finds comfort in reading the billboards all throughout the city which say: “**By Staying Faithful, People Can Avoid HIV/AIDS.**” She has sexual relations only with her husband. Although she knows many people who have died from AIDS, she does not believe AIDS is a problem for her.

During her routine antenatal visit, the nurse informs her of the availability of counseling and testing services. Because she believes that people who stay faithful are not at risk for HIV/AIDS, she sees no reason to take advantage of these services.



## WHAT DO I REALLY THINK?

Fill out the following worksheet by checking whether you agree or disagree. You do not have to share this information. Think about your opinions about these statements and how they might affect your counseling style.

Statements	Agree	Disagree
Promiscuous people are most at risk of contracting HIV.		
Sex workers place men at risk of becoming infected with HIV.		
Drug users spread AIDS.		
Homosexuals are responsible for the spread of AIDS internationally.		
Women should insist on condom use if they don't trust their partners.		
HIV positive people should stop having sex.		
Pregnant women who are HIV positive should terminate their pregnancies.		
Young people should not have sex before they are married.		
HIV positive people should disclose their HIV status to past and present partners.		
HIV positive youth should be allowed to stay in school.		
Children should be educated about HIV/AIDS starting in primary school.		
Carrying condoms or keeping them available leads to promiscuous behavior.		
Religious people who aren't married should not plan for safe sex because they shouldn't be having sex at all.		

## OBSERVATIONS FROM COUNSELING AND TESTING DEMONSTRATION

**What** is the client's plan?

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**When** will s/he carry out the plan?

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**Where** will s/he carry out the plan?

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**How** will s/he carry out the plan, and what will s/he say to her/his partner?

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**Who** will support her/him as s/he carries out the plan?

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Just as this woman is receiving help carrying her heavy load, the client needs help and support in accomplishing her/his behavior change plan. The counselor's task is to help the client identify someone with whom s/he can share the plan, report on her/his attempts(s) to complete the plan, and receive feedback and support.

# LEARNING GUIDE AND CHECKLIST FOR COUNSELING AND TESTING

## USING THE LEARNING GUIDE AND CHECKLIST

The learning guide for group education for counseling and testing contains the tasks or activities performed by the group educator during group education. The checklist for using the Counseling and Testing Protocol contains the key tasks, skills, activities performed by the counselor while providing counseling for HIV.

The Counseling and Testing Protocol Booklet that accompanies this package is produced separately so it may then be used as a job aid when providing CT after the course. It should be used at first during practice (simulated) counseling sessions using volunteers or with clients in real situations. Use the CT Protocol Booklet after completion of the course to help stay focused while using the protocol.

The participant is not expected to perform all of the steps or tasks correctly the first time s/he practices them. Instead, the learning guide, checklist, and protocol booklet are intended to:

- Help the participant in learning the correct steps and the order in which they should be performed (skill acquisition) and
- Measure progressive learning in small steps as the participant gains confidence and skill (skill competency).

Used consistently, the learning guide and checklists help participants measure their progress and stay focused on the protocol. Furthermore, the learning guide is designed to make communication (coaching and feedback) between the participant and clinical trainer easier and more helpful.

Because the learning guide is used to help in developing skills, it is important that the rating (scoring) be done as carefully and objectively as possible. The participant's performance of each step is rated on a three-point scale as follows:

- 1 Needs Improvement:** Step or task not performed correctly and/or out of order (if necessary) or is omitted
- 2 Competently Performed:** Step or task performed correctly in correct order (if necessary), but participant does not progress from step to step efficiently
- 3 Proficiently Performed:** Step or task efficiently and precisely performed in the correct order (if necessary)

The checklist focuses only on the key tasks performed and skills and activities used during counseling. The checklist can be used during role play simulations by an observer, by the counselor as a self assessment form, or by the clinical trainer to evaluate the participant's performance at the end of the course. The rating scale used is described below:

**Satisfactory:** Performs the step or task according to the standard procedure or guidelines

**Unsatisfactory:** Unable to perform the step or task according to the standard procedure or guidelines

**Not Observed:** Step, task, or skill not performed by participant during evaluation by trainer

## LEARNING GUIDE FOR GROUP EDUCATION FOR COUNSELING AND TESTING

Rate the performance of each task/activity observed using the following rating scale:

- 1 Needs Improvement:** Step or task not performed correctly and/or out of order (if necessary) or is omitted
- 2 Competently Performed:** Step or task performed correctly in proper sequence (if necessary), but participant does not progress from step to step efficiently
- 3 Proficiently Performed:** Step or task efficiently and precisely performed in the correct order (if necessary)

<b>LEARNING GUIDE FOR GROUP EDUCATION FOR CT</b>				
<b>TASK/ACTIVITY</b>	<b>CASES</b>			
1. Encourage all clients to participate in the group education session.				
2. Use the guide included in Chapter 3 of the reference manual to help provide group education.				
3. Introduce the topic clearly and state the objectives.				
4. Use an interactive approach—ask and answer questions, and encourage group members to ask questions.				
5. Praise group members when they participate.				
6. Use client education materials as appropriate.				
7. Provide a condom demonstration when appropriate.				
8. Consider the local cultural needs—use appropriate topics and words that the group can understand.				
9. Before providing information, ask questions to find out what the group knows.				
10. Clarify the client’s understanding when appropriate.				
11. Maintain eye contact with the group.				
12. Speak loudly enough so that everyone can hear.				
13. Summarize key points.				

## CHECKLIST FOR USING THE COUNSELING AND TESTING PROTOCOL

Place a “✓” in case box if task/skill is performed **satisfactorily**, an “X” if it is **not** performed **satisfactorily**, or **N/O** if not observed.

**Satisfactory:** Performs the step or task according to the standard procedure or guidelines

**Unsatisfactory:** Unable to perform the step or task according to the standard procedure or guidelines

**Not Observed:** Step, task, or skill not performed by participant during evaluation by trainer

<b>CHECKLIST FOR USING THE COUNSELING AND TESTING PROTOCOL</b>					
<b>Counselor Tasks</b>	<b>Cases</b>				
1. Follow the protocol, selecting questions appropriate to the client’s situation.					
2. Maintain the focus on risk reduction.					
3. Address the client’s immediate questions or concerns.					
4. Use active listening and open questioning.					
5. Summarize the client’s story when appropriate.					
6. Address conflict between the client’s thoughts and behaviors when necessary.					
7. Maintain eye contact.					
8. Use language the client understands.					
9. Congratulate the client on positive actions s/he has taken.					
10. Clarify the client’s understanding when appropriate.					

# COUNSELING AND TESTING ROLE PLAYS

## DIRECTIONS FOR ROLE PLAYS

To practice your counseling skills, you will partner with two other participants in role plays. One participant will play the role of a counselor, another will play a client, and the third will be an observer. Your group will sit together and conduct the assigned role play. When you have finished, share feedback with the other participants on how the role play was performed.

Alternatively, your trainer may ask you to work in pairs in which one of you will play the role of a counselor and the other will play a client. You will switch roles as you practice.

### Directions for each role

#### *Counselor*

Before the role play begins, quickly read about the roles to be played and identify the section of the counseling protocol that is appropriate for the role play. Take your time and remain calm. Pay attention to your questioning technique.

#### *Client*

Before the role play, read through the client scenario. Refer to the scenario when responding to the counselor. Although the information given in the scenario may not cover all of the questions you will be asked, try to make an appropriate response that does not contradict the facts outlined for you. Try to be a very reasonable and uncomplicated client because this is a learning experience and not a test of the counselor's skills and abilities.

#### *Observer*

Before the role play, read through the observation checklist (Checklist for Using the Counseling and Testing Protocol) and the protocol. Also read the client scenario. During the role play, quietly observe and take notes for feedback. However, if the counselor is having some difficulty or is not using the protocol, you may offer suggestions to the counselor. You may also offer suggestions to the client if her/his responses do not follow the assigned client scenario.

The observation checklists are designed so they can be used for multiple role plays. Fill in the names of the participant acting as counselor for each role play.

## **ROLE PLAY 1**

Adam is a 17-year-old who attends school. He has a girlfriend in the country with whom he occasionally has sex, and they use condoms some of the time. He plays soccer and sometimes has oral and anal sex with another boy, Joseph, who is on his team. He doesn't use condoms with Joseph because there is no fear of pregnancy.

He is here for testing because he saw Joseph at a club with an older man, and he now wonders if Joseph may be having sex with other people.

## **ROLE PLAY 2**

Mary is 20 years old and not married. Godfrey, her steady partner for the last 2 years, is a construction worker, and they share an apartment. Mary used to work as a bar girl but stopped working 6 months ago. They use condoms, but inconsistently, depending on when Godfrey agrees. They are now very serious about getting married next year. Last week, Mary realized she is pregnant. She heard from her friend that most pregnant women are being tested for HIV these days, but she is unsure whether she needs to get tested for HIV and where and how to get tested.

She has followed her friend to the antenatal clinic to get more information and to decide about getting tested for HIV.

## **ROLE PLAY 3**

Rose has a steady boyfriend, John, whom she met 2 years ago while studying at the university. They finished their studies last year, and both have found good jobs. Recently, they started talking about marriage and having children. They use condoms now to prevent pregnancy.

About 3 months ago, Rose went home to attend a friend's wedding. She met up with an old boyfriend and they had sex without a condom. Rose regrets her decision to have unprotected sex and is very concerned about what it could mean for her relationship with John.

Rose and John have never really talked about AIDS or STIs, and they have not talked about the other people with whom they have had sex. Rose is not sure if John has had sex with any other women since they have been together.



## **ROLE PLAY 4**

Vera has been married to Paul for 2 years. They were together for many years before they decided to get married. During the initial year of their marriage, they lived happily together. Vera had a support staff position in a shopping mall while Paul worked as a delivery man with a local furniture showroom. They both earned enough to meet their basic needs.

Unfortunately, when Vera lost her job 6 months ago, the couple started experiencing financial difficulties. To add to the problem, Paul started drinking alcohol and coming home late almost every day. Some of his friends also talked about Paul having extramarital sexual relationships with women at the bar.

Vera and Paul have never used condoms even though Vera has raised the issue a couple of times. Two months after losing her job, Vera became pregnant and confided in a friend who advised her to visit the nurse at the nearby clinic.

At the clinic, Vera attended the group education session on HIV and Counseling and Testing. Many questions were going through her mind after the session: Could she be HIV positive? Should she get tested? How will Paul react if he hears that she went for testing?

While still thinking about these questions, she walks into your room for counseling.

## **ROLE PLAY 5**

Amanda is 16 years old and is seeing an older man from her town. She has been meeting him in secret because she is afraid her parents would not approve. Amanda and the man have been in the relationship for 6 months and rarely use condoms.

Amanda developed a vaginal discharge and itch and was diagnosed with gonorrhea. She was told that she should get tested for HIV. She came in for testing without telling anyone.

## **ROLE PLAY 6**

Rachel is a 24-year-old mother of two children. The elder child is 6, and the younger child is 4 years old. Her husband is a car mechanic in a garage. His employer sent him for a 3-month training course at the beginning of the year. Rachel had a boyfriend before marriage and met him again when her husband was away. She and her ex-boyfriend ended up having unprotected sex several times.

After his return from training, Rachel's husband seemed to have changed. Following his promotion, he started attending late night parties without Rachel.

Rachel realized that she was about 12 weeks pregnant. She attended the government antenatal care clinic. At the end of the group education session, the healthcare worker offered HIV testing routinely to every woman in the clinic that day. Even though she consented to have her blood taken for testing, Rachel is now having second thoughts about her decision. She is waiting for her turn to meet the counselor to get the HIV test result.

The counselor looked at Rachel's result before the beginning of the post-test counseling session and found that she is HIV positive.

## **ROLE PLAY 7**

Joyce is 26 years old and has two children. Her husband Luke joined a local paint company as a marketing officer after their second child was born. He used to be away from home for several weeks at a time on work-related trips, mainly to big cities. Joyce believed that Luke might be having sex with other women while away on these trips. She was treated at the local health clinic for a sexually transmitted disease and the nurse advised her to use condoms each time she had sex, even with Luke. She tried many times to convince Luke to use condoms but he never agreed to it.

Joyce is now 4 months pregnant and visited the local health clinic for a checkup. After attending the group education session on HIV and knowing that this test is offered routinely to every woman at the clinic, she gave her blood sample for testing. The technician at the laboratory asked her to come back for the result after 6 weeks.

She has come to the clinic today for her second checkup and also to learn the results. She is not sure what her test result will be, but she is very concerned about how to tell Luke about the result and how to encourage him to come for testing if her result is positive.

The nurse midwife at the clinic asks Joyce to meet the counselor and talk with him about her HIV test result.

## **ROLE PLAY 8**

Dorothy is a 21-year-old teacher. She loves working with children and hopes to have a family of her own someday. When Dorothy was in teacher training, she dated a man for over a year. They stayed together often and usually used condoms to prevent pregnancy. She thought he would become her husband. Their relationship ended after his father

died in an accident and he had to return to his village to care for his brothers and sisters.

After finishing her training, Dorothy moved to the city to find a teaching position. She was new to the city and lonely. She eventually made some friends and met a man she dated a few times. They eventually had sex, but she ended the relationship because he drank too much. He refused to wear a condom if he had been drinking, and she was afraid that she would become pregnant.

Dorothy was transferred to a new school where she met James, another teacher. James is a wonderful man, a fine teacher, and great with children. He even coaches a boys' football club on the weekends. They began dating 6 months ago and first had sex about 4 months ago. He has told her that he loves her and is committed to her. They are talking about their future together. When they first had sex, they did not use condoms. Dorothy thinks this was because it was a way to be really intimate and demonstrate their mutual love. As they have begun to talk about their future together, Dorothy has been thinking about her past and wonders about James's past. They have never talked about their previous partners. She wants to get herself tested for HIV before she asks him to be tested.

## **ROLE PLAY 9**

Abigail is 22 years old and moved from her village to the city for work a year ago. She stays with her aunt and her family. She had a steady boyfriend in her village, but they went in different directions after finishing school. They had sex and almost always used condoms to prevent pregnancy. When she first came to the city, she was lonely and went out most weekends to drink and dance with other young people from her work. About 4 months ago, she had sex twice with a friend from work who went to a club with her. They did not use condoms the first time they had sex because they had both been drinking. The second time, Abigail insisted that they use a condom. She soon found out that this man had another girlfriend and stopped dating him.

About 3 months ago, Abigail became close to a man named Sam who works with her cousin. Sam is a very serious person and has a good job with the government. They have begun to talk about having a future together. They very recently began having sex and used condoms each time, but he is pressuring her to stop using them because he doesn't like them. She knows little about his previous partners. Abigail and Sam have never talked about AIDS or STIs, or about the other people with whom they have had sex.

## **ROLE PLAY 10**

Maureen is a 24-year-old university graduate working as a clerk in the government office. She has been dating Peter for 3 years, and they started living together almost a year ago. Peter is a teacher in a high school in a small city 30 miles away from their town. They have heard a lot about HIV/AIDS and talked about using condoms. Peter believes that HIV/AIDS is a disease of gay people and prostitutes. He never agreed to use condoms with Maureen, and he never talked about his previous sexual lifestyle.

Maureen is now 4 months pregnant. When she attended the group education session on HIV/AIDS and testing for HIV during her first antenatal visit, she decided to get tested.

During the group education, the nurse explained the use of condoms for protection against STIs, including HIV. Maureen was waiting to get her test results and was thinking about how to tell Peter about using condoms. She wondered if Peter would agree to use condoms.

The counselor calls her name, and Maureen enters the counseling room, still thinking about the test results and how she will convince Peter to use condoms, at least during her pregnancy.

## **ROLE PLAY 11**

Mark is a 24-year-old university graduate who has a good position in the government. He recently started dating a very nice woman who moved from her village to the city about a year ago. The woman, Sylvia, is 22 years old and also very serious about her work. Mark and Sylvia have started having sex. They have used condoms every time because Sylvia has insisted. Mark doesn't like condoms and is trying to convince Sylvia that, because they have a serious relationship, they can stop using condoms. Mark had several girlfriends at the university, none of whom he was serious about. He sometimes used condoms with these girls, but not always. If they came from good families or he had had too much to drink, he would not use a condom. Although he is committed to Sylvia, once in a while he goes out with his male friends and has sex with a bar girl, but he usually uses condoms with these women. However, about 2 months ago, he was celebrating his raise, had too much to drink, and forgot to use a condom.

Mark has never thought much about his past partners until recently. Sylvia's insistence that they use condoms has made him begin to wonder about their previous partners. He thinks maybe he should get an HIV test before he goes any further in this relationship.

## **ROLE PLAY 12**

Josephine is 26 years old and has two children, 4-year-old twin girls. Her husband was a businessman who died in an automobile accident 3 years ago. He used to be away from home for several weeks at a time on business trips. She believes that he may have had sex with other women while away on these trips. This has always concerned her.

Josephine is thinking more about this because she has been seeing a man, John, whom she met at church. John is 30 years old and works for a company that repairs computers. She and John have always used condoms. They are getting serious, and John has suggested that they stop using condoms. John is a very good man who helps her with school fees and is kind to the children. His wife died almost 2 years ago from pneumonia. John has one 3-year-old son who is very close to Josephine's twins. She is not sure if John is having sex with anyone else because they do not talk about such things.

## **ROLE PLAY 13**

John is a 30-year-old man whose wife died 2 years ago from what the doctors said was pneumonia. John, who works for a company that repairs computers, is seeing a woman named Josephine whom he met about 6 months ago at church. This woman's husband, a businessman, died in an automobile accident a few years earlier. John is very fond of this woman, and she is very good to his 3-year-old son. Josephine is 26 years old and has 4-year-old twin girls.

John and Josephine are having sex and always used condoms. He would rather not use condoms, but he is concerned because during the first year after his wife's death he was full of grief and lonely and would go clubs and occasionally have sex with women he met there. He usually, but not always, used condoms with these women. John has not had sex with another woman since he met Josephine and would like a future with her. He wants to ask Josephine and her daughters to live with him and his son. He would first like to get himself tested for HIV because he loves Josephine, but he does not know what he will do if he finds out that he is infected. He and Josephine have not yet talked about this, but he senses that it is weighing on both of their minds.



# COUNSELING AND TESTING COURSE EVALUATION

(To be completed by **Participants**)

Please indicate on a 1–5 scale your opinion of the following course components:

**5-Strongly Agree      4-Agree      3-No Opinion      2-Disagree      1-Strongly Disagree**

COURSE COMPONENT	RATING
1. The precourse questionnaire helped me to study more effectively.	
2. The role plays were helpful in learning the CT protocol.	
3. There was sufficient time scheduled for practicing CT skills in the classroom using role plays.	
4. There was sufficient time scheduled for practicing CT skills with clients in the clinic.	
5. I am now confident providing CT for clients.	
6. The training approach used in this course made it easier for me to learn the CT protocol.	
7. The trainers clearly stated their learning objectives.	
8. The trainers communicated clearly and effectively.	
9. The information presented in the course was new to me.	
10. The trainer used a variety of audiovisual materials.	
11. The trainers were interested in the subjects they taught.	
12. The course content (or the content of the sessions) had sufficient theoretical knowledge.	
13. The sessions were well organized.	
14. The trainers asked questions and involved me in the sessions.	
15. The content of the course was useful to my work.	
16. The course made me feel more competent or skillful in my work.	
17. The trainers used a variety of training methods.	

**ADDITIONAL COMMENTS** (use reverse side if needed)

1. What topics, if any, should be added to improve the course? Why?

2. What topics, if any, should be deleted to improve the course? Why?

3. The course length (5 days) was: (*circle one*)

1) Too long

2) Too short

3) Just right





