

Module 2

Submodule 1: Orientation to HIV and AIDS counselling

INSTRUCTIONS

Activity 1: Trust walk

- Do not specify that the activity is called a trust walk
- Do not specify that each group will receive a separate set of instructions
- Instruct each group separately; with each not knowing what instructions the other group has received

Material: Scarf or a lengthy material for a blindfold

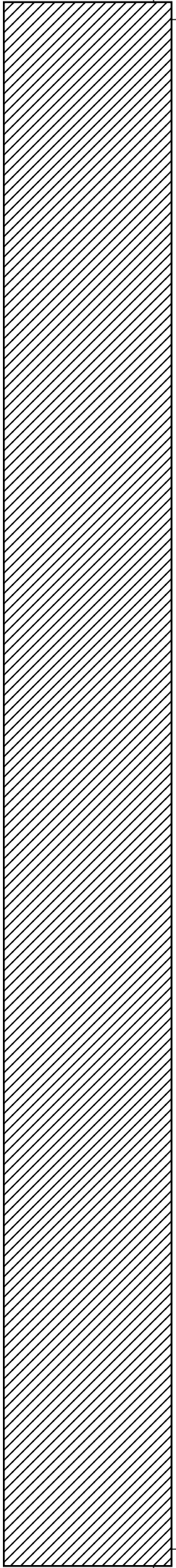
Time allotted: 25 minutes

Part 1

Pair the trainees, with one being blindfolded and the other acting as the guide. In complete silence, the guide should lead the blindfolded person to an outdoor area. The guide should stop periodically and silently direct the blindfolded person to touch an object or smell or listen. All communication is to be **non-verbal**. Explain that you will visually signal them to rally at a shaded spot in about 8–10 minutes, and the guide should look out for your signal; also they are to remain within the eyesight of the facilitator at all times and not wander off. As the pairs move about, the facilitator moves among the pairs making strange noises, stamping his or her feet, whistling, jangling keys, clapping, or brushing the blindfolded trainees with a scarf. If you are in or near a parking area and a car drives by, signal the driver to honk. Encourage the teams to walk, CAREFULLY, near or across a lane where cars are occasionally moving. The idea is to create some level of concern on the part of the blindfolded trainee while avoiding real danger and not pushing the blindfolded partner into a feeling of terror.

Part 2

Interchange the guides of the blindfolded trainees. Instruct the guide to lead the blindfolded person to an outdoor area. The guide should stop periodically and direct the blindfolded person to touch an object or smell or listen. The same procedure as Part I is to be followed but encourage the guide to **verbally** interact with his partner and instruct him through the walk.





Debrief

The facilitator asks the trainees to arrange their chairs in a circle and asks them what they thought or felt during the exercise. If you need to break the ice, ask whether it was easier to lead or be led. Many people will conclude that they are not as trusting as they thought. Others will observe that they become anxious when they are not in control. Did any of the blindfolded trainees (Part 2) notice that their partner had changed? What did that do to the rapport that they had established as a pair through non-verbal communication? What were the insights or 'Ah-ha's' of this exercise?

Activity 2: Brainstroming session

Brainstorm the definition of HIV/AIDS counselling

Activity 3: Case study

Present the case.

Rani is a 30-year-old female, married for two years and has come to the antenatal care (ANC) clinic. During the pre-test counselling session, she denies a history of risky behaviour. Her test result is HIV-positive. She says that she had sex with a boy four years back. Her family is not aware of it. She does not want to 'disclose' her seropositive status to her husband, as she is afraid of being rejected.

Debrief

1. What do you think is Rani's problem?
2. Discuss the problem expressed.
3. What should be the role of the counsellor?
4. How would you help Rani solve her problems?
5. Summarize the key points and discuss why we need counselling in HIV/AIDS and define VCT.

Session Plan

Module 2

Submodule 1: Orientation to HIV and AIDS counselling

Time allotted: 1 hour 30 minutes

TRAINING MATERIALS

- Handout (HO)
- PowerPoint (PPT) presentation
- Activity sheet
- Question box

CONTENTS

- What is counselling?
- Counselling and health education
- Definition of HIV/AIDS counselling
- Aims and importance of HIV/AIDS counselling
- Methods of support

SESSION INSTRUCTIONS

1. Conduct Activity 1: Trust walk.
2. Lecture using the PPT presentation.
3. Conduct Activity 2: Brainstorm the definition of HIV/AIDS counselling.
4. Continue with the PPT presentation.
5. Conduct Activity 3: Case study
6. Summarize the key points of the session.
7. Ask the group if they have any questions and remind them of the question box.

Module 2

Submodule 2: Values and attitudes of a counsellor

INSTRUCTIONS

Activity 1: Brainstorm

- Ask the trainees what are the words that they can think of when they see the words 'effective counsellor'?
- Brainstorm the qualities and attributes of an effective counsellor.

Activity 2: Assessment of self as an effective counsellor

1. Provide each trainee with the self-evaluation form.
2. Discuss each statement in the form.
3. Ask the trainees to rate themselves.
4. Inform them that the form will remain with them. Ask them to answer honestly. Emphasize that this is a self-evaluation form.
5. Hold a general discussion to sum up the activity.

Activity 3: Role-play

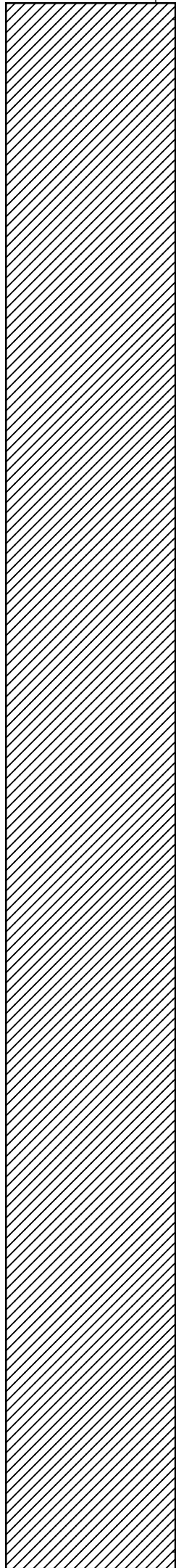
Conduct the role-play as per guidelines provided in the introduction to the Manual using the case study given in Activity 3, Module 2, Submodule 1.

Form a group of three persons—one counsellor, one client and one observer.

The client will enact a problem. The counsellor uses different skills during the counselling process. The observer carefully records the ongoing process of counselling. The trainer moves to each group and makes observations. During feedback session discuss the stages and process of counselling.

Activity 4: Controversial statements

1. Divide trainees into small groups.
2. Provide each trainee with a copy of the form given below.
3. Ask the trainees to read each sentence and mark 'A' if they agree with the statement and mark 'D' if they disagree.
4. When trainees have filled the form, ask them to discuss the answers within the group.
5. Emphasize that there are no correct or wrong answers.
6. Summarize the activity by explaining that the difference within the group reflects different values, attitudes and beliefs.





Activity 5

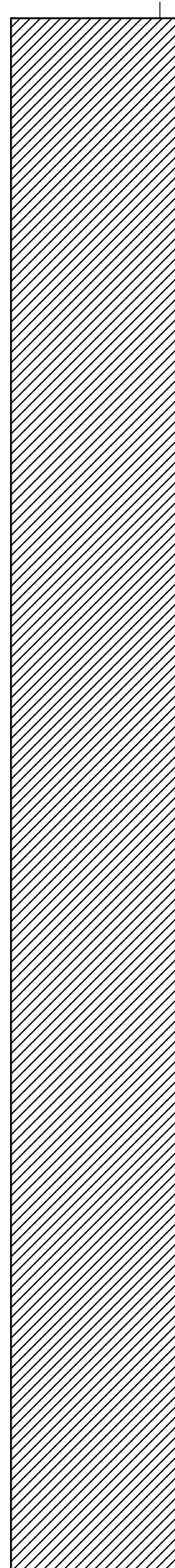
1. Provide each trainee with the form presented below
2. Read the instructions presented in the form aloud.
3. Have trainees fill the form.
4. Assure confidentiality. Let the trainees know there are no right or wrong answers.
5. Encourage trainees to read their answers aloud.
6. Conduct a discussion. Using answers shared by trainees summarize the topic on values and attitudes of a counsellor.

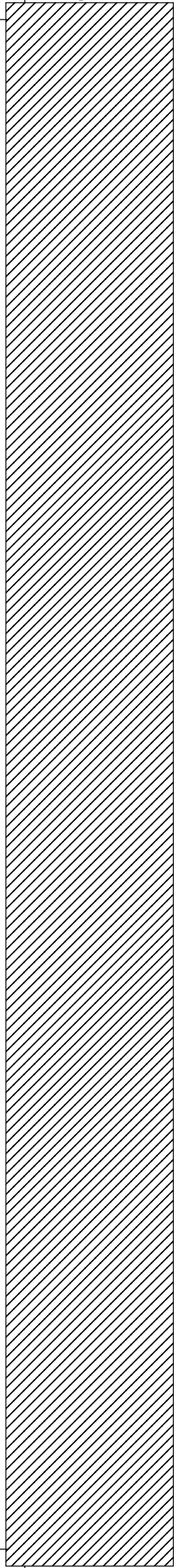
ACTIVITY 2: ASSESSMENT OF SELF AS AN EFFECTIVE COUNSELLOR

Checklist for interactive counselling

You can check your own progress in counselling clients at the clinic

	Always	At times	Rarely
You create rapport by:			
• Greeting your client in a culturally acceptable way			
• Arranging for client privacy			
• Sitting facing or close to your client			
You maintain two-way interaction by:			
• Asking open-ended questions and using encouraging remarks			
• Listening attentively and observing without interrupting or writing			
• Encouraging the client to talk and ask questions			
You find out what the client knows about:			
• The problem, the issue, or concern under discussion			
• Its effects on his or her health and/or family/child			
You explain facts about the problem or issue, especially:			
• Symptoms and effects of the problem			
• Possible technical/factual solutions			
• Rumours, misconceptions and relevant facts			
• Need for treatment, continuity, behaviour change, or referral, if necessary			
• Causes of the problem or potential problem			
You clarify or check the client's understanding of the facts (causes, effects, solutions and possible next step) by:			
• Asking the client to repeat (or restate) the basic factual information in his/her own words			





	Always	At times	Rarely
--	--------	----------	--------

- Clarifying misunderstood information
- Asking the client if he/she has any questions
- Answering the client's questions politely and completely

You help the client determine what to do about the problem, or issue, or concern by:

- Encouraging the client to consider the need to act on the problem; explain the consequences if it is ignored
- Encouraging the client to make a decision that is safest and most practical in the circumstances
- Provides required service or referral when appropriate

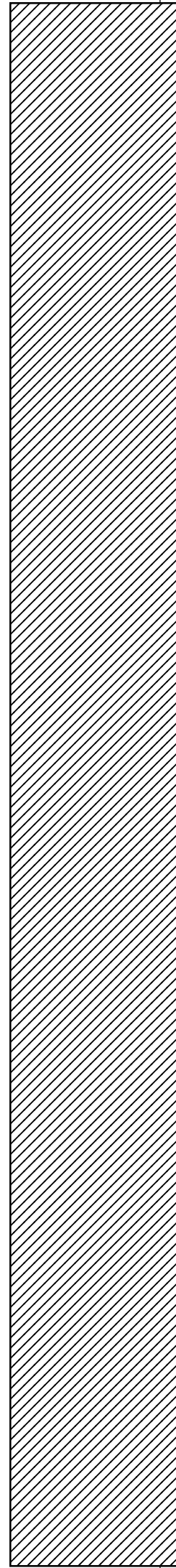
You genuinely invite the client to return to the clinic whenever they need to, e.g. if they have more questions. You also tell the client about the suitable hours of service.

ACTIVITY 4

Fill in the blanks

Write A for 'agree' and D for 'disagree'.

1. ____ Women with HIV infection should not have children.
2. ____ People with AIDS should be allowed to continue work.
3. ____ AIDS is mainly a problem of people indulging in immoral behaviour.
4. ____ Men who have sex with men (MSM) indulge in abnormal sexual behaviour.
5. ____ People with HIV infection should be isolated to prevent further transmission.
6. ____ It is a collective responsibility to care for people with HIV infection.
7. ____ I would feel uncomfortable inviting someone with HIV infection to my house.
8. ____ Surgeons should screen all patients for HIV infection before surgery.
9. ____ I would feel uncomfortable discussing sexuality with a person of the opposite sex.
10. ____ Injecting drug users (IDUs) should compulsorily be tested for HIV.
11. ____ It is alright for men to have sex before marriage.
12. ____ Schoolchildren should not be educated about safe sex.
13. ____ Women should never have extramarital sexual relations.
14. ____ All professional blood donors should be jailed.
15. ____ It is difficult for male counsellors to talk to women clients about condom use.
16. ____ HIV-infected pregnant women should abort their fetus.
17. ____ HIV test results should not be disclosed to the spouse/partner.
18. ____ Males should produce an HIV-free certificate before marriage.
19. ____ HIV-infected women should feed their infants.
20. ____ Unmarried persons should not have sex.



ACTIVITY 5: EMOTIONAL RESPONSE TO CERTAIN WORDS/TERMS

List two words that spontaneously come to your mind when you think of the following words. As far as possible, list words that reflect your emotional response to the given word instead of a mere translation or definition of the word. For example, two words for sex may be: 1. Fun; 2. Immoral.

Sex worker	1. _____	2. _____
Professional blood donor	1. _____	2. _____
Pregnancy	1. _____	2. _____
IDU	1. _____	2. _____
Teenager	1. _____	2. _____
Condom	1. _____	2. _____
STI	1. _____	2. _____
Homosexual	1. _____	2. _____
Masturbation	1. _____	2. _____
Wife	1. _____	2. _____
Boyfriend	1. _____	2. _____
AIDS	1. _____	2. _____
Truck driver	1. _____	2. _____
TBss	1. _____	2. _____
Orgasm	1. _____	2. _____
Erection	1. _____	2. _____
Abortion	1. _____	2. _____
Rape	1. _____	2. _____
Multiple sex partners	1. _____	2. _____
Counsellor	1. _____	2. _____

Module 2

Submodule 2: Values and attitudes of a counsellor

Time allotted: 1 hour 30 minutes

TRAINING MATERIALS

- HO
- PPT presentation
- Activity sheet
- Question box

CONTENTS

- Introduction
- Qualities and attributes of an effective counsellor
- Attitudes, values and beliefs
- Managing counsellor's discomfort

SESSION INSTRUCTIONS

1. Commence the session with Activity 1: Brainstorm the qualities of an effective counsellor.
2. Lecture using the PPT presentation.
3. Conduct Activity 2: Assessment of self as an effective counsellor.
4. Continue with the PPT presentation.
5. Conduct Activity 3: Role-play.
6. Conduct Activity 4: Controversial statements.
7. Conduct Activity 5: Emotional responses to certain words/terms.
8. Summarize the key points of the session.
9. Ask the group if they have any questions and remind them of the question box.

Module 2

Submodule 3: Counselling: Micro-skills

INSTRUCTIONS

Activity 1: Counselling skills

Time allotted: 20 minutes

1. Divide the trainees into two pairs.
2. One of the pair will be called the counsellor, the other client.
3. Provide each group instructions as presented below.
4. The client group should not know the instructions provided to the counsellor.

Counsellor

- Your job in this activity is to be a 'bad' counsellor, but DO NOT tell your client you have been asked to be bad—this must be kept confidential! The purpose of the activity will be explained afterwards and the clients will be told that you were asked to be 'bad'.
- Find your partner, who has been nominated as your 'client'.
- Ask your client to tell you about an achievement in their lives, a time they did something they were proud of and happy about.
- As your client begins to answer, demonstrate poor counselling skills, e.g. look at your watch, write notes, play with your hair, look around the room, look for something in your bag, fix your make-up, play with your jewellery, talk to someone else across the room, interrupt and tell your own story, display inappropriate facial expressions, sit with a forbidding posture, look disinterested, do not encourage the conversation, do not ask questions, etc. Remember that you need to be as bad a counsellor as possible.

Clients

- Your job in this activity is to be a 'client'.
- Find your partner, who has been nominated as your counsellor, and participate in their counselling session as the 'client'.
- You need to think of an achievement in your life, a time you did something you were proud of and happy about.
- It should be something you feel comfortable about and are able to discuss for five minutes.

- The 'counsellors' will be practising their basic skills during this activity.

Debrief

1. After the activity is over, ask the 'client' what they felt about the session. Was the 'counsellor' effective? If not, then in what ways did the 'counsellor' fail to be effective?
2. Close the activity by letting the client group know that you had instructed counsellors to act as bad counsellors.
3. What are your observations of the situation now?
4. What did you feel like when you did not receive attention?
5. Discuss as a group what was wrong about the situation.

Activity 2: Listening skills

The group should be divided into subgroups of three with each member playing one of the following roles: speaker, listener, and observer. Each person will play each role once in this activity, so each subgroup needs to decide who will play which role first.

Objective

The purpose of this activity is to give each trainee the opportunity to learn how to use verbal and non-verbal communication skills and become a better listener.

To the speaker

Your task is to talk about something that is important for you: your job or family, a decision or a question. The activity will be more helpful if you talk about something you really care about, although role-playing is possible. You may find yourself in the midst of discussing something important when the allotted time runs out. If this happens, you could arrange with the person listening to continue later, after work session or during a break.

To the listener

Your task is to practise the skills learnt in the session: eye contact, body language, silence and verbal minimal encouragers. Don't panic! Just concentrate on following the speaker's chain of thought. Try to limit your responses to the skills discussed in this session.

To the observer

Your task is to observe the listener's verbal and non-verbal skills. Observe and count only as many behaviours (eye contact, body posture, verbal minimal encouragers, topic jumping) as you can manage with relative accuracy.

Debrief

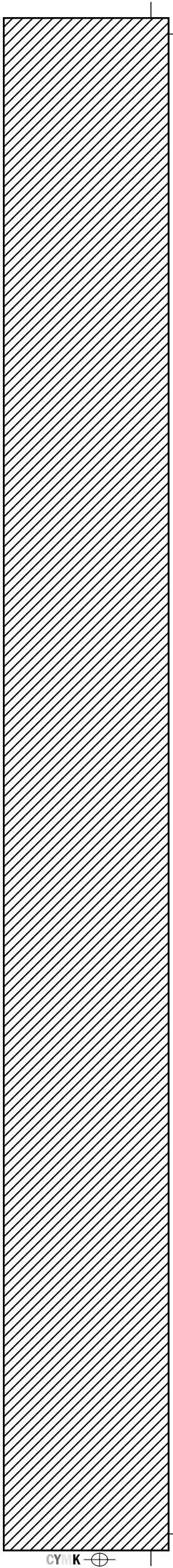
1. The first speaker talks with the listener for three to four minutes.
2. The listener then discusses their listening experience with the other two members of the subgroup.
3. Listener: What was comfortable? Difficult? Did you stay with the speaker?
4. Speaker: shares their feelings about the listener's response.
5. Speaker: Did you feel listened to? Was it helpful? Did the listener have any habits you found distracting?
6. The observer then shares observations. This sharing process should take about three or four minutes.
7. How are these skills relevant to their work?
8. Where else would they be useful?
9. Go around the group so that you have a chance to share at least one thing you have learnt about yourselves in this activity session.

Now everyone changes roles. The listener becomes the speaker, the speaker the observer, and the observer the listener. Go through five minutes of talking and listening, and five minutes of exchanging remarks twice more so that each person plays each role once.

The entire activity should take about 25 minutes.

Activity 3: Quiz

1. Provide each trainee with the format given below
2. Ask them to read each question and mark against it if it is an open-ended or close-ended question.
3. Review the questions in a large group. Ask trainees to speak out their answers loudly. Discuss and correct answers where required.



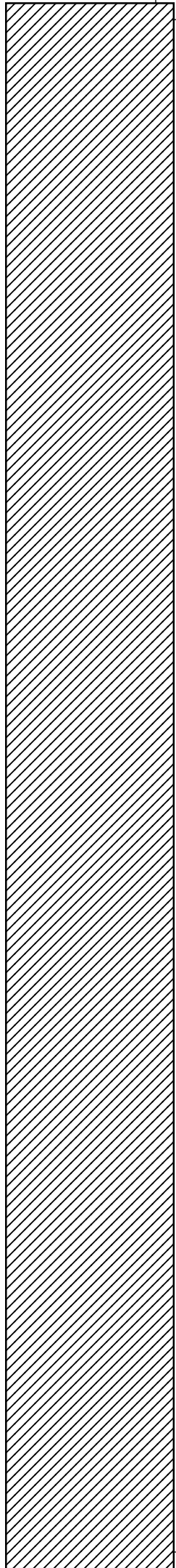
ACTIVITY 3: QUIZ

1. You always practise safe sex, don't you?
2. What are some of the difficulties you could face when using a condom?
3. Do you take your medication?
4. You should tell your wife, shouldn't you?
5. When were the occasions that you shared needles?
6. What do you know about HIV?
7. Do you understand how HIV is transmitted?
8. Do you protect yourself from HIV?
9. What are the different ways you could protect yourself from HIV?
10. How do you clean your injecting equipment?
11. Have you ever had a blood transfusion?
12. Who could you talk to for support if you were to test HIV-positive?

Closed/open/leading
Closed/open/leading

Closed/open/leading
Closed/open/leading
Closed/open/leading
Closed/open/leading
Closed/open/leading
Closed/open/leading
Closed/open/leading

Closed/open/leading
Closed/open/leading
Closed/open/leading



Session Plan

Module 2

Submodule 3: Counselling: Micro-skills

Time allotted: 2 hours

TRAINING MATERIALS

- HO
- PPT presentation
- Activity sheet
- Question box

CONTENTS

- Introduction
- Active listening
- Questioning
- Using silence
- Accurate empathy

SESSION INSTRUCTIONS

1. Conduct Activity 1: Counselling skills.
 - Facilitators should explain the activity and followed by debriefing/discussion.
2. Lecture using the PPT presentation. During the presentation, solicit comments and ask trainees questions to keep them actively involved.
3. Conduct Activity 2: Listening skills.
 - Use the PPT presentation on active listening to debrief the trainees.
4. Conduct Activity 3: Quiz.
 - Continue the lecture using the PPT presentation.
5. Summarize the key points of the session.
6. Ask the group if they have any questions and remind them of the question box.

Activity Sheet

Module 2

Submodule 4: Stages and process of counselling

INSTRUCTIONS

Activity 1: Role-play

Based on the guidelines provided in the Introduction of this Manual, conduct role-play sessions. Emphasize that the counsellor should use the skills presented in this session. Debrief after the role-play.

ACTIVITY 1: ROLE-PLAY

Case study 1

A 30-year-old man goes to his local hospital for a health check-up. While waiting to see the doctor, he asks if he can see a counsellor to discuss some problems in his family. He tells you (the counsellor) that he had discovered that he was HIV-positive three years back when he applied for a visa to work overseas. He is not currently on any medication. He says that he has had a cough with sputum for three weeks. He has lost weight and also sweats excessively in bed at night.

Debrief

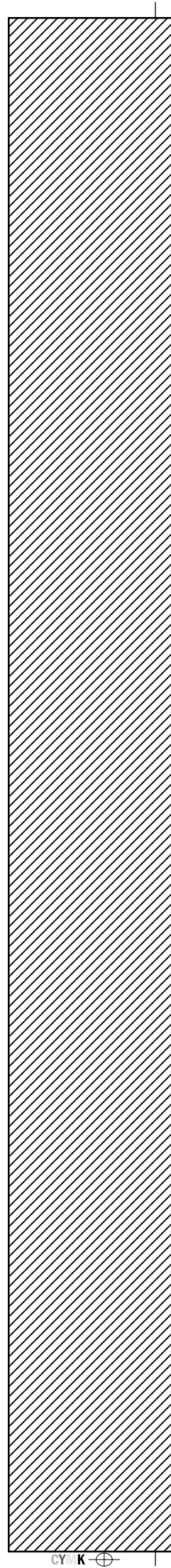
What do you think might be wrong with the client? What specific information in the case are you basing this on? What are the treatment, care and referral options for the client in your setting?

Case study 2

A 36-year-old male went to a hospital and had his CD4 count measured. He reports that the doctor said that it was so low that he needed to start on medication. The doctor appears to have given him ART (a combination of d4T, 3TC and nevirapine). He has been taking the medicines for two weeks. He reports that he has a rash all over his body and does not feel well.

Debrief

What are the possible explanations for the rash? What are the treatment, care and referral options for the client in your setting?



Session Plan

Module 2

Submodule 4: Stages and process of counselling

Time allotted: 1 hour 30 minutes

TRAINING MATERIALS

- HO
- PPT presentation
- Activity sheet
- Question box

CONTENTS

- What is counselling?
- Some assumptions in the counselling process
- Characteristics of counsellors' attitude
- Skills of counselling
- Stages of counselling

SESSION INSTRUCTIONS

1. Discuss with the group their knowledge and understanding of the stages and processes of counselling.
2. Lecture using the PPT presentation, asking the trainees to share their experience during the presentation.
3. Conduct Activity 1: Role-play.
4. Summarize the key points of the session.
5. Ask the group if they have any questions and remind them of the question box.

Module 2

Submodule 5: Behaviour change communication: HIV transmission

INSTRUCTIONS

Activity 1: Demonstration

How to use a male condom?

1. Provide each trainee with a condom.
2. Keep a few with the trainer.
3. Demonstrate the use of the condom step-wise—reading the expiry date on the packet, opening the packet and using it. Demonstrate how to identify the right side (see guidelines in HO).
4. Demonstrate how they can instruct clients on how and where to store condoms.
5. Have each trainee demonstrate the use of a condom.

Module 2

Submodule 5: Behaviour change communication: HIV transmission

Time allotted: 1 hour 30 minutes

TRAINING MATERIALS

- HO
- PPT presentation
- Activity sheet
- Condoms (for demonstration of use in the Activity)
- Question box

CONTENTS

- Consequences of unsafe behaviour
- Behaviour change models and HIV infection
- The process of behaviour change and adoption of safe behaviour
- Use of condoms
- Safe injecting
- Essential elements of behaviour change counselling for condom use and safe injecting
- Helping clients become aware of their risks
- Promotion of condoms, condom use and safe injecting

SESSION INSTRUCTIONS

1. Explain the four principles of HIV transmission and advise trainees to use the acronym: Exit, Survive, Sufficient and Enter (ESSE).
2. Engage the group in a discussion on how HIV infection spreads.
3. Lecture using the PPT presentation.
4. Conduct Activity 1: Demonstrate the use of a condom. Have each trainee demonstrate the use of condom.
5. Link this topic to
 - Module 4, submodules 1,2,5 and 6
 - Module 6, submodule 2.
6. Summarize the key points of the session.
7. Ask the group if they have any questions and remind them of the question box.

Submodule 6: Clinical risk assessment and HIV pre-test counselling

INSTRUCTIONS

Activity 1: Assessing personal risk

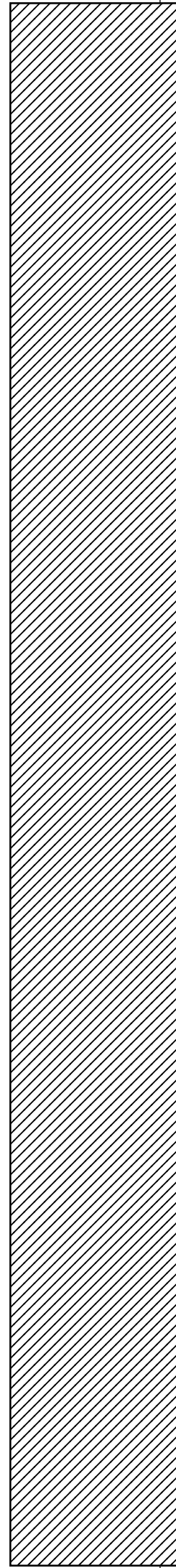
This activity helps counsellors reflect on how they handle risk in their own lives. It increases their understanding of why other people take risks and helps them to examine their feelings about this. Before deciding to take an HIV test, people need time to think about what it may mean to discover they are HIV-positive. Many people are anxious about discussing their personal risk of HIV infection (often for the first time) and are worried about being judged.

1. Invite trainees to consider the following on their own for a few minutes: *‘Think back on your own life and identify any occasion when you took a risk, related to sex and relationships, work or money. It may have been a small risk or a big one, but was very important to you at the time.’*
 - What factors influenced your decision to take a risk?
 - What were your feelings at the time?
 - What was the result of taking that risk?
 - Do you generally take risks?
 - How do you view risk-taking in others? How does risk-taking among your friends affect you?
 - How does this affect your attitude towards the risk of HIV infection?

It may be useful to write these questions down.

After a few minutes, ask everyone to choose a partner and share as much of their situation as they wish. Each person should talk for a few minutes and then listen to the partner’s story.

2. Invite everyone to join the full circle. Encourage them to explore links between how people deal with risk and ways in which it may affect their responses to HIV/AIDS. It may be useful to make the following points:
 - We often feel that it is all right to take risks if they turn out well. But we tend to blame others if things/ go wrong.
 - We are generally much less harsh in judging ourselves than we are in judging others. Is this fair?
 - We all take risks all the time.



3. Then invite participants to link this discussion with their counselling work. How can they introduce the subject of risky sexual behaviour without being judgemental? How can this be linked to information about safe sex and reducing the risk of HIV infection?

Source: Working with uncertainty. Published by FPA, England.

Activity 2: Risk game

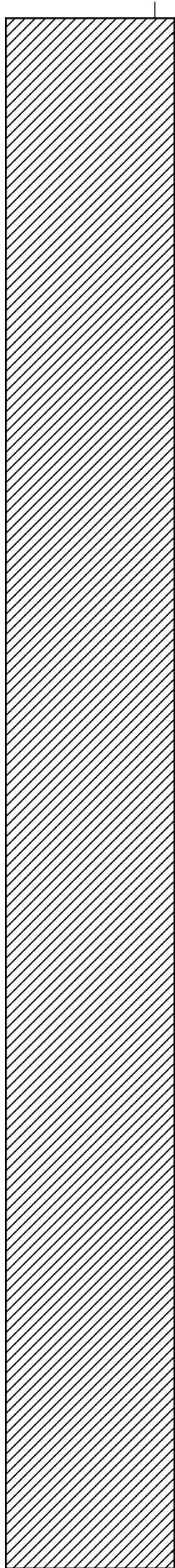
Prepare cards indicating the following risks. Randomly distribute the cards to the trainees. Place three cards with high risk, medium risk and low risk indicated on them on the floor. Ask the participants to place their cards on the one indicating the appropriate level of risk. Have the group discuss the correct answers.

[The answers in italics are only to assist facilitators—DO NOT include these on the cards given to the trainees.]

- Blood splash to the eye during a delivery
—Low risk only—only one case in the world, which was concentrated virus in a laboratory.
- Cleaning up vomit
—No—low risk for HB, HCV without gloves.
- Sharing spoons and forks
—No risk.
- Using drugs before sex; using alcohol before sex
—Moderate—high risk—less likely to be safe sex.
- Withdrawal (before ejaculation)—an option for safe sex?
—Low—moderate risk. Poor option for safe sex as the couple may ‘forget to withdraw’; also, virus present in the pre-ejaculate; risk for STIs.
- Oral sex—man entering a woman’s mouth: Risk to woman?
—Low—moderate for woman; no risk to man for HIV.
- Vaginal sex—no condom, no ejaculation: Risk to woman?
—Low—moderate risk. Poor option for safe sex as the couple may ‘forget to withdraw’; also virus present in the pre-ejaculate; risk for STIs.
- Oral sex—with ejaculation (between men): Risk to the receptive man?
—Low—moderate.
- Sharing injecting equipment (e.g. swabs, water, mixing bowls)
—Low for HIV; high for HBV and HBC.
- Needle stick injury: ‘suture’ needle
—Low: Solid bore needle, often a subcutaneous injury.
- Sharing syringe/needle
—High.
- Vaginal sex—no condom, withdrawal then ejaculation: Risk to man?
—Moderate—high—poor option for safer sex as the couple may ‘forget to

withdraw; also, virus present in the pre-ejaculate; risk for STIs and parasites.

- Penetrative anal intercourse—no condom, withdrawal then ejaculation
—Moderate–high—poor option for safe sex as the couple may ‘forget to withdraw’;
also, virus present in the pre-ejaculate; risk for STIs and parasites.
- Vaginal sex—no condom, ejaculation: Risk to the woman?
—High.
- Receptive anal intercourse—no condom, no ejaculation
—Moderate–high—poor option for safe sex as the couple may ‘forget to withdraw’;
also, virus present in the pre-ejaculate; risk for STIs and parasites.
- Needle stick injury: ‘venepuncture’ needle
—Moderate level of risk dependent on factors such as depth of the puncture,
etc. Emphasize the need to collect detailed information on exposure.
- Sharing sex toys
—Low–moderate. More information required on the type of the sex toy and
circumstances.
- Oral sex—with ejaculation (between men): Risk to the penetrating partner?
—No risk for HIV, avoid if the receptive person has oral herpes.
- Oral sex—male to male, no ejaculation: Risk to the receptive man?
—No risk for HIV; possible risk for STIs parasite.
- Oral sex—man entering a woman’s mouth: Risk to the man?
—No risk; possible risk for herpes lesions.
- Deep kissing
—No risk for HIV.
- Mosquito bite
—No risk.
- Crying—getting someone’s tears on yourself
—No risk.
- Sharing a toothbrush
—No risk.
- ‘Rimming’—contact between the mouth and the anus: Risk to the person
performing?
—No risk.
- Mutual masturbation: Risk to either?
—No–low risk depending on the context and behaviours.
- Sex during menstruation—with a condom, without a condom.
—With condom, low; without, high.
- Tattooing
—Requires further information on the method and context of tattooing—could
be low, moderate or high for ritual ‘group’ tattooing.





Activity 3: Risk Assessment

1. Use the trainer's overhead transparencies with the 'individual risk assessment activity worksheet'. Trainers should make several overhead transparencies for large group feedback.
2. Place the transparencies on the overhead projector and ask trainees to read all the cases as presented in activity 5
3. Complete the transparency form in front of the class by asking the trainees the relevant questions, e.g. 'Did this client share needles? When did this last occur? Is this in the window period? When should the next test occur?'. Work through all of the cases.
4. If a trainee offers an incorrect answer, ask the group if they agree with it?
5. Mark the responses on the transparency.

RISK EVALUATION FORM

Client code: _____

Client has a regular partner: Yes/No

Regular partner's status: HIV-positive/unknown/HIV-negative

Date of last test: _____

Client/partner* indicates history of STI infection: Yes/ No

Treatment referral required: Yes/ No

Client/partner* reports

symptoms of TB: Yes/ No

Treatment referral required: Yes/ No

Occupational exposure: Yes/ No

Date: Window period: Yes/No

Tattoo, scarification: Yes/ No

Date: Window period: Yes/No

Blood products: Yes/ No

Date: Window period: Yes/No

Vaginal intercourse: Yes/ No

Date: Window period: Yes/No

Oral sex: Yes/ No

Date: Window period: Yes/No

Anal intercourse: Yes/ No

Date: Window period: Yes/No

Sharing injecting equipment: Yes/ No

Date: Window period: Yes/No

Client risk was with a known

HIV-positive person: Yes/ No

Client is pregnant: Yes/ No

Stage of pregnancy: 1st trimester/2nd trimester/3rd trimester

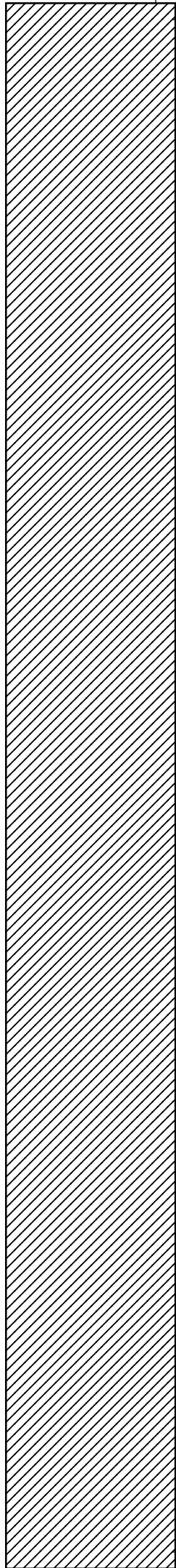
Client/partner* is using

contraception regularly: Yes/ No

Client requires repeat HIV test due to window period exposure: Yes/No

Date for repeat retest:

* Circle either or both client/partner



Activity 4: Case study for risk education and assessment of self-risk

- Introduce yourself and explain your role to the client.
- Explain the difference between HIV and AIDS.
- Explain the window period. You could try using the script below:

When HIV infects a person's body, their body realizes that HIV is a virus that should not be in the body.

The immune system in the body begins to produce antibodies to try to kill the HIV and protect the person. The test used to check for HIV looks for these antibodies in the blood, and is called an antibody test.

It can take up to 12 weeks after infection with HIV for these antibodies to be produced.

This means that an HIV test cannot guarantee a person's HIV status as negative if they have had any risk for HIV infection in the 12 weeks immediately before the test. This time period of 12 weeks before the test is called the 'window period'.

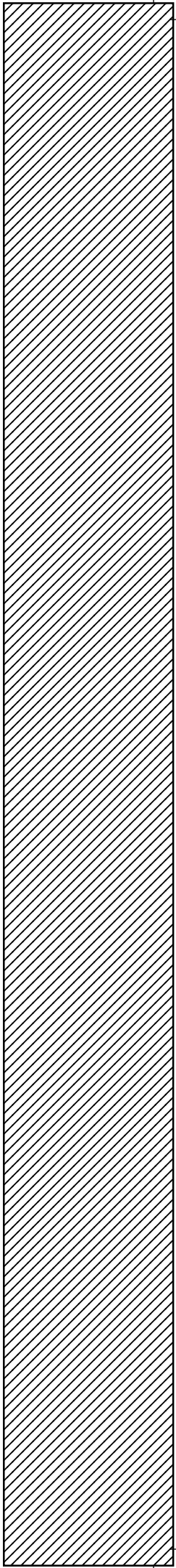
- Briefly explain the general modes of transmission—unprotected sex, mother-to-child, sharing injecting equipment and infected blood products.
- Then explain that you need to discuss some things that may be very sensitive and private—offer the explanation given in the box.

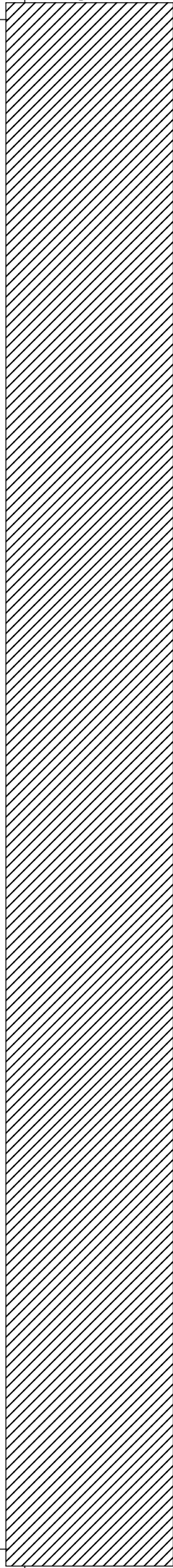
I need to discuss some things today that perhaps we wouldn't normally discuss with others. I need to discuss these things to be able to:

1. Give you a realistic feedback on your risk of being infected—you may be worrying unnecessarily.
2. Ensure that you know how to keep yourself and your partner/s safe in the future—different practices carry different risks.
3. See if you have other potential health problems that this test will not identify—maybe I will need to do other types of tests.
4. If you have been infected, it is important to know when you most likely became infected—it may make a difference to the type of treatment we offer. We can evaluate this only if we know what you have been doing and when.

As you can see, these are some good reasons for us to talk openly, even though it may not be comfortable.

- Start the pre-test questionnaire by asking why the client is getting tested and whether the client has undergone the test before; then ask if they have had sex with women, men or both.
- Choose an appropriate place to commence moving from less sensitive areas to more sensitive ones. First, educate then ask if the client feels the risk applies to them.



- 
- Complete the 'counsellor only' section of the form. Make sure you note down whether the client is in the window period or not and whether he/she requires retesting and when.

Using the guidelines given above discuss the case studies with the trainees.

Activity 5: Role-play training

Conduct the role-play as per guidelines provided in the Introduction of this Manual.

1. At the conclusion of each round of role-play, each triad (group of three) should provide a brief feedback on what they experienced during the role-play.
2. Then the class should form 3 groups—'*counsellors*', '*clients*' and '*observers*'.
3. Provide trainees with 'Pre-test Counselling Form'.

Then discuss the following questions:

- What made the client feel comfortable?
- What micro-skills were particularly important for the counsellor to employ?
- How did you manage to balance the provision of information while being responsive to the need of the client's emotions?

ACTIVITY 4: CASE STUDY FOR RISK EDUCATION AND ASSESSMENT OF SELF-RISK

Case study 1

A 35-year-old man, married, with two young children (aged four and two years) has decided to undergo an HIV test at the suggestion of his doctor. This suggestion followed the recent diagnosis of gonorrhoea, an STI, on his last visit to the doctor.

He reluctantly reports that he has often had anal sex with other men, the most recent occasion being three weeks back. He reports that this usually occurs when he drinks alcohol and that he does not use condoms. His wife is unaware of his sexual practices. He does not use condoms with his wife. He reports that the most recent occasion of vaginal sex with his wife was two weeks back.

He is unsure of what he would do if he tested HIV-positive. He is particularly concerned about how he would tell his wife and how she may react.

Case study 2

This is the case of a 28-year-old, married woman. Last week, a doctor confirmed that she was six weeks pregnant. When she told her husband about the pregnancy, he confided that he was HIV-positive. For this reason, she has decided to undergo an HIV test. She is very upset with her current situation. She is angry with her husband, and worried for herself and her unborn child. Her husband told her that he had visited commercial sex workers. She reports that she most recently had unprotected vaginal sex with her husband two weeks back.

Case study 3

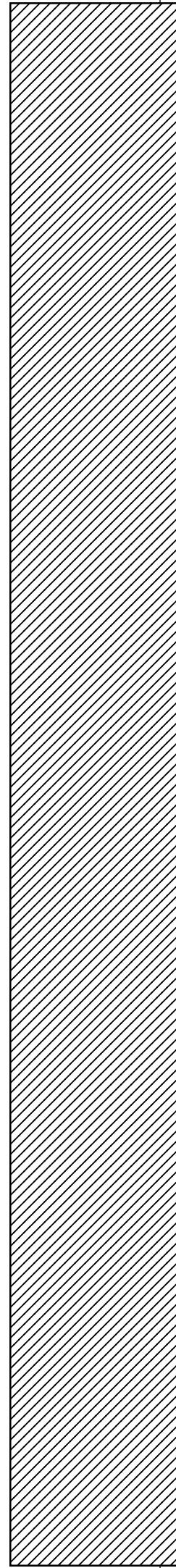
A 21-year-old man states that he has heard about HIV from some of his friends and has started to worry about whether he may be infected. He reports having had unprotected vaginal sex with several different female partners. The most recent occasion was about one week back.

A discussion also reveals that he has experimented with injecting drugs. He reports that the needles he used were shared and were not cleaned between use. He most recently experimented with drugs four months back.

Case study 4

A 26-year-old man states that he had previously undergone testing for HIV. His most recent test was two years back and at that time he was HIV-negative.

He identifies himself as homosexual and states that all his sexual partners have been male since he was about 20 years of age. He expects that his result will be



HIV-negative and states that he is testing 'just to be sure'. He reports that he usually practises safe sex and makes sure that he or his partner always withdraw when ejaculating if condoms were not used. His most recent withdrawal without condoms was three weeks back. During discussion, he recalls two occasions where the condoms had broken during sex. These occasions were both more than 12 weeks back.

ACTIVITY 5: ROLE-PLAY TRAINING

Conduct the role-play as per guidelines provided in the Introduction of this Manual.

Case Study 1

A 35-year-old man, Married, with two young children (aged four and two years) has decided to undergo an HIV test at the suggestion of his doctor. This suggestion followed the recent diagnosis of gonorrhoea, an STI, on his last visit to the doctor.

He reluctantly reports that he has often had anal sex with other men, the most recent occasion being three weeks back. He reports that this usually occurs when he drinks alcohol and that he does not use condoms. His wife is unaware of his sexual practices. He does not use condoms with his wife. He reports that the most recent occasion of vaginal sex with his wife was two weeks back.

He is unsure of what he would do if he tested HIV-positive. He is particularly concerned about how he would tell his wife and how she may react.

Case Study 2

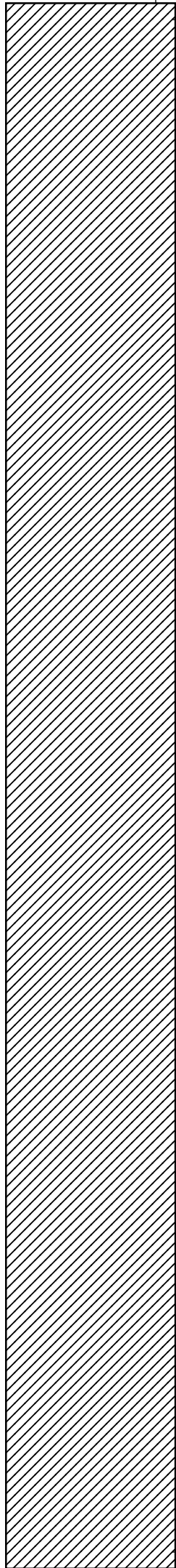
A 21-year-old man states that he has heard about HIV from some of his friends and has started to worry about whether he may be infected. He reports having had unprotected sex with several different female partners. The most recent occasion was one week ago. A discussion also reveals that he has experimented with injecting drugs, and the needles he used were shared and were not cleaned between use. He most recently experimented with drugs four months back.

He reports that he has since been worried about HIV; he has not been eating well and has had difficulty in sleeping. He believes that he would be rejected by his family and friends if he were to test HIV-positive. He mentions that he would consider suicide should he test positive.

Case Study 3

A 23-year-old woman presents for a HIV test as she has become worried that she may have contracted HIV from her former husband. She has heard that he is unwell and there are rumours in the village that he has AIDS. She last had unprotected

vaginal sex with him two months back. She recalls that during the last few months of their relationship he complained of feeling constantly tired and coughed a lot. Their relationship broke up when he left her for another woman. She has not had other sexual partners. She now suspects that he had other sexual partners when he travelled up-country for work. The client's family is poor and lives in a slum area; they are annoyed that she has not stayed with her husband. Her family has indicated that they feel she should have stayed with her husband. She is not comfortable with voicing her fears about HIV to her family. The client is very upset and worried. She is convinced that she has HIV infection.



PRE-TEST COUNSELLING FORM

Note to counsellor: Confidentiality of the client information should be strictly maintained at all times.

1. Date: ___ / ___ / ___
2. Time: (start of session): _____
3. PID number: _____
4. VCTC code number: _____
5. Age: ___ years
6. Sex: M/F/Transgender
7. Education: standard: illiterate/1-5/6-8/8-10/11-12/Graduate/Post-graduate
8. Occupation: _____ (Migrant/Nonmigrant)
9. Monthly income in Rs: 0-2,500/2,501-5,000/5001-7,000/7,001-10,000/more than 10,000
10. Marital status: unmarried/ married/widowed/divorced/separated/living together
11. Referred by: Self/Doctor/NGO/CBO/Spouse/Family/Friends/Others _____
12. Medical history: *(Does your client currently have any medical problems or symptoms?)*
Nil/Recurrent fever/weight loss/cough/diarrhoea/STIs/TB/OIs/Others _____
13. Currently on treatment: _____
14. Tested before for HIV: How many times? ___ Last test (month/year): ___ / ___
Where (Place): ___ Result: ___

The form is to be filled in **AFTER** the counselling session with whatever information was discussed.

Counsellor instruction: Please explore the following issues with your client:

15. Risk assessment of the past six months: (perception of risk to self)

Q: Why has the client presented for counselling and testing?

Q: Why does your client think he/she is at risk of HIV?

(a) No risk (b) Perinatal (from mother to child)

(c) Contaminated blood through:

- | | |
|----------------------|---------|
| —Blood transfusion | —IDU |
| —Organ transplant | —Tattoo |
| —Needle stick injury | |

(d) Unprotected sex: ___ Vaginal ___ Anal

(e) Partner or family member infected

Client's most recent potential exposure to HIV
(how and when?): _____

16. Development of a risk reduction plan

- (a) Increase condom use
- (b) Reduce number of sexual partners
- (c) Reduce needle sharing
- (d) Reduce alcohol or drug use
- (e) Discussion with spouse/partner
- (f) Others

17. Client's vulnerabilities:

- (a) Unprotected sex with Males Females Hijras CSW
- (b) Use of drugs/alcohol during or before sex
- (c) Gender related (violence, rape, etc.)

18. Client's current psycho-social stressors

Q. What are currently your client's major worries in life?

- (a) Finances/debt
- (b) Addictions (alcohol/drugs)
- (c) Family
- (d) Violence
- (e) Loss of work or occupation
- (f) Sex related
- (g) Serious illness/death
- (h) Social
- (i) Others

List issues and psycho-social stressors discussed:

19. Client's anticipated psycho-social stressors

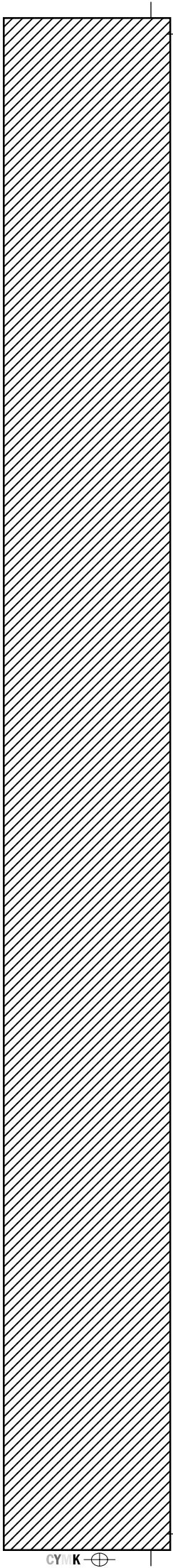
Q. What are anticipated concerns of your client in case of a positive HIV Test result?

- (a) Prior history of self harm/suicide attempt
- (b) Harm to others in case of positive test result
- (c) Signs of suicidal thoughts
(Feeling of hopelessness/helplessness/overburdened/no options/social withdrawal)

20. Client's coping mechanisms

Q. How has your client coped with a crisis in the past, e.g. loss of job, death of spouse or partner, or relationship issues? Who helped your client?

List coping strategies discussed (including alcohol, violence, attempted suicide):



Q. What plans does your client have for managing the crisis associated with HIV/AIDS?

21. Client's social support systems

Q. In case your client has a crisis in his/her life, who provides support to him/her?

- (a) Immediate family (Spouse) (b) Extended family
(c) Friends (d) Other

Q. Who will accompany the client to pick up the HIV test result?

- (a) Immediate family (Spouse) (b) Extended family
(c) Friends (d) No one
(e) Others

22. Client's readiness to undergo HIV test

Q. Would your client like another appointment before deciding on the HIV test?

23. Client's readiness to involve partner

Q. Will your client bring his/her spouse or partner for counselling? If not, explain why?

24. Date for follow-up visit given: ___ / ___ / ___

25. List of referrals given: (counsellor should have a referral list prepared)

26. Counsellor's checklist:

- _____ Client's understanding of STI/HIV/AIDS addressed
_____ Information about STI/HIV/AIDS provided including
 a. modes of transmission
 b. nature of HIV/AIDS
_____ Misconceptions corrected
_____ Information about HIV test provided
 a. Nature of test and testing process
 b. Benefits and consequences

- c. What does a positive result mean
- d. What does a negative result mean
- e. Window period

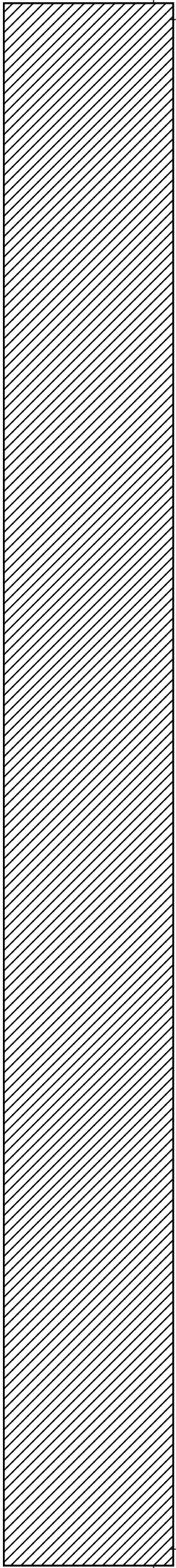
- _____ Client's emotional preparedness for HIV test result assessed
- _____ Checked for suicidal ideation
- _____ Importance of post-test counselling explained
- _____ Information on 'living with HIV' provided (nutrition, ARVs) provided
- _____ Risk reduction counselling done
 - a. Safer sex practices
 - b. Condom use
 - c. Safe needle use (for IDUs)
- _____ Prevention counselling provided
- _____ Condom demonstration done and condoms provided
- _____ Willingness to involve partner in follow-up assessed
- _____ Informed consent obtained
- _____ Identification of TB symptoms undertaken
- _____ Referrals discussed and given
- _____ Follow-up arrangements discussed (date provided)

27. Counsellor's remarks:

28. Time (end of session): _____

29. Length of session (minutes): _____

30. Counsellor's signature and date: _____



Module 2

Submodule 6: Clinical risk assessment and HIV pre-test counselling

Time allotted: 6 hours

TRAINING MATERIALS

- HO
- PPT presentation
- Activity sheets
- Condoms (to demonstrate how to use them)
- Cards for risk game (with high risk, medium risk and low risk indicated on them)
- Overhead transparency sheet, projector and screen
- Pre-test form as per NACO guidelines
- Question box

CONTENTS

- Risk assessment in HIV/AIDS
- Need for detailed clinical risk assessment
- Aims of HIV pre-test counselling
- Process of pre-test counselling

SESSION INSTRUCTIONS

1. Introduce the objectives of the session.
2. Conduct Activity 1: Assessing personal risk
3. Lecture using the PPT presentation.
4. Conduct activity 2 to 5
5. Continue with the PPT presentation.
6. Summarize the key points of the session.
7. Ask the group if they have any questions and remind them of the question box.
8. Role-play, as per guidelines provided in the Introduction of this Manual.

Module 2

Submodule 7: HIV post-test counselling

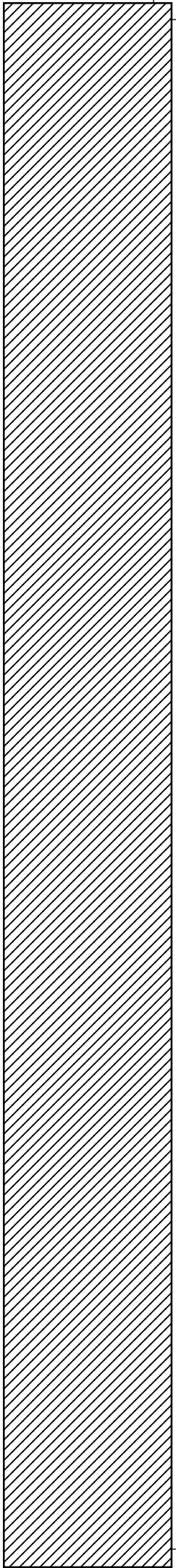
ACTIVITY 1: BRAINSTORM

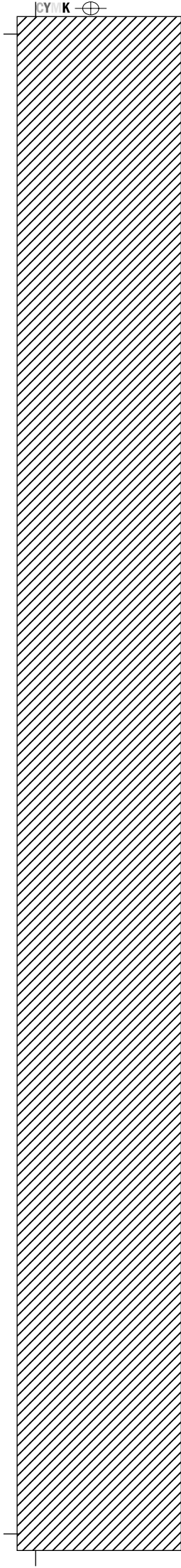
What would the client require of a VCT service if they were presented with an HIV test result?

ACTIVITY 2

Inform the trainees that you will now move to training on post-test counselling for positive results. Inform them that you plan to introduce the topic with an experiential group activity.

- Note that this activity makes no assumptions about the trainees’ HIV status and that you recognize that this may raise personal issues for the trainees. Offer an opportunity for the trainees to engage in a confidential debriefing session with a workshop facilitator should the need arise. This is important for the group, as there may be trainees or someone close to them who has been diagnosed with HIV.
- Position the overhead transparency sheet for results on the overhead projector without turning it on. Inform the trainees that you will now briefly switch off the lights.
- Ask trainees to think back to their first job and career progression to this day and to think about their plans for the future in terms of professional growth, family members and relationships, etc. for about 5 minutes. Ask them to visualize family members, partners and colleagues.
- Switch on the lights and turn on the overhead projector. Ask trainees to note the emotions they would have experienced had they been told that they were HIV-positive. They are not to reflect on how the clients would react but how they themselves would react.
- Ask trainees to share with the group the emotions and thoughts that they had during this activity.
- List and discuss their ‘needs’ at the moment of being informed of their HIV results, bearing in mind the items on the ‘emotions’ and ‘thoughts’ list.
- Emphasize that the exercise that has just been completed illustrates what goes through the minds of HIV-positive clients when they receive their results.
- Discuss the implications of these emotions for the type of counselling that needs to be conducted at this stage.





ACTIVITY 3: ROLE-PLAY

Using the role-play method discussed in the Introduction of this manual, conduct the following sessions:

Case study 1

This is a case of a 35-year-old man. He is married and has two young children 4 and 2 years of age. He has decided to have an HIV test done at the suggestion of his doctor. This suggestion followed the recent diagnosis of gonorrhoea, an STI, on his last visit to the doctor. He reluctantly reports that he often has sex with other men, the most recent occasion being 3 weeks ago. He reports that this usually occurs when he has been drinking alcohol and that he does not use condoms. His wife is unaware of his sexual practices. He does not use condoms with his wife. He most recently had sex with his wife 2 weeks ago. He is unsure what he would do if he tested HIV-positive. He is particularly concerned with how he would tell his wife and how she may react.

Case study 2

This is a case of a 21-year-old man. He states that he has heard about HIV from some of his friends and has started to worry about whether he may be infected. He reports having had unprotected sex with several different female partners. The most recent occasion would have been one week ago. Discussion also reveals that he has experimented with injecting drugs. He reports that the needles he used were shared and not cleaned between use.

He most recently experimented with drugs four months ago. He reports that since he has been worried about HIV, he has not been eating well and has had difficulty in sleeping. He believes that his family and friends would reject him if he were to test HIV-positive. He mentions that he has thought about suicide should he receive a positive result.

Case study 3

A 23-year-old woman presents for a HIV test as she has become worried that she may have contracted HIV from her former husband. She has heard that he is unwell and there are rumours in the village that he has AIDS. She last had unprotected vaginal sex with him 2 months ago. She recalls that during the last few months of their relationship, he complained of feeling constantly tired and coughed a lot. Their relationship broke up when he left her for another woman. She has not had other sexual partners. She now suspects that he had other sexual partners when he travelled for work. The client's family is poor and lives in a slum area; they are annoyed that she has not stayed with her husband. Her family have indicated that they feel she should have stayed with her husband. She is not comfortable raising her fears about

HIV with her family. The client is very upset and worried. She is convinced that she has HIV.

1. At the conclusion of each round of the role-play, each triad (group of three) should provide brief feedback to each other about their experience in the role-play.
2. Then the class should form three groups as ‘*counsellors*’, ‘*clients*’ and ‘*observers*’ to discuss:
 - What made the client feel comfortable?
 - What micro-skills were particularly important for the counsellor to employ?
 - How did the trainees manage to balance the provision of information with being responsive to the need of the client’s emotions?

POST-TEST COUNSELLING FORM (NACO)

Note to counsellor: Confidentiality of the client information should be strictly maintained at all times.

- | | |
|---|------------------------------------|
| 1. Date: ___ / ___ / ___ | 2. Time: (start of session): _____ |
| 3. PID number: _____ | 4. VCTC code number: _____ |
| 5. Type of visit: Post-test counselling/follow-up visit | |
| 6. Test result: positive/negative/indeterminate | |
| 7. Age: ___ years | 8. Sex: M/F/Transgender |

The form is to be filled in **AFTER** the counselling session with whatever information was discussed

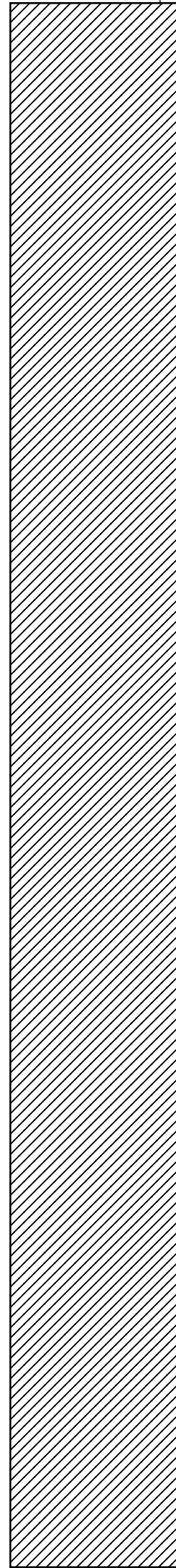
For **NEGATIVE** Result (9–13 and 22–28)

9. Initial reaction
Surprise/resentment/guilt/happy/relaxed/others

Observe and discuss with client:

10. Assessment of any concerns (Window period)

Summary of discussions with the client:



NEGATIVE Result (contd)

11. Development of a risk reduction plan

- (a) Increase condom use
- (b) Reduce number of sexual partners
- (c) Reduce needle sharing
- (d) Reduce alcohol or drug use
- (e) Discussion with spouse/partner
- (f) Others

List risk reduction plan developed:

12. Willingness to change behaviour to decrease vulnerability ___Yes/___No

13. Need for HIV test after window period discussed ___Yes/___No

For POSITIVE Result (14–28)

14. Initial reaction

Acceptance/shock/fear/denial/suppressed emotion/anger/violence/grief/sadness/depression/anxiety/crying spells/suicidal ideation/withdrawal/resentment/others

Observe reaction and discuss with client:

15. Assessment of immediate concerns

Stigma/fear of rejection (discrimination)/loneliness/loss of prestige/loss of job/loss of income/loss of self esteem/family disclosure/fear of death/loss of health

Summary of discussions with the client

16. Assessment of other concerns

- (a) Marriage counselling
- (b) Partner notification and testing
- (c) Disclosure to spouse or family
- (d) Concerns about support systems
- (e) STI medical follow-up
- (f) TB follow-up
- (g) Nutrition counselling
- (h) Sex with spouse/partner
- (i) Social/psychological support follow-up
- (j) Social support and referrals
- (k) Rights and responsibilities
- (l) Others

POSITIVE Result (contd)

Summary of discussions with the client

17. Risk-reduction strategies discussed

- (a) Increase condom use
- (b) Reduce number of sexual partners
- (c) Reduce needle sharing
- (d) Reduce alcohol or drug use
- (e) Others

Summary of discussions with the client:

18. Willingness to increase safer behaviour _____Yes / _____No

19. Referrals* and follow-up given (*counsellor should have a referral list prepared)

- (a) Individual counselling
- (b) Family counselling
- (c) Within the hospital
- (d) To medical doctor (nonhospital)
- (e) Psychiatric intervention
- (f) Support groups/PLHA
- (g) Intervention and workplace
- (h) Community intervention
- (i) TB/MC center
- (j) ANC
- (k) IDU interventions
- (l) Needle stick
- (m) Marriage counselling
- (n) Legal

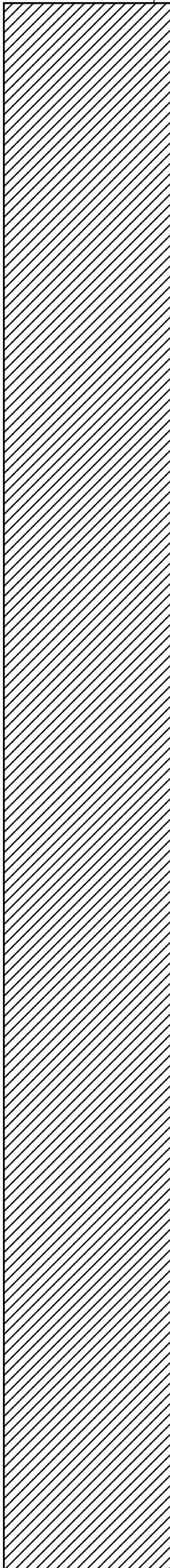
List referrals made (types and places):

20. Agreed to disclose HIV status to spouse/partner _____

Client's issues associated with disclosure to spouse/partner

21. Willingness to bring spouse/partner for counselling _____

Summary of discussions:



For POSITIVE and NEGATIVE result

22. Date for follow-up visit given: ___ / ___ / ___

23. List of referrals given: (counsellor should have a referral list prepared)

24. Counsellor checklist

For negative result:

- _____ Result given
- _____ Immediate concerns/questions assessed
- _____ Window period explained
- _____ Risk reduction strategy developed
- _____ Willingness to change behaviour assessed
- _____ Need for an HIV test after window period discussed
- _____ Follow-up appointment given

For positive result:

- _____ Result given
- _____ Discussion of the meaning of the result for the client
- _____ Dealt with immediate emotional concerns
- _____ Client able to understand and absorb the result
- _____ Discussion of personal, family and social implications
- _____ Checking of availability of immediate support
- _____ Discussion of follow-up care and support
- _____ Partner evaluation
- _____ Risk reduction strategy developed
- _____ Willingness to change behaviour assessed
- _____ Immediate plans, intentions and actions reviewed
- _____ Discussion of symptoms of TB and importance of early referral
- _____ Further support and referrals given (ANC, TB, STI)
- _____ Rights and responsibilities discussed
- _____ Legal support discussed
- _____ Follow-up appointment given
- _____ Disclosure discussed
- _____ Bring spouse for counselling discussed

25. Counsellor's remarks

26. Time (end of session): _____ 27. Length of session (minutes): _____

28. Counsellor's signature and date: _____

Module 2

Submodule 7: HIV post-test counselling

Time allotted: 4 hours

TRAINING MATERIALS

- HO
- PPT presentation
- Activity sheet
- Overhead transparency sheet, projector and screen
- Post-test assessment form as per NACO guidelines
- Question box

CONTENTS

- Recap on pre-test counselling
- HIV post-test counselling
- Guidelines for the provision of negative HIV test results
- Guidelines for the provision of positive HIV test results
- Follow-up counselling
- Beneficial disclosure from VCT guidelines
- Other important issues

SESSION INSTRUCTIONS

1. Conduct Activity 1: Ask the group what they would require of a VCT service if they were presenting for HIV test results. Limit the discussion to not more than 5 minutes.
2. Lecture using the PPT presentation, on the general principles of post-test counselling, allowing trainees to contribute and elaborate on key issues.
3. Conduct Activity 2: Post-test counselling form, before telling the trainees about the guiding principles for HIV post-test counselling.
4. Conduct Activity 3: Role-play
5. Summarize the key points of the session.
6. Ask the group if they have any questions and remind them of the question box.

