

COUNSELOR'S GUIDE

HPTN 052 COUPLE'S COUNSELING TRAINING

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Introduction to the Training Program

Overview

The overall goal of the HPTN 052 Couple's Counseling Training program is to train counselors participant in the study HPTN 052 to counsel sero-discordant couples in a safe and positive environment so that they are empowered to make informed decisions regarding their personal health needs and practices.

Training Methods

To assure skill building this training has been created to be very hands-on and experiential. Training activities include a wide variety of learning and skill development activities including, but not limited to: role-plays, games, guest speakers, case studies, action planning, counseling checklists, small group discussions, brainstorming, self-awareness exercises, and many others. Full participation on the part of the participant is expected.

The training is comprised of 12 sessions (refer to schedule of activities) which will take place over a three day period.

Final Assessment and Certification

Upon completing all session and training objectives successfully participants will receive a Certificate of Completion.

Training Objectives for HPTN 052 Discordant Couple's Counseling

By the end of the training program the participants will demonstrate the ability to do the following:

1. Identify the challenges in maintaining a client-centered approach within the confines of HPTN 052 and strategies to deal with those challenges.
2. Conduct a couples counseling session using the HPTN 052 Discordant Couple's Counseling Checklists: Initial Visit and Follow-up Visit (found in Counselor's Guide) as a guide, during role-plays. This includes demonstrating the following skills and steps.
 - Greet the couple and address issues of support and confidentiality.
 - Provide information on HIV/AIDS: transmission, the disease and its progression, and prevention.
 - Assess risk and create risk reduction plans.
 - Give condom demonstrations (include couple participation.)
 - Create plans for partner negotiation and communication.
 - Discuss family/social issues: family size, drug/alcohol use, family issues, spousal abuse and make referrals if required.
 - Create positive living plans.
 - Discuss and create plans for follow-up and referrals.
3. Conduct a couple's counseling session using the counseling skills found on the HPTN 052 Discordant Couple's Counseling Checklists: Initial Visit and Follow-up Visit (found in Counselor's Guide) during role-plays. This includes demonstrating skills from the following categories: Building Trust, Assessing/Exploring, Understanding and Being Understood, Determining Action.
4. Identify skills and strategies for counseling couples in crisis, or in challenging or unique situations.

5. Give and receive performance assessment feedback using the checklists and guidelines for feedback found in the Counselor's Guide.
6. Identify individual and couple referral needs regarding prevention, psychological, economic, social, and medical services and/or support information and develop plans to address those needs, using case studies and role-plays.

Schedule of Activities

This schedule may be changed according to the needs and circumstances of different training programs.

Day 1

- Session 1: Introduction to Training Program and Each Other- 1 hour 30 minutes
- Session 2: VCT and Couples Counseling for Study HPTN 052: 1 hour
- Session 3: Client-Centered Counseling and the HPTN 052 Study: 1 hour 30 minutes
- Session 4: Counseling Skills: 2 hours
- Session 5: Risk Reduction: Messages and Assessment: 1 hour 30 minutes

Day 2

- Session 6: Risk Reduction: Strategies and Role-plays: 2 hours 30 minutes
- Session 7: Condom Demonstrations and Partner Communication: 2 hours 30 minutes
- Session 8: Creating Positive Living Plans: 2 hours 30 minutes

Day 3

- Session 9: Couple's Counseling Checklists: 2 hours
- Session 10: Couple's Counseling Role-plays: 3 hours
- Session 11: Challenging Cases: 1 hour 45 minutes
- Session 12: Objective Review and Training Evaluation: 45 minutes

* Breaks are to be determined by training staff. There are 30 minutes of unscheduled time and 7 hours 30 minutes of scheduled activity for each training day. A lunch break should also be determined by training staff.

Session 1

Introduction to Program and Each Other

Time: 1 hour 30 min

Session Objectives

By the end of this session the participants will:

- Express their expectations of the training program.
- Review group expectations.
- Discuss the training program objectives and how the objectives relate to their role as couples counselors for HPTN 052.
- Share a personal strength with their fellow trainers and identify how their strengths in couples counseling and/or the training.

Preparation

- Prepare flipcharts:
 - ◇ Session Objectives
 - ◇ Session Agenda
 - ◇ Name Tag (see Trainer Notes)
 - ◇ Biggest Challenge (Just the Title)
 - ◇ Expectations (Just the Title)
 - ◇ Group Expectations (Just the Title)
 - ◇ Garage (Just the Title)
 - ◇ Training Schedule (Create this according to the schedule you have created for your training group.)
 - ◇ Logistical Matters (Create this based on the information you need to review with your training group. Categories are listed in Trainer Notes.)
- Blank flipcharts, tape, markers
- Nametags, pins
- Counselor's Guides
- HPTN 052 and Couples Counseling (see Trainer's Notes)

Introduction

Time: 5 minutes

Materials: Session Objectives and Agenda flipcharts.

Steps:

- Welcome the participants to the training program. Introduce yourself, informing the group of your background as a trainer and your experience with VCT counseling.
- Introduce the session objectives and agenda, reviewing prepared flipcharts. Ask if there are any questions.

Ice Breaker: Name Tag Exchange

Time: 45 minutes

Materials: Nametags, pins, markers, Nametag flipchart

Steps:

- Say the following to participants:

During this training program we will be building some new skills, but we can also tap into some skills that we may already have. We have a lot of experience in the group that we should be using as well. Let's take some time getting to know each other and the skills we bring to this training.

- Give each participant a blank nametag. Refer participants to the Name tag flipchart and ask them to follow the instructions. (See Trainer Notes for Name tag flipchart.)
- Give the participants a minute to write on their nametags.
- Ask the participants for their nametags. Mix the nametags and hand them back to the participants. Be sure that no one has his/her own nametag.
- Ask the participants to find the person who belongs to the nametag they received. Ask participants to help each other identify a way they can use their strength during the training. Inform participants that they 10 minutes for this activity.
- Ask participants to introduce themselves to the group: name, where they are from, their strength or unique talent, and how they can use that talent during this training.

Expectations and Objectives

Time: 20 minutes

Materials: Biggest Challenge flipchart, Expectations flipchart, Counselor's Guides, HPTN Protocol for Couples Counseling

Steps:

- Ask the participants to raise their hands if they have had experience with VCT. Ask participants to raise their hands if they have had experience counseling couples as a part of their VCT work. Ask participants to write on the Biggest Challenge flipchart one or two words describing their biggest challenge in counseling individuals or couples in VCT. Discuss the responses with the participants, asking them to identify the word they wrote and a little more about what they meant.

- Inform participants that the training program is designed to build their skills to hopefully help them with the challenges they identified, as well as to prepare them for their role as couples counselors for the HPTN 052 study. Ask participants to identify their expectations of training. Write on the flipchart titled "Expectations."
- Give each participant a Counselor's Guide. Ask participants to refer to the Training Program Objectives in their Counselor's Guide. Ask participants to read the objectives. After they have read the objectives refer to their expectations. Identify the expectations that will be met through the objectives. If an expectation will not be met, explain why it will not be done during this training program.
- Inform participants that they will be using the Counselor's Guide throughout the training. Inform participants that they should bring their Counselor's Guide to every session. Ask participants not to look ahead in the Counselor's Guide because it may take away from an activity and diminish the learning that could happen. Inform participants that they may use the Counselor's Guide in the future as a reference and also for training their counseling team.
- Read "*HPTN 052 Study and Couples Counseling*." (See Trainer Notes.) Inform participants that the focus of the HPTN 052 study is on the drug therapy, but that counseling plays an important role.

Expectations of Participants and Each Other

Time: 10 minutes

Materials: Group Expectations flipchart, Garage flipchart

Steps:

- Ask participants their expectations of the trainers and each other. Write on a flipchart titled "Group Expectations."
- Include the following items: Be on time, be supportive and respectful, participate fully, try new things, come to every session, come prepared, listen to each other, ask questions, share experiences, be prepared to learn new skills.
- Remind participants that as trainers, you will be adhering to the same expectations.
- Inform participants that they are encouraged to ask questions throughout the training program, but that some questions may be better answered at a later time. Explain to participants that those questions will be written on the Garage

flipchart- a place where questions wait to be answered, just like people wait to be transported. (Note to trainer: Be sure to keep this posted in the training area and use it as a tool for session management.)

Training Schedule Review and Logistical Matters

Time: 5 minutes

Materials: Training Schedule flipchart, Logistical Matters flipchart

Steps:

- Share with participants the training schedule on prepared flipchart. (Note to trainer: Each trainer is responsible for creating the training schedule according to the needs of their training program and the trainees as mentioned in the introduction of the training manual.) Review the activities on the schedule.

- Address the following logistical matters with participants. (Refer to Logistical Matters flipchart):
 1. Where restrooms are located.
 2. Meals
 3. Breaks
 4. Transportation
 5. Per diem and/or reimbursement.
 6. Lodging
 7. Resources- who to go to regarding logistical matters.
 8. Any other matter identified by the trainers or the group.

- Ask if there are any other questions. Assure participants that you will follow up on questions you are unable to answer.

Wrap up

Time: 5 minutes

Materials: Daily Objectives flipchart, marker.

Steps:

- Review the session objectives with the group. Ask the group to identify the activities that were used to meet the objectives. Check off the objectives that were met.

- Inform participants of the time and topic for the next session.

- Thank the group for their participation and adjourn.

Trainer's Notes

Session Objectives

By the end of this session the participants will:

- Express their expectations of the training program.
- Review expectations of them as participants and their trainers.
- Discuss the training program objectives and how the objectives relate to their role as VCT couples counselors participating in HPYN 052.
- Share a personal strength with their fellow trainers and identify how their strengths and the strengths of others can be used in VCT couples counseling and/or the training.

Agenda for Introduction to Training and Each Other	
5 min	Introduction
45 min	Ice Breaker: Name Tag Exchange
20 min	Expectations and Objectives
10 min	Expectations of Participants and Each Other
5 min	Training Schedule Review and Logistical Matters
5 min	Wrap Up
1 hour 30 min	

Name Tag Flipchart

- Write on your nametag:
 1. Your name.
 2. Where you are from.
 3. A strength or unique talent you have.
- Trainer will collect nametags and give them to different people.
- Find the person who belongs to your tag.
- Identify a way their strength can be used in training.

Logistical Matters Flipchart

1. Where restrooms are located.
2. Meals
3. Breaks
4. Transportation
5. Per diem and/or reimbursement.
6. Lodging
7. Resources- who to go to regarding logistical matters.
8. Any other matter identified by the trainers or the group.

HPTN 052 and Couples Counseling
(Read this to participants)

The HPTN 052 Study has many objectives. A majority of those objectives are concerned with the effectiveness of antiretroviral therapy in preventing the transmission of HIV in sero-discordant couples. A secondary objective listed in the study is: "To determine and characterize the patterns of sexual behavior in both the index case and partner with couples counseling with or without the use of antiretroviral therapy." During this training program we will clarify the role of couples counseling as a part of HPTN 052 and provide you with the skills training.

Session 2

Couples Counseling and VCT

Time: 1 hour

Session Objectives

By the end of this session the participants will:

- Discuss and explore the impact of VCT and couples counseling in reducing sero-conversion rates in sero-discordant couples in their country and the world using an UNAIDS article, statistical information, and a guest speaker.
- Discuss how they envision their role as couple's counselors participating in the HPTN 052 study.

Preparation:

- Prepare flipcharts:
 - ◊ Session Objectives
 - ◊ Agenda
- Blank flipcharts, tape, markers
- Prepared questions for guest speaker
- Invite a guest speaker to discuss the role of couples counseling in the HPTN 052 study.
- Counselor's Guide: UNAIDS Article

Introduce Session

Time: 5 minutes

Materials: Session Objectives and Agenda flipcharts

Steps:

- Share the following statistic with the participants: "In a study in Kinshasa, Democratic Republic of Congo (former Zaire), intensive couple counseling following testing was shown to be effective in changing sexual behavior in sero-discordant couples. The counseling resulted in a low rate of sero-conversion – 3.1% per 100 person years of observation in Congolese married couples with discordant HIV status who attended VCT. (Kamenga et al , 1987.)" Ask the participants what the statistic means to them and the work they will be doing with the HPTN 052 study.
- Introduce the session objectives and agenda, reviewing prepared flipcharts. Ask if there are any questions.

Guest Speaker

Time: 25 minutes

Materials: Prepared questions for guest speaker

Steps:

- Introduce the guest speaker to participants. Inform participants that the speaker was invited to discuss the role of couples counseling in the HPTN 052 study.
- Invite the speaker to introduce her/himself and to share with the audience more information regarding the study and the role of couples counseling in it. Allow 10 minutes for this activity.
- Invite the participants to ask questions of the speaker. Facilitate the discussion and encourage questions and ideas from the participants. Allow 10 minutes for this activity.
- Inform the participants and the speaker of when there is time for only one more question.
- Summarize major points. Thank the guest speaker for coming.

Couples Counseling Article

Time: 25 minutes

Materials: Counselor's Guide: Couples Counseling Article

Steps:

- Ask participants to form groups of three or four. Direct participants to the Couples Counseling Articles in their Counselor's Guide. Ask the participants to read the articles. Inform the participants they will be discussing the article in their groups. Allow 10 minutes for this activity.
- Ask the participants to use the questions at the end of the article to begin their discussions. Allow 15 minutes for discussion. Inform participants when they have 3 minutes left to discuss the article.
- Ask the groups to share what they discussed. Highlight major points. Ask participants if this session helped in clarifying their role as couple's counselors for HPTN 052.

Wrap up

Time: 5 minutes

Materials: Session Objectives flipchart

Steps:

- Review session objectives and how they were met. Inform participants they will be discussing HPTN 052 and client-centered counseling in the next session.

Trainer's Notes

Session Objectives

By the end of this session the participants will:

- Discuss and explore the impact of VCT and couples counseling in reducing sero-conversion rates in sero-discordant couples in their country and the world using an UNAIDS article, statistical information, and a guest speaker.
- Discuss how they envision their role as couple's counselors participating in the HPTN 052 study.

Agenda for HIV/AIDS Information Updates	
5 min	Introduction
25 min	Guest Speaker
25 min	Couples Counseling Article
5 min	Wrap Up
1 hour	

**Excerpts from the UNAIDS Report:
The Impact of Voluntary Counseling and Testing:
A global review of the challenges and benefits**

Rachel Baggaley, June 2001

- In a study in Kinshasa, Democratic Republic of Congo (former Zaire), intensive couple counseling following testing was shown to be effective in changing sexual behavior in sero-discordant couples. Before VCT, less than 5% of couples had ever used a condom. One month after VCT, 70.7% of couples reported using condoms during all episodes of sexual intercourse. At 18 months follow-up, 77.4% of the 140 couples still being followed reported continued use of condoms during all episodes of sexual intercourse. The intensive counseling resulted in a low rate of sero-conversion –3.1% per 100 person years of observation in Congolese married couples with discordant HIV status who attended VCT. (Kamenga et al, 1987.)
 - In a prospective study carried out in Rwanda, 60 sero-discordant couples were identified of whom 53 were followed up for an average of 2.2 years. During the follow-up 2 of the 23 sero-negative men and 6 of the 30 sero-negative women sero-converted (sero-conversion rates 4 and 9 per 100 person-years). The rate was less than half of that estimated for similar women in sero-discordant couples where only the women received VCT and the men were tested but unaware of their HIV status Allen, et al, 1992.)
 - In Rwanda, of the 1,223 women screened for HIV at an antenatal clinic, 70% of the women who had post-test counseling said that they wished their partners to be tested for HIV. However, despite the encouragement of the counseling staff and the available infrastructure only 8% of the partners were tested (Ladner et al., 1996.)
 - Results from a small qualitative study from the United States showed that, following an antenatal VCT, although **all** women had disclosed their HIV status to their partners, only 56% of sero-positive and 44% of sero-negative women knew their partner's HIV status (Lester et al., 1995.)
1. What are some conclusions you can draw from these statistics?
 2. What are the differences in when women are counseled alone versus when they are counseled with their partners?
 3. What role can voluntary testing and counseling (VCT) for couples play in partner notification? In creating risk reduction plans? In planning for positive living?

Session 3

Client-Centered Counseling and HPTN 052

Time: 1 hour 30 min

Session Objectives:

By the end of this session the participants will:

- I identify the challenges and benefits of couple's counseling.
- I identify the components of Client-Centered Counseling.
- Discuss the challenges of maintaining a client-centered approach within the confines of HPTN 052.

Preparation:

- Prepare flipcharts:
 - ◊ Session Objectives
 - ◊ Agenda
- Counselor's Guide: Agree/Disagree Worksheet
- Agree/Disagree Discussion Notes (See Trainer Notes)
- Blank flipchart paper, markers, tape
- Draw What I Say: Shapes I Image (see Trainer Notes)

** The Draw What I Say activity is adapted from Pfeiffer and Jones' Structured Experiences, 1981*

Introduce Session

Time: 5 minutes

Materials: Session Objectives and Agenda flipcharts

Steps:

- Introduce the session objectives and agenda, reviewing prepared flipcharts. Ask if there are any questions.

Challenges/Benefits Exercise

Time: 15 minutes

Materials: blank flipcharts, markers, tape

Steps:

- Inform participants that they will be identifying the challenges and benefits of couple's counseling.
- Ask the participants to brainstorm the benefits of couples counseling. Allow five minutes for this activity.

- Choose a few items from the list and ask the participants to answer the question, "What's important about this?" so as to create a more in depth conversation about some of the benefits.
- Ask participants to brainstorm some of the challenges of couples counseling. Allow five minutes for this activity.
- Choose a few challenges from the list and ask the participants to identify some possible strategies for addressing each of those challenges.
- Inform participants that they will continue to discuss the challenges and benefits of couples counseling throughout the training.

Agree/Disagree Exercise

Time: 50 minutes

Materials: Counselor's Guide: Agree/Disagree Worksheets and Discussion Notes

Steps:

- Inform participants that the client-centered approach is commonly used for HIV/AIDS VCT programs. Ask participants if any are familiar with the client-centered approach.
- Refer clients to Client-Centered Counseling Characteristics in their Counselor's Guide. Ask a participant to read the characteristics. Ask if there are any questions.
- Inform participants that they are to complete the Agree/Disagree Worksheets in their Counselor's Guide. Inform the participants that they will be discussing their responses in small groups of three or four after they have completed the worksheet.
- Allow participants 15 minutes to complete the worksheet.
- Ask participants to form groups of three. Ask them to discuss their responses as a group. Inform them they have 30 minutes to discuss their responses.
- Discuss the agree/disagree statements as a group. Use the Discussion Notes to bring out important points.

Wrap up: Draw What I Say

Time: 20 minutes

Materials: Shapes Image, watch or timer

Steps:

- Ask for a volunteer from the group. Inform the volunteer that he/she will be describing the drawing in their hand.
- Inform the group that they are to draw what is described to them by the volunteer. Inform the group that they are not allowed to talk nor are they allowed to ask questions of each other or the volunteer describing the drawing.
- Inform the volunteer they have three minutes to describe the drawing. Time the activity.
- At the end of three minutes ask the group to share their images. Ask the volunteer to share the drawing. Compare and discuss the drawings. Ask the group what were the challenges in drawing the shapes.
- Share the following quote with participants: *The problem with communication is the illusion that it has been accomplished.* Say the following to participants:

Success in communication about HIV/AIDS is best achieved by dialog. The ability of the counselor to create a safe and secure environment- one in which the clients can ask questions, share personal information, gather information and make decisions without feeling judged or pressured is critical to the success of the interaction.

- Inform clients that in the next session they will be looking at the skills used for VCT couple's counseling.

Trainer Notes

Session Objectives:

By the end of this session the participants will:

- I identify the challenges and benefits of couple's counseling.
- I identify the components of Client-Centered Counseling.
- Discuss the challenges of maintaining a client-centered approach within the confines of HPTN 052.

Agenda for Client- Centered Counseling and HPTN 052	
5 min	Introduction
15 min	Challenges/ Benefits Exercise
50 min	Agree/ Disagree Exercise
20 min	Draw What I See
1 hour 30 min	

General Characteristics of Client-Centered Counseling

- Relies heavily on the individual drive toward growth, health, and adjustment.
- Stresses upon the emotional elements, the feeling aspects of the situation, rather than upon the intellectual aspects.
- Stresses that most maladjustments are not failures in knowing, but that knowledge is ineffective because it is blocked by the emotional satisfactions which the individual achieves through his present maladjustments. (ex. A client may know he should use condoms, but because he finds it more emotionally and physically satisfying not to, he has trouble changing his behavior.)
- Places greater importance upon the immediate situation than upon the individual's past.
- Encourages clients learn to understand him/herself, to make significant independent choices, to relate himself/herself successfully to another person in a more adult fashion.
- Encourages the client and counselor to work together to select specific behavior changes, which realistically reflect the client's circumstances and willingness to change.

Agree/ Disagree Worksheet

Rate the following statements on a scale of 1-5: 5 meaning you agree completely and 1 meaning you disagree completely.

1. Client-centered counseling is education: you are telling the client what they need to know. 1 2 3 4 5
2. Counseling couples involves giving good advice and guidance. Many people become to counselors because they are good at giving advice. 1 2 3 4 5
3. If a sero-discordant couple says they know about HIV/AIDS and condoms and would like information about other risk reduction strategies, the counselor should state that condoms and abstinence are the two risk reduction strategies available to them given the positive status of one of the partners. 1 2 3 4 5
4. A counselor should use the checklists provided by the HPTN 052 study so as to preserve the integrity of the study when counseling clients. 1 2 3 4 5
5. Client-centered counseling is not letting the client talk about anything he/she wants. It is keeping the client focused on the agenda for the counseling session. 1 2 3 4 5
6. Because couples counseling is required for participants in the study, couples that stop attending counseling together should be dropped from the study. 1 2 3 4 5
7. If it is culturally appropriate for a husband to make decisions regarding sexual practices for a couple, the counselor should respect that and not encourage the wife to speak out or disagree. 1 2 3 4 5

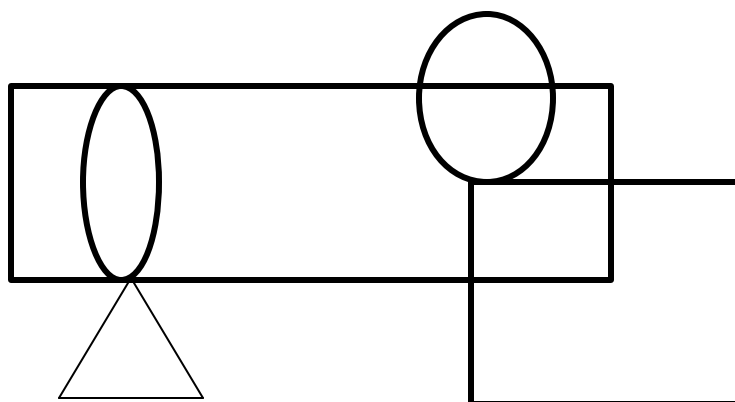
Agree/ Disagree Worksheet Discussion Notes

1. Client-centered counseling is education: you are telling the client what they need to know. *Client-centered counseling is different than education- you are exploring with the client what their information needs are. You provide information so that clients can make informed decisions.*
2. Counseling couples involves giving good advice and guidance. Many people become to counselors because they are good at giving advice. *Although many people believe counseling involves giving advice, it is not a technique that helps the couple in the long run. In the client-centered approach the counselor avoids telling the couple which action is the best. Instead the counselor uses their skills to enable the couple to reach a better understanding of the problem, deal with their feelings, and assume responsibility for evaluating their alternatives and making choices.*
3. If a sero-discordant couple says they know about HIV/AIDS and condoms and would like information about other risk reduction strategies, the counselor should state that condoms and abstinence are the two risk reduction strategies available to them given the positive status of one of the partners. *Providing the couple with more information about risk reduction can help them decide the course of action they plan to take and adhere to. By blocking the couple from receiving information the counselor risks losing the confidence of the couple. The information will most likely reinforce the importance of condom use and/or abstinence.*
4. A counselor should use the checklist provided by the HPTN 052 study so as to preserve the integrity of the study and to assure consistency when counseling clients/couples. *The checklist serves as a tool to assist the counselor in their work. The checklist was created with the couple/clients in mind. It also helps maintain consistency for the purposes of the study. The counselor is encouraged to meet the counseling needs of the clients.*
5. Client-centered counseling is not letting the client talk about anything he/she wants. It is keeping the client focused on the agenda for the counseling session. *By keeping the client on course they can examine their situation more thoroughly and explore the issue at hand. By letting the client wander they can become overwhelmed and unable to focus on what they need to do in the immediate future.*

6. Because couples counseling is required for participants in the study, couples that stop attending counseling together should be dropped from the study. *It is important for each clinic team to determine their response to the different, challenging cases that may present themselves. On Day 3 of the training there will be a session that deals with this and other challenging cases. It will be a good opportunity to create strategies and steps for difficult situations.*

7. If it is culturally appropriate for a husband to make decisions regarding sexual practices for a couple, the counselor should respect that and not encourage the wife to speak out or disagree. *It is the responsibility of the counselor to facilitate the counseling session in a manner that respects the decision-making responsibilities **of both partners** in the relationship in as culturally sensitive manner as possible.*

Draw What I Say: Shapes Image



Session 4

Counseling Skills

Time: 2 hours

Session Objectives

By the end of this session the participants will:

- Identify the skills used in effective counseling.
- Employ the skills of an effective counselor.

Preparation

- Prepare flipcharts:
 - ◇ Objectives
 - ◇ Agenda
 - ◇ Counseling Skills
 - ◇ Stop and Go Rules
 - ◇ Name that Skill Drill Rules
- Blank flipcharts, markers, and tape
- Dialog for Stop and Go (see Trainer Notes)
- Materials for activities: prize (if desired), skill sheets, jar, watch or timer.
- Counselor's Guide: Counseling Skills

**This session is adapted from FHI's VCT Training Manual, 2002 written by Dr. Gloria Sangwira and Lisa Moreau.*

Introduction: My Story

Time: 5 minutes

Materials: Objectives and Agenda flipcharts

Steps:

- Introduce session objectives. Introduce agenda for the session. Ask if there are any questions.
- Ask participants to share the number of years they have of experience in VCT counseling. Add up the total number of years of experience in the room. Inform participants that their combined experience and background brings a lot to the training program. Inform participants that although they have a lot of experience with VCT counseling, this session will serve as a review and establish a common standard for VCT counseling for the purposes of the study.
- Inform participants that you (trainer) are about to share a story about yourself. Share a story that many people can identify with, perhaps a story about a trip you took when you were young.

- Ask participants to share what they were thinking during your story. Remind them that there is no right answer and that they are encouraged to share what they were really thinking. Some responses may be that they were thinking of a trip they took when they were young, or they were thinking of a family member they hadn't seen in a while.

Say the following to the participants: *When listening to others more often than not we follow our own agenda. Even if we have questions for the person about the story- that is our agenda. It is neither right nor wrong. Frequently it helps contribute to the conversation. In counseling, however, it is important to focus on what the client is currently saying and not let our thoughts travel to our own agenda. We refer to this counseling skill as 'attending'- focusing all of our concentration on the client's verbal and nonverbal cues so that they feel listened to and so that we can interpret what is being said or not said. This is just one of the tools you may be familiar with as VCT counselors.*

Counseling Skills

Time: 20 minutes

Materials: Counseling Skills flipchart, Counselor's Guide: Counseling Skills, tape

Steps:

- Say the following to the participants: *Now let's begin to review and build those Counseling Skills. These are the basic skills and techniques that you may use to perform your work as VCT counselors. This is not a complete list of all the skills that exist, but these are the ones used most frequently.*
- Refer to the Counseling Skills flipchart. Give an example for each of the skills or techniques listed. (See Trainer Notes.)
- Refer participants to the Counseling Skills section in their Counselor's Guide. Ask the participants to take a few minutes to read the article. Allow 15 minutes for this.
- As a review of the information they read ask the participants to do the following:
 - ◊ Define and give an example of a clarifying question.
 - ◊ Change this closed-ended question into an open-ended question: "Do you think you have had sex with a person who may be infected with HI V?"

- ◇ Reflect the feeling in this statement: "I can't believe my husband is positive! I wish there was someone I could share this with. My mother died a month ago and we were very close. I don't know how to handle this alone."
 - ◇ Display an attending behavior.
- Ask participants if they have any questions regarding the various skills and techniques they have read about. Provide additional information and examples if participants are in need of further clarification.

The Stop and Go Game

Time: 35 minutes

Materials: Prizes (optional), jar, skill sheets, watch or timer, Dialog/Role-play, Rules flipchart.

Steps:

- Welcome participants to the Stop and Go Game. Explain to participants that this a competition in which they will identify the counseling skills and techniques they hear being used in the dialog the trainer will read. (Note to trainer: It is better to read the dialog with two people- one taking the role of counselor and one person taking the role of client. Preferably this is done with another trainer.)
- Inform participants of these rules and guidelines, refer to Stop and Go Game Rules flipchart:

You will hear a dialog between a counselor and a couple coming in for testing. I will stop at different points in the dialog. You can read along with the dialog in you Counselor's Guide. I will repeat the phrase and say a number following it. You will write down the name of that skill or technique on your answer sheet in the Counselor's Guide. You may use the Counseling Skills sheet in the Counselor's Guide or the Counseling Skills flipchart as a reference if you would like. I can repeat the phrase a few times if requested. Please don't share your response, just write it on the paper. Although there are 15 skills listed in the Counselor's Guide we will be identifying 10 for this activity. Are there any questions before we begin?

- Read the dialog. Do not spend too much time rereading phrases. Participants should not be discussing their responses.

- After completing the Stop and Go dialog, review the correct answers. Ask the participants for their answers prior to reading the ones from the answer key. Provide the group with the correct answers. Continue to discuss the skills and techniques while sharing the answers. Provide further explanation and examples where needed.
- Give a prize to the individual or individuals with the most correct answers. If a giving a prize is not culturally appropriate or possible ask the group to applaud the winners. Then ask the group to applaud each other for a job well done.

The Counseling Skill Drill

Time: 45 minutes

Materials:

Steps:

- Ask participants to form two groups. Introduce the game- "Name the Skill Drill."
- Explain the following rules and guidelines for the game (refer to Name the Skill Drill flipchart):

Two people from a team will come up to pick a skill sheet from this jar. These two people will then perform this skill for the other members of their team. Their fellow team members must then identify the skill or technique they are using. You may refer to the Counseling Skills flipchart and to the Counseling Skills sheet in the Counselor's Guide.

*Each team has one minute to perform the skill. Their team members have one minute to guess, then they must give their final answer. Each team will take a turn. Team members will also take turns performing the skills. If the team-mates guess the skill correctly the team receives one point. A bonus point is given for identifying the category of the skill: Building Trust, Assessing/Exploring, Understanding/Being Understood, or Determining Action. **Due to time constraints we will only be performing 10 skills.***

- Play the game. Have each team take turns coming to the front. Time each team as they perform their skill and time their response time as well. Keep score on a blank flipchart.

- Upon completion of the game congratulate the winning team and give them a prize if appropriate. Congratulate the other team for their effort and give them a prize as well.

Wrap Up

Time: 5 minutes

Materials: none

Steps:

- Ask participants which skills they felt confident employing during the Counseling Skill Drill. Ask participants which skills they felt they needed to work on. Inform participants that they will continue practicing these skills throughout the rest of the training program.
- Review session objectives. Ask participants how they met their objectives.
- Inform participants that they will be taking their counseling a step further in the next session- Risk Reduction Plans.

Trainer Notes

Session Objectives

By the end of this session you will:

- I identify the skills used in effective counseling.
- Employ the skills of an effective counselor.

Agenda for Counseling Skills	
5 min	Introduction: My Story
20 min	Counseling Skills
35 min	Stop and Go Game
45 min	Name the Skill Drill
10 min	Breaks- timing determined by trainer
5 min	Wrap Up
2 hours	

Counseling Skills- The Basics Flipchart

Building Trust

- Affirming
- Attending and Listening
- Reflecting Feelings
- Third Person or Impersonal Statements

Assessing/Exploring

- Open-ended Questions
- Polite Imperatives
- Silence

Understanding and Being Understood

- Specific or Probing Questions
- Reflecting Content/Paraphrasing
- Giving Information Simply
- Reframing

Determining Action

- Exploring Barriers
- Identifying Strategies
- Exploring Outcomes
- Summarizing Plan

Counseling Skills- The Basics

The skills and techniques of counseling can be used to maximize the possibility that the client, with the help of the counselor, will explore, understand and take action to resolve an identified problem. The central feature of a counseling relationship is trust- the client must trust the counselor and the process before any work can be accomplished. There are many counseling skills that can be used in your work as VCT counselors. This training will focus on the 15 skills listed below. The skills are broken into four categories- Building Trust, Exploring/Assessing, Understanding and Being Understood, and Determining Action.

Building Trust

Affirming

This acknowledges that the client made a right and brave choice by coming to the clinic to be tested.

Attending and Listening

The purpose of this skill is to let the client know that you are actively engaged in the conversation and the service you are providing- there is nothing else in the world but this client's concerns. The following are strategies for "attending" the client and showing the client that you are paying close attention to what they are saying.

- Clear your mind and really pay attention to what the client is telling you.
- Stop rehearsing what you are going to say in response; you will have plenty of time to help solve the problem after you are sure what it is.
- Communicate listening through frequent and varied verbal and non-verbal signs: nodding your head, eye contact, minimal encouragers such as - "uh-huh", "yes", "right", "I see."
- Don't cut off the client.
- Don't jump topics.
- Don't offer your own solutions.

Reflecting Feelings

Using this technique the counselor identifies the basic feelings being expressed verbally, the level of intensity, and the possible association of the feelings to the content. The next step is to formulate a response that captures those things:

You feel (feeling word) because (paraphrase content.)

I wonder if your feeling(feeling word) because (paraphrase content.)

You seem (feeling word). What is going on for you right now?

Example: Sounds like you are feeling lonely and down because your result is negative and yet you have no one to share this information with.

Don't say "I understand." This does not reflect what they are feeling. Name the feeling the client is expressing. You must listen with your heart and ears to truly hear what the client is feeling.

Third Person or Impersonal Statements

This is useful in acknowledging and normalizing feelings expressed by the client. This lets the client know that their feelings are normal and shared by other people. These phrases often begin with: "Lots of people ...", "Many people feel...", "Some people..."

Assessing/Exploring

Open-ended Questions

These are questions that help the counselor gather information about the client. They are looking for broad responses rather than yes/no responses. It is good to start with questions that begin with the words- Who, What, When, Where, and How:

- Who have you discussed this with?
- What do you know about HIV/AIDS and how you can get infected?
- When is the last time you had unprotected sex?
- How do you think your partner would react if you told him you want him to use condoms when he has sex with other women?

Avoid why questions- they can sound judgmental or argumentative. Be sure to ask only one question at a time or it may become overwhelming for the client.

Another type of open-ended question is called Nth degree. These questions help the client define their priorities, agenda, and or needs. It also helps the counselor avoid the pitfall of assuming they know what is best for the client.

Examples:

- What is the worst thing that could happen to you?
- What's the scariest part of this for you?

- What's the worse thing your partner could do?
- We could start with lots of important things, but let's start with the most important thing to you. Tell me what it is.

Polite Imperatives

These are comments that let the client know the counselor wants them to continue talking. The client tends to share a lot of information when polite imperatives are used.

Examples:

- Please tell me what your concerns are.
- Tell me more about that.
- Talk to me about some of your concerns.

Silence

Use silence as a way of getting your client to talk. Allow the client some time to reflect upon the question once it has been asked. Don't assume the client didn't understand. Some people need more time to reflect on questions than others.

Understanding and Being Understood

Specific or Probing Questions

These questions seek a specific rather than a general response. Once the counselor has some general information about the client they may ask more specific questions for a clearer understanding of the clients behavior, needs, priorities.

Examples:

- How many partners are you currently sexually active with?
- How many of your partners do you use a condom with?
- How often with each partner?

Reflecting Content/Paraphrasing

The counselor determines the basic message expressed in the verbal content of what the client is saying. The counselor then rephrases the in similar, but fewer words.

Examples:

- I hear you saying...
- Are you saying...
- It sounds like you...

check in with the client that the reflection was accurate. Don't parrot exactly what the client said.. Don't use bigger or more words than the client. Don't add comment or judge. Paraphrasing or reflecting content often focuses on what's going on with the client- events, timelines, people, etc..

Giving Information Simply

A client is more likely to remember information that is given in simple terms that they can apply to their situation. Ask the client what their understanding is of what was said. Explain important points more than once. Use non-technical and culturally appropriate language. Use visuals if available. Put important points in writing- using visual diagrams or writing, on paper that the client can take with them. It is okay for the counselor to say "I don't know" as well.

Reframing

This involves the counselor offering another perspective on what a client has expressed.

Example:

Client: I've tried getting my husband to use condoms with me, but he just won't. I might as well face the fact that sooner or later I'm going to get AIDS.

Counselor: Even though you are feeling down because your husband won't use condoms, you have taken an important step in talking to him about it. What else do you want to talk to him about regarding his and your risk for infection?

This example acknowledged what the client has done and gave them another way to look at the issue.

Determining Action

Exploring Barriers

The counselor uses questions to help the client identify barriers to taking action.

What is stopping you from doing this?

What has stopped you in the past?

Identifying Strategies

The counselor uses questions to help the client identify strategies to overcome barriers to action.

What has helped you in the past?
What is something you haven't tried before?
Who can help you with this?
What will work for you in this situation?

Exploring Outcomes

The counselor works with the client to define what their desired outcomes are.

What do you want to happen?
How are you going to make it happen?
What will happen if you do this?
What will happen if you don't do this?

Summarizing Plan

The counselor restates the strategies the client identified and checks in with the client regarding the next steps the client will take.

All of the skills listed under determining action are applicable to many aspects of VCT counseling: positive living, emotional support, etc.. It is especially useful for risk reduction work.

Stop and Go Game Rules flipchart

- Write down the name of the skill or technique given at the stop point on a sheet of paper next to the number given.
- Refer only to the Counseling Skills and Techniques flipchart. Do not look at the answer key in Counselor's Guide
- Phrases can be repeated.
- Please don't share responses.
- There are 10 skills to identify for this activity, so write the numbers 1-10.
- A skill may be used more than once during the dialog.

Stop and Go Dialog

Background: A young man of 27 and a young woman who is 23 live in a large town outside of a major city. He works at his uncle's auto repair shop as a mechanic. She works on her family's farm and sells fruits and vegetables in the market place. They have come to take a HIV test together. This dialog is only part of the pre-test portion of the counseling.

Counselor: Greetings. I'm glad you came to the VCT clinic, it was an important decision regarding your health. **STOP Number 1.** My name is Ana and I will be your counselor while you are here today. We have 15 minutes for counseling today. Just so you are aware everything we talk about today is confidential, the information will not be shared with anyone else. What brought you here today? **STOP Number 2**

Young man: I wasn't sure I was going to come. I mean what if one of us turn out to be positive, what could we do?

Counselor: Sounds like you are feeling a little nervous about what you would do if the results were positive. **STOP Number 3.**

Young man: Yes, well I'm here now so we might as well get started. I came to get tested because my girlfriend said we should both get tested before we get married. I have to agree that I would feel better if we both got tested.

Counselor: That's great- being tested is an important step in taking responsibility for your health. Tell me more about what you know about HIV/AIDS. Let's start with you. (Indicates young woman.) **STOP Number 4**

Young woman: I know you can get it from people who have a lot of partners. I'm not like that though. I've had only a two boyfriends besides him.

Young man: I know you can get it from using drugs and going to prostitutes. I've had a couple of girlfriends over the last few years, but I only date one girl at a time. I don't go to prostitutes.

Counselor: HIV is spread by having unprotected sex or sharing needles with an infected partner. You cannot tell a person has HIV just by looking at them. It is when they have AIDS that they show physical signs of infection,

but it is not always clear that these physical conditions are due to AIDS.

STOP Number 5 How often do you have unprotected sex? **STOP Number 6**

Young man: I've only used a condom a few times. I don't like them. It's like chewing gum with the wrapper on.

Counselor: A lot of people say that they feel less when they wear a condom.
STOP Number 7

Young woman: I also don't think my boyfriend will cheat on me. He's not like that. I'm pretty sure neither of us is infected and if we are we'll deal with it.

Young man: I will admit that on occasion I see this friend I've had for along time.

Counselor: (Silence) **STOP Number 8**

Young woman: (Begins crying.)

Young man: It's nothing serious, we just have sex together. We don't use condoms when we're together so I don't think she uses them with other guys. I guess I'm not doing what I'm supposed to by having sex with her.

Counselor: It sounds like you've given this some thought and that's an important first step. Instead of looking at what you're doing wrong, let's look at what you can do right. **STOP Number 9**

Young woman: (Still crying.) He can stop sleeping with her, that's what he can do right.

Counselor: It sounds like you are hurt by what you have just heard about your boyfriend. **STOP Number 10**

Answer Key for Stop and Go Dialog

1. Affirmation
2. Open-ended Questions
3. Reflection of Feelings
4. Polite Imperative
5. Giving Information Simply
6. Specific Question
7. Impersonal or Third Person Statement
8. Silence
9. Reframing
10. Reflection of Feelings

Name the Skill Drill Flipchart

- Two people from a team pick a skill sheet from jar.
- They then perform this skill for their team members.
- Their team members must then identify the skill or technique they are using.
- Refer only to the Counseling Skills and Techniques flipchart.
- Each team has one minute to perform the skill.
- Team members have one minute to guess, then they must give their final answer.
- Teams take turns.
- Team members will also take turns performing the skills.
- One point for correct answers. A bonus point is given if the team identifies the skill category which would be one of the following: Building Trust, Assessing/Exploring, Understanding/Being Understood, or Determining Action

Session 5

Risk Reduction: Messages and Assessment

Time: 1 hour 30 min

Session Objectives:

By the end of this session the participants will:

- Identify the differences between global and tailored risk reduction messages.
- Create questions for assessing risk and risky behaviors that put individuals and couples at risk for becoming infected with HIV or infecting someone else with HIV.

Preparation

- Prepare flipcharts:
 - ◇ Objectives
 - ◇ Agenda
 - ◇ HIV/AIDS Counseling Definition
 - ◇ Three Risk Assessment flipcharts: Determine risky behaviors, Assess costs/benefits, Explore past successes and abilities
- Counselor's Guide: Risk Reduction Assessment Questions
- Flipcharts, markers, pens, tape
- Global and Tailored Message dialogs (See Trainer Notes)

Introduction: The Role of Prevention and Risk Reduction in VCT

Time: 5 minutes

Materials: HIV Counseling Definition Flipchart

Steps:

- Introduce session objectives and agenda. Ask if there are any questions.
- Inform participants that you have written a definition from the World Health Organization for "HIV/AIDS Counseling" on a flipchart. Ask participants to write their definitions. Ask participants to share their responses if they would like.
- Share the HIV/AIDS Counseling Definition flipchart (see Trainer Notes). Refer participants to the second sentence: *The counseling process includes evaluating the personal risk of HIV transmission and discussing how to prevent infection.* Ask for volunteers to explain how their work in the study HPTN 052 as couples counselors contributes to this mission.
- Say the following to participants:

One of your primary roles as a VCT counselor is to work with clients to assess and reduce their risk for HIV infection. Couples participating in this study know that the risk for infection for them is higher because one of them is already infected. Counseling provides a great opportunity to change their behavior and reduce the risk of the infection for the uninfected partner.

Risk reduction takes on a new meaning for these couples: the prevention of transmission from one partner to the other. There are fewer options available to these couples because one of them is infected with HIV.

But a simple, "global" message- such as saying "abstinence or condoms are your only options," does not work for everyone. Global messages are a one-size-fits-all approach to prevention messages. You will find that every couple has different needs and it is your role to help them create a risk reduction plan that will work for them.

During the next two sessions we will identify a wide variety of risk reduction options, keeping in mind that condom use or abstinence are truly the best options available to the couples participating in HPTN 052.

Global vs. Tailored Risk Reduction

Time: 25 minutes

Materials: blank flipchart, marker, tape

Steps:

- Inform the participants that they will be listening to two dialogs.
- Read from the first dialog (Global Risk Reduction). Ask participants to identify the messages they heard and the techniques used by the counselor. Write these responses on blank flip chart paper.
- Read from the second dialog (Tailored Risk Reduction.) Ask participants to identify the messages they heard and the techniques used by the counselor. Write these responses on blank flip chart paper.
- Facilitate a discussion comparing the two role-plays. Ask participants what skills and techniques were used by the counselors in each of the role-plays. Ask the participants what the clients did or did not do in each of the role-plays. Explain that the first role-play has what is referred to as "global" risk reduction

messages and the second role-play has “tailored” risk reduction messages- the message and plan is created with the client to fit according to their needs. Share the following analogy with the participants: *Just like a tailor cuts and fits a piece of clothing according to the needs of their client, you will create a plan with your client that fits their needs.*

Risk Assessment

Time: 45 minutes

Materials: Flipcharts: Determine risky behaviors, Assess costs/benefits, Explore past successes and abilities, markers, tape, Counselor’s Guide: Risk Assessment Questions

Steps:

- Inform participants that the first steps of risk reduction are to . . .
 1. Determine risky behaviors- What is the client doing that puts them more at risk?
 2. Assess the costs/benefits of different risky behaviors-What behaviors are they willing or not willing to change? At what cost? What are the possible consequences of their behavior? For what benefit? What can they gain from their behavior?
 3. Explore successes and abilities in reducing risk (capacity building) and using condoms- What successes have they had when using condoms? What have they tried before that worked? What abilities do they have in other parts of their life that would be helpful here?

- Ask participants what type of skills they would use to gather this type of information. Include the following counseling skills and techniques: ask open-ended questions, ask close-ended questions, use active-listening skills.

- Post three flipcharts with the following headings:
 1. Determine risky behaviors
 2. Assess costs/benefits
 3. Explore past successes and abilities, include using condoms

- Break the participants up into three groups. Assign each group a risk assessment step. Ask each group to write as many questions as possible that would be appropriate for getting this information. Inform them they are to create the questions for couples and individuals. Allow 5 – 7 minutes for brainstorming.

- Ask for a volunteer from each group to share their group’s questions. Ask the larger group if they have any questions to add. Include the following if not mentioned. Refer them to the Risk Assessment Questions page in their

Counselor's Guide (See Trainer Notes.) Review the list of questions. Ask participants to add the questions they identified to the list.

Wrap Up

Time: 5 minutes

Materials:

Steps:

- Ask participants to reflect on the steps discussed during the session and their individual comfort level with these steps. Ask participants how it felt to approach risk reduction from a couple perspective.
- Inform participants that they will be doing more work on risk reduction in the next session in which they will be discussing risk reduction strategies and doing role-plays.

Trainer Notes

Session Objectives

By the end of this session the participants will, using brainstorming, role plays and case studies to:

- Identify the differences between global and tailored risk reduction messages.
- Create questions for assessing risk and risky behaviors that put individuals and couples at risk for becoming infected with HIV or infecting someone else with HIV.

Agenda for Risk Reduction	
15 min	Introduction: The Role of Prevention and Risk Reduction in VCT
25 min	Global Vs Tailored Risk Reduction
45 min	Risk Assessment
5 min	Wrap Up
1 hour 30 min	

HIV/AIDS Counseling Definition flipchart

HIV Counseling is a confidential dialog between a client and a counselor aimed at enabling the client to cope with stress and make personal decisions related to HIV/AIDS. The counseling process includes evaluating the personal risk of HIV transmission and discussing how to prevent infection.

Global and Tailored Risk Reduction Messages

Say the following to participants: *These are shortened dialogs created for the purpose of demonstrating the difference between global and tailored prevention and risk reduction.*

Global Risk Reduction Dialog

Background: Clients are a 35 year old male in the military and his 32 year-old wife. They have one child.

Counselor: Greetings. What brings you here today?

Man: We came to be tested. A friend of mine has AI DS.

Counselor: How many partners do you have unprotected sex with?

Man: We are married, but my wife lives far from here, in the capitol city. I've slept with other women on occasion. One was a "friend" of the friend that has AI DS.

Woman: I don't sleep with anyone besides my husband, although I had a few relationships before we were married two years ago.

Counselor: You can get HI V/AI DS from having sex with an infected partner. You cannot tell who has HI V just by looking at them. The World Health Organization recommends using condoms correctly and consistently. Given your circumstances you should probably use condoms regularly to protect yourself from infection with your wife and the other women you sleep with.

Man: I really don't like to use condoms. I've had problems with them.

Counselor: Condoms and abstinence are the surest ways of not getting infected.

Man and woman: Hmm, well thank you for the information.

Tailored Risk Reduction Dialog

Background: The clients are a 28 year-old woman and her 35 year-old husband. They are enrolled in HPTN 052 and this is their initial counseling session after enrolling in the study. The husband is HIV positive and the wife is negative.

Counselor: It's important to look at what you are doing that might be putting both of you at risk for getting infected with another STD or HIV. What are possible things that either of you do that puts you both most at risk?

Wife: I'm not doing anything- it's him. I know he sleeps with other women. I know there are at least two other women he sees. My brother is his best friend. When I became suspicious, my brother's wife let me know that I was right. She told me he has brought two different women to their house.

Husband: Since I've gotten my results I haven't been having sex with any other women.

Counselor: That's great. Reducing the number of partners you have unprotected sex with reduces your risk for infection with an STD and prevents you from transmitting HIV to someone else.

What are you doing for protection when you have sex with each other? Have you discussed using condoms?

Wife: He gets mad when I bring it up. He says I don't trust him.

Husband: Now that I'll be taking medication my wife probably won't get sick, right? She hasn't gotten infected with HIV yet.

Counselor: Although you will be taking medications as a part of this study they are not guaranteed to protect your wife from infection. Your wife is still at risk of becoming infected with HIV by having unprotected sex with you.

Using condoms with your partner or partners or practicing abstinence are the most effective ways to reduce your risk.

Husband: I don't like using condoms all the time.

Counselor: What problems have you had with condoms?

Husband: I don't feel as much- sex is more enjoyable without condoms.

Counselor: What do you think will happen if you don't use condoms?

Wife: He could get me infected and I don't want that. I know he doesn't either.

Husband: I don't want that. But I still don't like the idea of using condoms all the time.

Counselor: What will be difficult about using condoms all the time?

Husband: Like I said sex is not as pleasing. And my wife and I haven't used them before.

Counselor: Would you like for me to demonstrate to both of you how to use a condom correctly? We could also discuss ways to make using them more pleasurable...

Risk Assessment Questions

Ask these questions to either individual or both at the same time when counseling couples. Be aware of what questions may be more difficult for a couple to answer when being counseled together.

1. Determine risky behaviors.

- What activity(s) are you both concerned about?
- How do you think you might have become infected?
- How many partners do you have?
- Do you use protection with your partner(s)? Every time?
- When was the last time you were at risk? What was happening then?
- Have you or your partners been tested before? What were the results?

2. Assess the costs/benefits of different risky behaviors (level of risk acceptance.)

- Are you comfortable with what you are doing?
- Under what circumstances is this risky behavior more likely to happen?
- What could happen if you continue with this approach?
- What are the costs of this approach?
- Is this something that makes sense to you?
- Do you feel comfortable talking to each other about this? Do you agree on this level of risk? What do you want to change?
- Is there something that makes it difficult for you to change?

3. Explore successes and abilities to reduce risk (capacity building), including using condoms.

- What kind of things have you done in the past to protect yourself?
- What are you currently doing to protect yourself/ how is that working for you?
- Is there anything that would prevent you from using this technique?
- Are condoms something you both can use? Do you usually use them?
- Will your partner be agreeable to this? Are you both in agreement about using condoms?
- Tell me about a time when you did protect yourself (or did not protect yourself.)
- Have you ever used a condom? What happened when you did use a condom? What went well? What did not go well?
- Have you ever been tested for STDs or HIV?
- What have you heard about reducing your risk? How have you talked about this with previous partners?
- Who else have you discussed this with?

Session 6

Risk Reduction: Strategies and Role-plays

Time: 2 hours 30 minutes

Session Objectives:

By the end of this session the participants will (during role plays):

- Determine clients' behaviors and activities that put them at a greater risk for infection.
- Assess, with clients, the costs/benefits of different risky behaviors.
- Explore, with clients, the client's past successes and abilities in reducing risk, including using condoms.
- Identify, with clients, risk reduction strategies, including using condoms.
- Identify, with clients, barriers to the strategies they have identified and ways to overcome those barriers.
- Create a plan of action with the clients.

Preparation

- Prepare flipcharts:
 - ◊ Objectives
 - ◊ Agenda
- Counselor's Guide: Risk Reduction Case Studies, Risk Reduction Checklist
- Risk Reduction Client Role-plays #1,2,3
- Flipcharts, markers, pens, tape

Introduction

Time: 5 minutes

Materials: Session Objectives and Agenda flipcharts

Steps:

- Introduce session objectives and agenda. Ask if there are any questions.
Inform participants that this session builds on where the last session left off.

Risk Reduction Strategies, Barriers, and Overcoming Barriers

Time: 45 minutes

Materials: blank flipchart, markers. Counselor's Guide: Risk Reduction Strategies, Risk Reduction Case Studies

Steps:

- Explain to participants that the next steps of the risk reduction process are to:
 1. Identify risk reduction strategies, including using condoms.
 2. Identify personal barriers that make it difficult to carry out a risk reduction strategy/method and strategies to overcome those barriers.
 3. Create a plan of action with the clients.
 4. Identify risk reduction strategies, including using condoms.
 5. Identify personal barriers that make it difficult to carry out a risk reduction strategy/method and strategies to overcome those barriers.

- Inform participants that they are going to brainstorm risk reduction strategies. Remind participants that brainstorming means anything goes- no idea is too crazy. Remind participants that their clients might have a wide range of behaviors that put them at risk and to keep those behaviors in mind when brainstorming.
- Review the list after it is completed. Ask participants if they have any questions about the ideas listed.
- Refer participants to the Risk Reduction Strategies List in their Counselor's Guide. Ask participants to add any from their list to the list in the Counselor's Guide. Inform participants that they can use this list as a reference with clients who might have some difficulty in identifying their own strategies, by sharing this list with clients they have more options from which to choose.
- Inform participants that using condoms is a priority for the couples enrolled in HPTN 052, but that they can explore with couples other risk reduction strategies in addition to using condoms. For example masturbation and avoiding alcohol before sex are complementary risk reduction methods to using condoms.
- Ask participants to form groups of four or five. Refer participants to the Risk Reduction Case Studies in their Counselor's Guide. Ask participants to work with their group to identify risk reduction strategies that might work for the couples in the case studies. Allow 20 minutes for this.
- Process as a group. Ask the groups to share the strategies they chose for the clients in the case studies. Ask the participants why they chose the strategies that they did. Ask participants why they did not choose some strategies.
- Ask the participants to identify potential barriers and strategies to overcome those barriers for the clients in the case studies. Inform participants that they will have the opportunity to do this during their role-plays. Allow five minutes for this.

Risk Reduction Plan Role-plays

Time: 1 hour 30 minutes

Materials: Counselor's Guide: Risk Assessment Questions list, Risk Reduction Strategies list, Risk Reduction Plan Form, and Risk Reduction Checklist and Risk Reduction Plan Role-plays (see Trainer Notes.)

Steps:

- Review the steps they have discussed-

1. Determine risky behaviors
 2. Assess costs/benefits
 3. Explore past successes and abilities, including using condoms.
 4. Identify risk reduction strategies, including using condoms.
 5. Identify personal barriers and strategies to overcome those barriers.
- Inform participants that for this next activity they will do all five of these steps and the last step-
 6. Create a risk reduction plan.
 - Refer participants to the Risk Reduction Checklist in their Counselor's Guide. Review the elements of the checklist including the steps to creating a risk reduction plan. Ask if there are any questions. Inform participants that they will be using the checklist in the next activity.
 - Inform participants that they will be doing role-plays. Explain the role-play process:
 - There will be four or five people in each group – two clients/a couple, a counselor and an observer.
 - Counselor – try to cover as many of the risk reduction steps as are appropriate.
 - Observer – use the checklist to note when counselors use the risk reduction steps and to indicate opportunities for further counseling.
 - Remember the rules of good feedback: timely, specific, something they can change, focus on the behavior not the person, both positive and something to improve upon.
 - At the end of each role-play, roles will switch so that everyone will have a chance to be a counselor, couple, and observer.
 - Encourage participants to use the resources in their Counselor's Guide when they are the counselor if they get stuck- the Risk Assessment Questions list, the Risk Reduction Strategies list, and the Risk Reduction Checklist. Remind them to use the counseling skills they used in the last session- in particular- open-ended questions, specific questions, giving information simply, and all the determining action skills.
 - Ask participants to form groups of four. Refer them to the role-plays in their Counselor's Guide. Inform participants that as counselors they will get to choose the role-play they want to use for this activity, but remind them that not everyone should choose the same one.

- Inform participants that they have 20 minutes for each role-play and two minutes for feedback.
- Ask participants to stop after they have finished the first role-play and the observer has given their feedback using the checklist.
- After all groups have finished the 1st role-play, briefly process this role-play by asking the whole group how it went. What is difficult? What is easy? What would make it easier? Were the counselors able to remain objective with the scenarios and the strategies the client chose?
- Ask participants to switch roles and continue with the 2nd, 3rd, 4th role-plays. Give participants the Client Role-play handout when it is their turn to play the client. Trainers should check in with groups to see if any clarification is needed.
- Process as a larger group. Ask the participants share some of the strategies they developed with their client. Ask participants how they can apply this exercise to their work as couple's counselors.

Wrap Up

Time: 10 minutes

Materials:

Steps:

- Ask participants to reflect on the steps discussed during the session and their individual comfort level with these steps. Ask participants to assess their skills in risk reduction using the feedback they received while doing their role-play.
- Ask participants to share their ideas for building and improving their skills. Inform participants that they can use their ideas as part of their plan for improvement, which they can do as a post-training activity.
- Inform participants that they will be doing more work on risk reduction in the next session, which is on condom demonstrations and partner communication.

Trainer Notes

Session Objectives

By the end of this session the participants will:

- Determine, with clients, the clients' behaviors and activities that put them at a greater risk for infection.
- Assess, with clients, the costs/benefits of different risky behaviors.
- Explore, with clients, the client's past successes and abilities in reducing risk, including using condoms.
- Identify, with clients, risk reduction strategies, including using condoms.
- Identify, with clients, barriers to the strategies they have identified and ways to overcome those barriers.
- Create a plan of action with the clients.

Agenda for Risk Reduction: Strategies and Role-plays	
5 min	Introduction
45 min	Risk Reduction Strategies, Barriers and Overcoming Barriers Case Studies
1 hour 30 min	Risk Reduction Role-plays
10 min	Wrap Up
2 hours, 30 min	

Risk Reduction Strategies

- Masturbate.
- Get tested.
- Re-test and use protection during three-month window period.
- Use condoms.
- Always have a condom with you.
- Stop seeing specific people (for example prostitutes or other) or
- Use condoms with specific people (for example prostitutes or other.)
- Reduce number of partners (even if in a monogamous relationship with each different partner, there is a higher risk with higher numbers of partners.)
- Abstain from anal sex (this type of sex leads to tears more easily) or
- Use condoms with anal sex.
- Ejaculate outside of the body.
- Reduce or stop drinking and/or drug use (affects decision making skills.)
- Insist on a new needle when getting an injection at the doctor's.
- Talk with doctor about HIV/AIDS.
- Avoid infected area if sores are present.
- Get tested and treated for STD's.
- Go with new partner to get tested together.
- Get re-tested with partner.
- Be in a monogamous/exclusive relationship with a tested partner
- Do not put herbs in the vagina. This can lead to dryness, tearing, and infections.
- Males can reduce risk of infection if circumcised.
- Have longer monogamous relationships with fewer partners.
- Use condom when having oral sex, or
- Do not brush teeth or floss before oral sex.
- If performing oral sex on male have partner ejaculate outside the mouth.
- Use AZT drug therapy while pregnant and bottle-feed instead of breastfeeding if mother is HIV positive.
- If work place infection or intravenous drug use is a possibility, apply the Universal Precautions which include:
 1. The routine use of barriers (such as gloves and/or goggles) when anticipating contact with blood or body fluids.
 2. Washing hands and other skin surfaces immediately after contact with blood or body fluids.
 3. The careful handling and disposing of sharp instruments during and after use.

Risk Reduction Strategies Case Studies

I identify risk reduction strategies for these clients. Then list possible barriers and solutions to overcome those barriers. Because you are unable to discuss these ideas with the client assume that anything is possible.

Case Study #1

Clients are a 28 year-old woman and her 40 year-old boyfriend. She is a prostitute who works at a bar along a truck route. She is HIV positive, her boyfriend tested negative. She has said that some of her clients don't like to use condoms. She also pays for the condoms, which is a financial burden for her. She sometimes drinks with her clients.

Strategies:

Barriers:

Strategies to overcome barriers:

Case Study #2

Clients are a 28 year-old male and his 22 year-old fiancée. He is HIV positive, she is negative. He has tried condoms once, but had a negative experience; they made him go soft or flaccid.

Strategies:

Barriers:

Strategies to overcome barriers:

Risk Reduction Checklist

Each of these steps is to be done working with the individual or couple who come for counseling.

1. Determine risky behaviors.
2. Assess costs/benefits of risky behaviors.
3. Explore successes and abilities with risk reduction, including using condoms.
4. Identify risk reduction strategies, including using condoms.
5. Identify barriers to those strategies and ways to overcome those barriers.
6. Create a risk reduction plan:
 - a. Habits to develop (include using condoms):
 - b. Habits to drop:
 - c. Resources needed:
 - d. Potential barriers:
 - e. Strategies to overcome barriers:
 - f. Next steps to be taken:

Risk Reduction Plan Role-plays

Couple #1

Clients are a 35 year-old woman and her 42 year-old husband. They have been tested: she is HIV positive and he tested negative. They are married, but live separately part of the year because the husband goes to work half the year in a different part of the country. They have two children and she is pregnant with a third. She used to have a boyfriend, but has not seen him in over a year. The husband is still sexually active with his wife and the woman he refers to as his "little wife" who lives in the other part of the country where he works. She wants to know how to protect her baby while she is pregnant and after the baby is born.

Couple #2

Clients are a 20 year-old girl and 28 year-old male. He is HIV positive and she tested negative. They plan to marry soon. They do not live together. He sees another woman for sex because he and his fiancée only have anal sex to preserve her virginity.

Session 7

Condom Demonstration and Partner Communication

Time: 2 hours 30 minutes

Session Objectives

By the end of this session the participants will:

- I identify and demonstrate the steps in putting and taking off a condom correctly.
- I identify questions and employ steps in counseling couples on communication and negotiation around condom use.
- I identify strategies to handle resistance and myths surrounding condom use.

Preparation

- Prepare flipcharts:
 - ◇ Objectives
 - ◇ Agenda
 - ◇ Condom Steps
 - ◇ Assess clients' ability, Explore barriers, I identify strategies,
 - ◇ Partner Communication Guidelines
- Condoms, penis models
- Markers, Pens, tape
- Counselor's Guide: Partner Communication Guidelines, Partner Communication and Negotiation Role Plays, Partner Communication and Negotiation Steps and Questions Sheet, Condom Demonstration Role-plays, Rules for Good Feedback

**The Partner Communication and Negotiation Model is adapted from the American Social Health Association's ADD Health Information Manual, 2002.*

** Some activities from this session have been adapted FHI's VCT Training Manual, 2002, written by Dr. Gloria Sangwira and Lisa Moreau.*

Introduction

Time: 10 minutes

Materials: Objectives and Agenda flipcharts

Steps:

- Introduce session objectives. Introduce agenda for the session. Ask if there are any questions.
- Share the following statistics and information about condom use:

H. Meda, of Project Sida2 and the Canadian International Development Agency, conducted a study on condom use in Benin. At a

family planning clinic in Cotonou, Benin, clinic staff introduced an aggressive HIV/AIDS education and condom promotion campaign targeted towards prostitutes. Their hard work paid off: In 1996-97 condom use was 6%. In 1998 it had increased to 35%, and by 1999 it had increased to 67%! There are many lessons to be learned from this study, but the one we will focus on today is that HIV/AIDS education and condom promotion can increase use. Where do you usually introduce HIV/AIDS education and condom promotion during a counseling session?

- Acknowledge that participants probably have a lot of experience with condom demonstrations, but that for the purposes of HPTN 052 everyone should have the same understanding of giving condom demonstrations and giving information on correct use. Inform participants that condom demonstrations with a couple creates a different dynamic during the counseling session.

7 Steps to Using a Condom

Time: 15 minutes

Materials: 7 Condom Steps Flipchart(Trainer Notes for Condom Steps)

Steps:

- Ask for a volunteer. Inform the volunteer that they will place a condom on a model using the instructions from the audience.
- Inform participants that using a condom is not enough, the condom must be used the correct way. Inform participants that they will be instructing the volunteer on the steps to using a condom. Inform the participants that they need to identify the 7 Steps to Using a Condom as part of the process. When they have properly identified a step it will be written on the 7 Steps to Using a Condom flipchart (see Trainer Notes.)
- Review the 7 steps upon completion and thank the volunteer.

Condom Demonstration Role-plays

Time: 30 minutes

Materials: Counselor's Guide: Condom Demonstration Role-plays and Rules for Good Feedback, condoms, penis models

Steps:

- Ask participants to form groups of four, preferably people they haven't worked with. Inform participants that they are going to demonstrate how to put on and take off a condom properly for a couple in a role-play. They will then ask the couple to demonstrate how they can put on a condom together.

- Inform participants that two people will act as the clients and one will act as a counselor. The remaining individual will be the observer. Inform participants that the observer will be using the Condom Use Checklist in the Counselor's Guide to evaluate the performance of the person acting as the counselor.
- Inform participants that they should not correct the counselor during the role-play, but should save their comments for after the role-play. Refer participants to the rules for good feedback written in their Counselor's Guide: Good feedback is timely, specific, descriptive, something the person can change, focus on what went well first, and then what could be improved upon.
- Ask participants to begin role-plays using the scenarios described in their Counselor's Guides, following the Condom Use Checklist. Inform participants that those who are acting as the counselors should describe each step during the demonstration. Inform the participants that those acting as clients are encouraged to ask questions. Allow 5 minutes for each demonstration and feedback. Inform participants when they should change roles.
- Process the activity as a group. Ask participants how they addressed any misconceptions or difficulties with using condoms. Ask the participants to share some misconceptions they have experienced as counselors. Lead a discussion on strategies that can be used when dealing with misconceptions and myths around using condoms.

Partner Communication Counseling Steps

Time: 20 minutes

Materials: Flipcharts: Assess client's ability, Explore barriers, Identify strategies, markers, tape, Counselor's Guide: Partner Communication and Negotiation Steps and Questions Sheet

Steps:

- Ask participants to get a small piece of paper and pen. Inform them that they will be guessing a number and writing it on the paper. Ask participants not to say their guesses aloud and to write their name on the sheet of paper. Say the following: *The percentage of female counselors who reported being worried about their partner's sexual behavior, but were unable to discuss HIV risks with their partner is _____%.*
- Ask participants to share some of their guesses. Say the following to the participants: *The percentage of female counselors who reported being worried about their partner's sexual behavior, but were unable to discuss HIV risks with their partner is _50%.*

- Ask participants what this statistic means for them. Inform participants that one of the main goals of couples counseling is improved communication skills regarding HIV/AIDS and using condoms, as well as in other areas of the couples' lives. Inform them that if communication and negotiation between partners doesn't happen it can have serious ramifications, possibly resulting in the uninfected partner becoming infected.
- Introduce the following four steps referring to the Partner Communication and Negotiation flipchart:
 1. Assess the couple's ability to communicate with and support each other.
 2. Explore barriers the couple faces in communicating with each other.
 3. Identify strategies with the couple that they can use when talking to each other about condoms and HIV/AIDS, and other areas of their lives.
 4. Have couples practice what they want to say to each other or role-play with either one of them or both of them.
- Inform participants that these steps can be used when counseling individuals or couples. Share with participants that the counselor's facilitation and conflict management skills are used more when employing these steps with couples. Remind participants that clients may have more than one partner they will be communicating with.
- Post three flipcharts:
 1. Assess couple's ability
 2. Explore barriers
 3. Identify strategies
- Break participants into three groups. Assign each group a step. Ask the groups to write as many questions as possible that would be appropriate for getting this information. Inform participants that they will practice the fourth step during the role-plays. Allow 5-7 minutes for brainstorming.
- Ask for a volunteer from each group to share their group's questions. Ask the larger group if they have any questions to add. Include the following if not mentioned. Refer them to the Partner Communication and Negotiation Steps and Questions Sheet in their Counselor's Guide (see Trainer Notes.) Review the list of questions.
- Ask participants to add the questions they identified to the list. Inform participants that it is important to draw from the client's personal experiences

whenever possible. Inform them that this is referred to as capacity building: it is important to build on what the client knows and has experience with.

Partner Communication Guidelines

Time: 10 minutes

Materials: Partner Communication Guidelines, Counselor's Guide: Partner Communication Guidelines

Steps:

- Ask participants what some good guidelines for communicating with a partner are. Refer participants to the Partner Communication Guidelines in their Counselor's Guide.
- Emphasize to participants that building communication skills in a couple is probably the most effective approach to assuring consistent and correct condom use. Inform participants that they should use the counseling session as an opportunity to have the couple negotiate condom use and resolve other issues surrounding risk reduction and positive living.
- Emphasize that the two most important skills to develop in a couple are listening to understand and speaking to be understood. Ask participants what are some techniques that they use as counselors that they can train their clients to use with each other. Suggest the following: reflecting content/paraphrasing, giving information simply, specific or probing questions, checking for understanding. Ask participants how they plan to develop these skills in a couple during a counseling session.

Partner Communication and Negotiation Role Plays

Time: 50 minutes

Materials: Counselor's Guide: Partner Communication and Negotiation Role-plays

Steps:

- Ask participants to form groups of four. Inform participants that they will be doing role-plays in which they will counsel a couple on communication and negotiation skills. Encourage participants to refer to the Partner Communication and Negotiation Steps flipchart, the Partner Communication and Negotiation Questions Sheet in their Counselor's Guide, and the Partner Communication Guidelines.
- Inform participants that there will be a couple, a counselor, and an observer for each role-play. Refer the participants to the role-plays in the Counselor's Guide.

Inform participants that they will give feedback to the counselors using the questions and checklist on the role-play sheet.

- Inform the participants they have eight minutes for the role-play and two minutes to give feedback. Inform the participants when their eight minutes is almost over. Allow two minutes for feedback. Follow the same steps for the second role-play.
- Process the activity in a larger group. Ask the participants what worked well and what didn't. Ask participants what skills they need to improve upon for this type of counseling. Ask participants how this activity could be applied to their work situation.

Wrap Up

Time: 5 minutes

Materials:

Steps:

- Ask participants what challenges they encountered when counseling couples on condom use. Ask participants what strategies they used in handling myths and misconceptions around condom use.
- Review objectives and ask participants if they felt they were met. Inform participants that in the next session they will be creating positive living plans for couples.

Trainer Notes

Session Objectives

By the end of this session the participants will:

- I identify and demonstrate the steps in putting and taking off a condom correctly.
- I identify questions and employ steps in counseling clients on partner communication and negotiation around condom use and other risk reducing behaviors.
- I identify strategies to handle resistance and myths surrounding condom use.

Agenda for Condom Demonstration and Partner Communication	
10 min	Introduction
15 min	7 Steps to Using a Condom
40 min	Condom Demonstration Role-plays
20 min	Partner Communication Counseling Steps
10 min	Partner Communication Guidelines
50 min	Partner Communication Role-plays
5 min	Wrap Up
2 hours 30 min	

7 Steps for Using a Condom

Note to trainer: Write the first letter of each of the following steps on a flipchart. Write in the phrase when the participants have identified the proper step.

1. Check the date to make sure it has not expired and for holes or leaks.
2. Open the package.
3. Pinch the end of the condom and then place it on the erect penis.
4. Unroll the condom right to the base of the penis, still pinching the end,.
5. Hold the condom and withdraw the penis before it gets soft, after ejaculation.
6. Take off the condom. Never reuse a condom.
7. Wrap and dispose of the condom in a trash bin, never in a water flush toilet.

Rules for Good Feedback

Good feedback is...

- Timely
- Specific
- Descriptive
- Something the person can change
- Focus on what went well first, and then what could be improved upon.

Condom Demonstration Role-plays

Couple #1

Clients are a 28 year-old female who has never seen a condom and her 35 year-old husband.

Couple #2

Clients are 28 year-old male and his 23 year-old wife. They have tried condoms, but did not like them. He had difficulty getting them on because he put them on before he was hard.

Partner Communication and Negotiation Steps Flipchart

1. Assess the couple's ability to communicate with and support each other.
2. Explore barriers the couple faces in communicating with each other.
3. Identify strategies with the couple that they can use when talking to each other about HIV/AIDS and using condoms.
4. Have couple practice what they want to say to each other about HIV/AIDS, using condoms, or any other issue they wish to address.

Partner Communication and Negotiation Steps and Questions List

Assess ability- Use open ended and specific questions to assess the couple's ability to communicate with each other.

- Is it difficult to talk to each other about HIV/AIDS and using condoms?
- What experience do you have discussing things like this with each other?
- What is something difficult you've had to discuss in the past?
- What was difficult about it?
- What worked when discussing something difficult?

Explore barriers- If the couple expresses difficulty talking to each other assess what barriers they face in talking to each other. Use open-ended and specific questions.

- What is hard about it?
- What makes it difficult?
- How do you think your partner might react if you talked to them about it?
- What is challenging about talking to each other?

Identify strategies- Help the couple identify strategies that they can use to talk to each other. Use open-ended and specific questions to help the couple identify strategies that will work for them. The most effective strategies come from the couple themselves. Give the couple plenty of space to identify potential strategies. Avoid being directive in this discussion.

- How do you think you might do this?
- What do you think will work when talking to each other?
- How have you brought up topics like this in the past?
- What do you think might work? What would you want to say to each other?
- What is the best way for you both to feel you have been heard and understood?
- Who might be able to help you? Who could you talk to about this?
- Have you ever talked about issues like this in the past- maybe with someone else? What worked then?
- What have you done in similar situations?
- What have you thought about doing?

Have the couple practice- Help the couple be clear about what they want to say by asking them to practice during the counseling session. This step is optional, but the option should be made available to the client. Ask the couple pretend they are talking to each other about having sex- what would the conversation about condoms look like?

Partner Communication Guidelines

- Decide together when and where you want to talk - a neutral place that is safe, yet private. A place that is comfortable for both of you.
- Individually, be prepared with what you want to say- be clear with yourself about your goals and expectations. Set realistic expectations for yourself and your partner. Ask each other for ideas, create a dialog.
- Listen to understand and speak to be understood. Check to make sure you understand by repeating back to your partner what you heard them say. Ask to make sure you are understood.
- Try not to drink or use drugs before you talk - alcohol and drugs make communication difficult for many people.
- Plan to talk sometime other than when you are about to have sex. Plan to talk a time when sex is not happening.

Partner Communication and Negotiation Role-plays

Couple #1

Clients are an 18 year-old woman and her 28 year-old husband. They live with his family. This is an arranged marriage. He is HIV positive, she tested negative. He speaks for his wife when she is asked a question. She has never seen nor used a condom. He has used one before, but prefers not to.

Did the counselor use the following steps?

1. Assess the couple's ability to communicate with and support each other.
2. Explore barriers the couple faces in communicating with each other.
3. Identify strategies with the couple that they can use when talking to each other about HIV/AIDS and using condoms.
4. Have couple practice what they want to say to each other about HIV/AIDS, using condoms, or any other issue they wish to address.

Did they let the couple come up with some of their own ideas before making suggestions?

Couple #2

Clients are a 32 year-old female and her 45 year-old husband. She is HIV positive, he tested negative. She speaks whenever her husband is asked a question. She says she wants to have more children and does not want to use condoms. He has stated that he wants to use condoms. He looks away and is restless when she talks. She talks a lot and interrupts often.

Did the counselor use the following steps?

1. Assess the couple's ability to communicate with and support each other.
2. Explore barriers the couple faces in communicating with each other.
3. Identify strategies with the couple that they can use when talking to each other about HIV/AIDS and using condoms.
4. Have couple practice what they want to say to each other about HIV/AIDS, using condoms, or any other issue they wish to address.

Did they let the couple come up with some of their own ideas before making suggestions?

Session 8

Creating Positive Living Plans

Time: 2 hours 30 minutes

Session Objectives

By the end of this session the participants will:

- Create a list of strategies and habits for positive living which includes: good nutrition and healthy eating, smoking, drug and alcohol consumption reduction or cessation, sleeping, physical activity, hygiene, and disease management (avoiding opportunistic infection and adhering to drug therapy), identifying support groups and appropriate referrals.
- Create a positive living plan during a role-play.

Preparation

- Prepare flipcharts:
 - ◊ Objectives
 - ◊ Agenda
 - ◊ 4 Positive Living Flipcharts: Good nutrition, sleeping, and physical activity; Smoking, drug and alcohol consumption reduction or cessation, Proper hygiene and disease management (avoiding opportunistic infection and adhering to drug therapy), I identifying support groups and appropriate referrals.
 - ◊ Positive Living Plan
- Counselor's Guide: Positive Living Role-plays, Positive Living Plan forms
- Additional Positive Living Forms
- Flipchart paper, markers, pens, tape

Introduce Session

Time: 10 minutes

Materials: Session Objectives and Agenda flipcharts, Benefits and Challenges flipchart.

Steps:

- Introduce the session objectives and agenda, reviewing prepared flipcharts. Ask if there are any questions.
- Post the Benefits and Challenges flipchart. Ask participants to identify the benefits and challenges of creating positive living plans with a couple. Write responses on the flipchart in the column titled "Benefit" or the one titled "Challenge."
- Discuss responses. Ask participants to identify some strategies for dealing with the challenges.

Creating Healthy Habits

Time: 45 minutes

Materials: Positive Living Plan flipchart, Positive Living flipcharts: Good nutrition, sleeping, and physical activity; Smoking, drug and alcohol consumption reduction or cessation, Proper hygiene and disease management (avoiding opportunistic infection and adhering to drug therapy), Identifying support groups and appropriate referrals.

Steps:

- Ask participants to form four groups. Inform participants that many people may know what is better for them in terms of eating well and taking care of themselves, but that most people have a difficult time changing habits. Ask participants if they have any habits they know are unhealthy, but have had a hard time breaking. Ask for one or two to share.
- Inform participants that they will identify strategies for healthier living that can be used for a positive living plan. Inform them that they will also identify potential barriers to dropping old habits, starting new habits, or accessing resources needed and strategies to overcome those barriers.
- Give each group one of the four positive living plan flipcharts: Good nutrition, sleeping, and physical activity; Smoking, drug and alcohol consumption reduction or cessation, Proper hygiene and disease management (avoiding opportunistic infection and adhering to drug therapy), Identifying support groups and appropriate referrals.
- Refer participants to the Positive Living Plan Flipchart. Review the components they will include on their flipcharts: identify habits to be created, habits to be dropped, resources to help carry this out, as well as barriers to these strategies and strategies to overcome these barriers.
- Ask each group to identify a person who will report to the rest of the group their strategies and habits. Allow groups 15 minutes to work on this activity.
- At the end of 15 minutes ask each group to share their work. At the end of each group's presentation of their work ask if there are any additional ideas.
- Inform participants that they will be using this information for their next exercise.

Positive Living Plan Role-plays

Time: 1 hour 30 minutes

Materials: Positive Living Plan forms, Counselor's Guide: Positive Living Role-plays, Positive Living Plan Form

Steps:

- Ask participants to form groups of four. Inform them that they will be creating positive living plans with couples in a role-play.
- Ask participants to identify who will be the first counselor, clients and observer.
- Refer participants to the role-plays and Positive Living Plan forms in the Counselor's Guide. Review the Positive Living Plan Form. Give a copy to each participant. Ask them to each use one of the four role-plays.
- Inform participants that they are to incorporate both partners in creating the positive living plan including: developing new habits, dropping habits, or getting the resources and support needed to make these changes.
- Inform the observers that they can use the Positive Living Plan Form as a guide for feedback.
- Allow 20 minutes for the first role-play. Allow two minutes for feedback from the observer. Ask the participants what was difficult about creating the plan. Ask them what worked well.
- Continue with the other role-plays. Allow 20 minutes for each role-play. Inform participants when they have two minutes remaining for a role-play. Allow two minutes for feedback after each role-play.
- Process the activity. Ask participants what was challenging about working with a couple in creating a plan. Ask them for ideas on addressing the challenges they identified. Ask them how they plan to use this approach or perhaps a different approach while at their sites.

Wrap up

Time: 5 minutes

Materials: Objectives flipchart

Steps:

- Review the session objectives and how they were met.

- Inform participants that they will be identifying the elements of an initial and follow-up counseling session and using the Couples Counseling Checklists in the next session.

Trainer Notes

Session Objectives

By the end of this session the participants will:

- Create a list of strategies and habits for positive living which includes: good nutrition and healthy eating, smoking, drug and alcohol consumption reduction or cessation, sleeping, physical activity, hygiene, and disease management (avoiding opportunistic infection and adhering to drug therapy), identifying support groups and appropriate referrals.
- Create a positive living plan during a role-play.

Agenda for Risk Reduction: Strategies and Role-plays	
10 min	Introduction
45 min	Creating Healthy Habits
1 hour 30 min	Positive Living Plan Role-plays
5 min	Wrap Up
2 hours 30 min	

Positive Living Plan Flipchart

I identify:

- habits to be developed
- habits to be dropped
- resources to help carry this out
- barriers to these strategies
- strategies to overcome these barriers

Positive Living Plan Role-plays

Couple #1

Husband is 42 years old and his wife is 35 years old. He is HIV positive and his wife is HIV negative. She prepares him food rich in oils. He works selling stereo equipment at the market place, which doesn't require much physical activity. He takes the bus to get there, although it is less than ½ mile away. He smokes 1 ½ packs of cigarettes a day. He has had trouble with remembering to take his medication in the past. Fresh water is hard to come by where they live, so they bath infrequently and drink untreated water.

Couple #2

Wife is 37 years old and the husband is 45 years old. She is HIV positive and he is HIV negative. She is very busy and active taking care of five children. She often has to get up more than one time a night to tend to the children's needs and as a result doesn't sleep well. The ages of the children are 13, 10, 7, 5, and 11 months. They are farmers, tending to crops and animals. They don't eat much protein because they sell their animals for their income. The children are often sick - from eating a protein poor diet and from catching things from other children at school. The wife has expressed that she needs more help around the farm and the house.

Couple #3

Husband is 28 years old and the wife is 26 years old. He is HIV positive, she is HIV negative. He works in a rural clinic as a nurse. She is training to be a nurse. He drinks heavily on the weekends. He is rather sedentary and doesn't get much physical activity. He used to enjoy soccer, but only the youth play in his community.

Couple #4

Wife is 20 years old and husband is 24 years old. She is HIV positive and he is HIV negative. They both work at her family's store. They both like to go out at night and stay up late. She is overweight and sits around a lot during the day. She eats a lot of restaurant foods which are rich in fat and don't have many fruits and vegetables. She drinks coffee/tea several times a day, which has affected her ability to sleep. She is on the pill and forgets to take it often.

Positive Living Plan Form

Current Situation:

Risk reduction:

Habits to develop:

Habits to drop:

Resources/support needed:

Possible Barriers:

Strategies:

Good nutrition:

Habits to develop:

Habits to drop:

Resources/support needed:

Possible Barriers:

Strategies:

Sleeping:

Habits to develop:

Habits to drop:

Resources/support needed:

Possible Barriers:

Strategies:

Physical activity:

Habits to develop:

Habits to drop:

Resources/support needed:

Possible Barriers:

Strategies:

Smoking:

Habits to develop:

Habits to drop:

Resources/support needed:

Possible Barriers:

Strategies:

Drug and alcohol use:

Habits to develop:

Habits to drop:

Resources/support needed:

Possible Barriers:

Strategies:

Proper hygiene:

Habits to develop:

Habits to drop:

Resources/support needed:

Possible Barriers:

Strategies:

Disease management (avoiding opportunistic infection and adhering to drug therapy):

Habits to develop:

Habits to drop:

Resources/support needed:

Possible Barriers:

Strategies:

Support groups and referrals:

Habits to develop:

Habits to drop:

Resources/support needed:

Possible Barriers:

Strategies:

Session 9

Couple's Counseling Checklists

Time: 2 hours

Session Objectives

By the end of this session the participants will:

- Identify the elements of a couple's counseling checklist.
- Conduct a couple's counseling session using the HPTN 052 Couple's Counseling Checklists: Initial Visit and Follow-up Visit during a role-play.

Preparation

- Prepare flipcharts:
 - ◇ Objectives
 - ◇ Agenda
 - ◇ Tag Team Role-plays (see Trainer Notes)
- Counselor's Guide: HPTN 052 Couple's Counseling Checklists: Initial Session and Follow-up Session, Tag Team Role-play
- Flipchart paper, markers, pens, tape

** HPTN 052 Couple's Counseling Checklists: Initial Session and Follow-up Session are adapted from the Checklists for Discordant Couples developed by Priya Satow as part of her Masters Thesis: A Look at the Effectiveness of HIV Voluntary Counseling and Testing in Developing Countries: Implications for Discordant Couples on the Development of Standardized Counseling Checklists, University of North Carolina, 2002, Chapel Hill, North Carolina.*

Introduction

Time: 5 minutes

Materials: Session Objectives and Agenda, flipchart, markers, tape

Steps:

- Introduce session objectives and agenda, reviewing prepared flipcharts. Ask if there are any questions.

Creating the Checklist

Time: 40 minutes

Materials: Flipcharts, markers, tape, Counselor's Guide: HPTN 052 Couple's Counseling Checklists: Initial Session and Follow-up Session

Steps:

- Inform the participants that there is a checklist that has already been created, but that they will be creating one as well. Explain that often participants identify steps or ideas that are not included and should be.

- Explain to participants that the checklists discussed in this session are for counseling couples after they have been enrolled in the study- this means they have been tested and are aware of their results.
- Ask participants to form three or four groups. Inform the participants that as a group they are to identify the different elements that might go into a couple's counseling session. Ask the participants to think about the following questions: What skills should the counselors use? What steps should be included or not included as part of the checklist?
- Inform the groups that they have 20 minutes to create the checklist. Inform the participants that they are to write their checklists on flipchart paper and will be asked to present it to the group. Suggest that the participants design their checklist before writing it on the flipchart paper.
- Inform participants that they can use their Counselor's Guide, but please not look at the checklist in the Counselor's Guide while doing this exercise.
- After the groups have finished their flipcharts ask for a volunteer from each group to present their checklist to the larger group. Ask the participants compare the different checklists: What is different? What is similar?
- Refer participants to the HPTN 052 Couple's Counseling Checklist: Initial Session in their Counselor's Guide. Ask the participants to compare the checklist with the ones they created: What is different? What is similar?
- Post a flipchart and title it, "Follow -up Checklist." Ask participants what elements might be different for a follow -up session. Write responses on a flipchart. Refer participants to the HPTN 052 Couple's Counseling Checklist: Follow -up Session in their Counselor's Guide. Ask participants to remark on the differences and similarities to the ideas they expressed. Ask participants to note the differences from the Initial Session Checklist.
- Inform participants that for this training they will be using the checklists in the Counselor's Guide, but that they can use their own or a mix of different ones once at their clinic site.

Tag Team Role-play

Time: 1 hour 10 minutes

Materials: Counselor's Guide: HPTN 052 Couple's Counseling HPTN 052 Couple's Counseling Checklists: Initial Session and Follow-up Session, Positive Living Plan Forms(2 copies), Tag Team Role-play

Steps:

- Inform the participants that they are going to share a counseling session. Ask for two volunteers. Inform them that they will be the clients. Inform the rest of the group that some of them will be counselors during the role-plays. Say the following and refer to the Tag Team Role-play flipchart;

These are the instructions for the activity. One of the trainers may tap you on the shoulder- this means that you go up to the front of the room and are a counselor for about four minutes. Another person will be tapped and they will take the place of the last counselor and continue with the counseling session. You are invited to refer to the steps on the checklist, but try to be with the clients and not glancing away all the time.

- Refer participants to the checklists in the Counselor's Guide. Give the role-play to the participants playing the couple. Begin role-play. Use a timer for each counselor.
- Give the Positive Living Plan Form to the counselors conducting that part of the counseling session. (Note to trainer: there may be more than one so have at least two copies on hand.)
- Let the last participant know two minutes before they have to end the counseling session. Allow 50 minutes for entire role-play, using about nine counselors.
- After the role-play ask the participants what they learned from the role play: What was it like to be the counselor? What was challenging? What do they feel they did well? Ask the clients how they felt the session went? What worked well? What could be improved upon?
- Inform participants that they will be doing more role-plays in the next session.

Wrap Up

Time: 5 minutes

Materials:

Steps:

- Ask the participants what they liked or didn't like about using the checklist. Ask the participants how they may adapt the checklists once they are at their sites.

- Inform participants that in the next session they each will be using the checklists to counsel couples during a role-play.

Trainer Notes

Session Objectives:

By the end of this session the participants will:

- I identify the elements of a couple's counseling checklist.
- Conduct a couple's counseling session using the HPTN 052 Couple's Counseling Checklists: Initial Session and Follow-up Session during a role-play.

Agenda for Couple's Counseling Checklists	
5 min	Introduction
40 min	Creating the Checklist
1 hour 10 min	Tag Team Role-play
5 min	Wrap Up
2 hours	

HPTN 052
Counseling Checklist for Sero-discordant Couples
Initial Session

Counseling Skills

- ___ **Building Trust:** affirming, attending, reflecting feelings, third person statements.
- ___ **Assessing/Exploring:** open-ended questions, polite imperatives, silence.
- ___ **Understanding/Being Understood:** probing questions, paraphrasing, giving information simply, reframing.
- ___ **Determining Action:** exploring barriers, identifying strategies, exploring outcomes, summarizing plan.

General

- ___ Greet couple. Confirm that the couple is willing to be counseled as couple.
- ___ Assure that both partners speak to be understood and listen to understand.
- ___ Address any immediate concerns or questions.
- ___ Ask with whom they have shared their HIV status.
- ___ Address any concerns about sharing HIV status with family, friends, or co-workers.
- ___ Assure confidentiality.

HIV/AIDS Information

- ___ Assess couple's knowledge of HIV/AIDS: transmission and protection.
- ___ Correct any myths or misinformation.
- ___ Inform couple that the negative partner can be protected and infection prevented, primarily through the use of condoms.

Risk Reduction and Using Condoms

- ___ Identify risky behaviors.
- ___ Assess costs/benefits of different risky behaviors.
- ___ Explore successes and abilities to reduce risk, including using condoms and identify appropriate risk reduction strategies.
- ___ Explore barriers to risk reduction strategies, including using condoms, and strategies to overcome those barriers.
- ___ If positive and pregnant or breastfeeding, discuss protection through local MTCT standard for drug therapy and bottle feeding.
- ___ Create a risk reduction plan. (See Positive Living Plan form.)
- ___ Review importance of consistent and correct condom use every time either partner has sex to each other or outside the relationship as well.
- ___ Demonstrate correct condom use on a model. Ask couple to demonstrate on the model as well.

Partner Communication and Support

- ___ Assess couple's ability to communicate and support each other effectively.
- ___ Identify barriers to communication.
- ___ Create strategies for overcoming barriers to effective communication.
- ___ Build communication skills through practice and role-plays. Primary communication skills include listening to understand and speaking to be understood.

Family/Social Issues

- ___ If pregnancy is brought up, counsel on risks and continued condom use.
- ___ Discuss family or community pressures and conflicts.
- ___ Discuss drug or alcohol abuse. Identify referral if needed.
- ___ Discuss physical/spousal abuse. Identify referral if needed.
- ___ Other issues such as separation, divorce or risk of suicide.

Positive Living

- ___ Use the Positive Living Plan Form to create a plan that includes:
- ___ Healthy eating, sleeping, and physical activity.
- ___ Proper hygiene.
- ___ Adherence to medical treatment.
- ___ Economic, social, medical, and psychological support.
- ___ Provide referrals as needed and include in positive living plan.

Close Session

- ___ Ask if there any questions/concerns regarding plans and referrals.
- ___ Schedule follow-up visit and invite clients to come for additional visits if needed.

HPTN 052
Counseling Checklist for Sero-discordant Couples
Follow-up Session

Counseling Skills

- ___ **Building Trust:** affirming, attending, reflecting feelings, third person statements.
- ___ **Assessing/Exploring:** open-ended questions, polite imperatives, silence.
- ___ **Understanding/Being Understood:** probing questions, paraphrasing, giving information simply, reframing.
- ___ **Determining Action:** exploring barriers, identifying strategies, exploring outcomes, summarizing plan.

General

- ___ Greet couple. Check in with couple regarding their overall well-being.
- ___ Assure that both partners speak to be understood and listen to understand.
- ___ Review briefly highlights from last session. Address any concerns or questions.
- ___ Ask with whom they have shared their HIV status. Address any concerns about sharing HIV status with family, friends, or co-workers.
- ___ Assure confidentiality.

Risk Reduction and Using Condoms

- ___ Inquire about risk reduction plan from last session.
- ___ Identify problems or barriers to risk reduction strategies, particularly using condoms, and strategies to overcome those barriers.
- ___ If positive and pregnant or breastfeeding, discuss protection through local MTCT standards for drug therapy and bottle feeding.
- ___ Alter/create a new risk reduction plan. (See Positive Living Plan form.)
- ___ Review importance of consistent and correct condom use every time either partner has sex to each other or outside the relationship as well.
- ___ Demonstrate correct condom use on a model. Ask couple to demonstrate on the model as well. Practice and discuss.
- ___ Encourage couple on efforts and highlight any progress made.

Partner Communication and Support

- ___ Inquire about couple's communication efforts and support.
- ___ Assess couple's ability to communicate and support each other effectively.
- ___ Identify barriers to communication.
- ___ Create strategies for overcoming barriers to effective communication.

- ___ Build communication skills through practice and role-plays. Primary communication skills include listening to understand and speaking to be understood.
- ___ Encourage couple on efforts and highlight any progress made.

Family/Social Issues

- ___ If pregnancy is brought up, counsel on risks and continued condom use.
- ___ Discuss family or community pressures and conflicts.
- ___ Discuss drug or alcohol abuse. Identify referral if needed.
- ___ Discuss physical/spousal abuse. Identify referral if needed.
- ___ Other issues such as separation, divorce or risk of suicide.
- ___ Encourage couple on efforts and highlight any progress made.

Positive Living

- ___ Use the Positive Living Plan Form to update plan. Include:
- ___ Healthy eating, sleeping, and physical activity.
- ___ Proper hygiene.
- ___ Adherence to medical treatment.
- ___ Economic, social, medical, and psychological support
- ___ Inquire about referral services- were they useful?
- ___ Provide new referrals as needed and include in positive living plan.
- ___ Encourage couple on efforts and highlight any progress made.

Close Session

- ___ Ask each partner if they have any concerns or questions.
- ___ Encourage couple on efforts in general. Highlight any progress and identify areas for improvement.
- ___ Schedule follow-up if required. Invite clients to come for additional visits if needed.

Tag Team Role-play flipchart

You may become a counselor at any time.

You will counsel for approximately 4 minutes.

You should use the checklist as a reference.

The trainer will tap you and you will take over as counselor.

Tag Team Role-play for Checklist

The couple is a 35 year old man and his 27 year old wife. He is HIV positive and she is HIV negative. He is an orderly in a regional hospital. She used to work as a trained birth attendant at the same hospital, but is now at home with their two children.

They have not shared his status with anyone due to concerns that he may be fired from the hospital.

They just found out his status last week. They know HIV/AIDS can be contracted from unprotected sex, but they are not sure about how it works in the body and the difference between HIV and AIDS.

The husband has had sex with 2-3 other partners in the last year. It happens when he goes out of town to visit his brother. He has had a STD in the recent past. He does not like to use condoms. His wife has no experience with condoms.

The husband tends to speak for the wife. She remains quiet until spoken to and often lets her husband answer- looking at him first when asked a question.

Both of their families talk to them often about having another child- they have two girls.

He smokes a pack of cigarettes a day. His wife does not use many fresh fruits or vegetables in preparing his food. He is on his feet all day at the hospital and often comes home exhausted. He drinks a lot of coffee and takes stimulants- (local standard- cola nuts, etc...) to keep him alert during the day because he has trouble sleeping at night. He is around a lot of contaminated items at the hospital.

Session 10

Counseling Session Role-plays

Time: 3 hours

Session Objectives

By the end of this session the participants will:

- Conduct at least one initial or follow-up counseling session using the HPTN 052 Couple's Counseling Checklists as a guide during a role-play.

Preparation

- Prepare flipcharts:
 - ◊ Session Objectives
 - ◊ Agenda
- HPTN 052 Couple's Counseling Checklists: Initial Session and Follow-up Session
- Positive Living Plan Forms
- 3 Role-plays (see Trainer Notes)
- Flipcharts, markers, tape, pens, timer

Introduce Session

Time: 5 minutes

Materials: Session Objectives and Agenda flipcharts

Steps:

- Introduce the session objectives and agenda, reviewing prepared flipcharts. Ask if there are any questions.

Counseling Session Role-plays

Time: 2 hours 40 minutes

Materials: Counselor's Guide: Instructions for Couple's Counseling Role-plays, HPTN 052 Couple's Counseling Initial and Follow-up Checklists, Positive Living Plan Forms, 3 Role-plays (see Trainer Notes)

Steps:

- Inform participants that they will be conducting couple's counseling session role-plays. Refer participants to the Instructions for Couple's Counseling Role-plays in their Counselor's Guide. Review the instructions for the role-play process (see Trainer Notes.)
- Ask participants to form groups of three.
- Ask participants to identify their roles for the first role-play: counselor, husband, or wife. Provide the "husband and wife" with copies of the first role-play. Ask participants to "be the clients" and make it as real as possible for the counselor.

- Provide “counselors” with the appropriate checklist and Positive Living Plan Form.
- Inform participants that they have 40 minutes to conduct the first role-play. Inform participants when they have five minutes left to end the role-play.
- Ask participants to stop after they have finished the first role-play and allow the clients to give their feedback using the checklist. Allow five minutes for feedback. Inform “clients” they should give feedback on how they think the session went during that five minutes as well, answering the questions : Did I trust this counselor? Would I come back for further counseling?
- After all groups have finished the 1st role-play, briefly process this role-play by asking the whole group how it went. What is difficult? What is easy? What would make it easier? Were the counselors able to remain objective with the scenarios and the strategies the clients chose?
- Ask participants to switch roles and continue with the 2nd and 3rd role-plays. For the second role-play give the participants the follow-up visit role-play and checklists. Trainers should check in with groups to see if any help or clarification is needed.
- After all the role-plays have been completed, process as a larger group. Ask participants to reflect on their performance as counselors and their individual comfort level with the checklists.
- Ask participants to share their ideas for building and improving their skills. Inform participants that they can use their ideas as part of their plan for improvement, which they are encouraged to do as a post-training activity.

Wrap Up

Time: 15 minutes

Materials:

Steps:

- Ask participants what they liked best about this activity. Ask participants what part of the activity made them the most uncomfortable.
- Inform participants that during the next session they will be working together to identify strategies for challenging or unique cases.

Trainer Notes

Session Objectives:

By the end of this session the participants will:

- Conduct at least one initial or follow-up counseling session using the HPTN 052 Couple's Counseling Initial and Follow-up Checklists as a guide during a role-play.
- Provide feedback using the HPTN 052 Couple's Counseling Initial and Follow-up Checklists as a guide.

Agenda for Counseling Session Role-plays	
5 min	Introduction
2 hours 40 min	Counseling Session Role-plays
15 min	Wrap Up
3 hours	

Instructions for Couple's Counseling Role-plays

1. There will be 3 people in each group. Each person will conduct couple's counseling session. There are two role-plays for an initial session and one for a follow-up session.
2. As clients you will be given a copy of your role by the trainer. The counselor will not see a description of the clients in the role-play.
3. As a counselor you will be given a checklist and positive living plan.
4. In giving feedback - use the checklists as tools for giving feedback. Remember the rules of good feedback: timely, specific, something they can change, focus on the behavior not the person, both positive and something to improve upon.
5. At the end of each role-play, roles will switch so that everyone will have a chance to be a counselor.

Couples Counseling Role-plays

Initial Session

Role-play #1

Name: Give clients appropriate names for your country.

Ages: Man- 36 years old. Woman- 27 years old.

HIV Status: Man is HIV positive, woman is HIV negative.

Religion: Give clients a religion appropriate for your country.

Family status: Married, no children with current wife. Husband and wife have just started trying to have children. Husband has a child- boy, age 15, from a previous relationship.

Where you live: Large city.

Education: Completed grade school.

Work: Husband is in the military. Wife works at her mother's restaurant.

What you both know about HIV/AIDS and testing: You know AIDS can kill a person and that they get sick from a variety of illnesses before they die. You know HIV and AIDS are different, but you are not sure why there are different and how they work in the body.

Sexual history and behaviors: Husband sees commercial sex-worker on occasion, often when he travels for his work. His wife knew about this. Wife is having an affair, husband has thought this to be true, but is just finding out about it. Begins to show anger.

Risk reduction preferences: Husband doesn't like the feel of condoms, but could be persuaded to use them sometimes, definitely not all the time. Husband could be convinced of seeing fewer commercial sex workers, although not less often. Wife is unwilling to comment on what she plans to do about her affair.

Partner communication: The husband wants the wife to be engaged in this process, but she is still angry about his HIV status. As a result she shuts down during the session a lot.

Family/Social Issues: The wife still wants to try to have children. Husband drinks almost every night heavily and can become verbally abusive.

Positive living: Husband eats in restaurants because he travels so much. The food is high in fat without many fruits or vegetables. His schedule changes a lot so it is hard for him to take medication routinely. His physical activity is unpredictable as well. As mentioned he drinks almost every night heavily.

Couple's Counseling Role-plays

Follow-up Session

Role-play #2

(The information is the same for the first couple, but this is a follow-up visit.)

Name: Give clients appropriate names for your country.

Ages: Man- 36 years old. Woman- 27 years old.

HIV Status: Man is HIV positive, woman is HIV negative.

Religion: Give clients a religion appropriate for your country.

Family status: Married, no children with current wife. Husband and wife have just started trying to have children. Husband has a child- boy, age 15, from a previous relationship.

Location: Large city.

Education: Completed grade school.

Work: Husband is in the military. Wife works at her mother's restaurant.

Risk Reduction: They have stayed with the plan, but the husband admits to having unprotected sex with sex workers on occasion.

Partner communication: The wife has accepted her husband's status, but feels he continues to be abusive when he drinks. She has difficulty telling this to the counselor and the husband gets defensive, expressing that he drinks less often.

Family/Social Issues: The wife still wants to try to have children. Husband continues to drink although not as often.

Positive living: Husband still eats in restaurants because he travels so much. The food is high in fat without many fruits or vegetables. As mentioned he drinks almost every night heavily. He gets confused with the medications sometimes, but is trying hard to keep on a schedule. He feels nauseous with one of the medications and as a result skips it when he has an upset stomach or is feeling run down. The wife uses her mother for support, but the husband does not feel he has anyone to talk to and has inquired about other people who are positive.

Couple's Counseling Role-plays

Initial Session

Role-play #3

Name: Give clients appropriate names for your country.

Ages: Woman- 36 years old. Man- 45 years old.

HIV Status: She is HIV positive, he is HIV negative.

Religion: Give clients a religion appropriate for your country.

Family status: Married, four children: ages 15, 12, 11, 5.

Location: Rural area.

Education: Both have had a few years of grade school.

Work: Agricultural, husband travels to additional agricultural in another part of the country. Wife keeps borders for additional income while he is away.

What both know about HIV/AIDS and testing: Both have heard about HIV/AIDS and have seen people get very thin and were told they have AIDS.

Sexual history and behaviors: Wife has had relationships with borders on occasion. Husband has a "little wife" in the other part of the country where he works for part of the year.

Risk reduction preferences: Neither has used condoms before, although they have heard of them. Husband says little wife is pregnant.

Partner communication: Neither talk unless spoken to and keep answers very short.

Family/Social Issues: They have not told anyone about their HIV status and are afraid they will be disowned by the family if they do. They are also concerned for their children and how friends and family may respond to them.

Positive living: Wife is very active and often exhausted. Her oldest is helpful, but is in school. They don't eat much protein, saving their animals and eggs to sell and use for meals for the borders. Wife doesn't get much sleep due to her many responsibilities with the children and the borders. She cannot read so taking many different medications may prove difficult. They are very poor and don't have the financial resources required to meet their nutritional needs. They are especially concerned about their children.

Session 11

Challenging Situations

Time: 1 hour 45 minutes

Session Objectives

By the end of this session the participants will:

- Identify strategies for dealing with challenging or unique clients and/or situations.
- Counsel clients in crisis or who have unique or challenging circumstances during a role-play.

Preparation

- Prepare flipcharts:
 - ◊ Objectives
 - ◊ Agenda
- Counselor's Guide: Crisis Counseling Model, Case Studies
- Flipchart paper, markers, pens, tape, timer

Introduction

Time: 5 minutes

Materials: Session Objectives and Agenda flipcharts

Steps:

- Introduce the session objectives and agenda using prepared flipcharts. Ask if there are any questions.

Crisis Counseling Model

Time: 5 minutes

Materials: flipchart, marker, tape, Counselor's Guide: Crisis Counseling Model

Steps:

- Say the following to participants:

A "crisis situation" is one in which a person is unable to make use of his or her normal problem solving techniques. The situation is experienced as overwhelming, both emotionally and cognitively.
- Ask participants to reflect upon a situation in which the client was in crisis. Ask for a volunteer to share the behavioral and verbal signs that indicated this client was in crisis. Ask the participants to share other possible signs that a client is in crisis.
- Write on a posted flipchart "Should do," "Should not do." Ask participants to identify what counselors should and should not do in a crisis situation and write their responses on the flipchart. Include the following in "should do's": remain calm and show confidence, allow client to speak freely, allow ventilation of

feelings, assess suicide risk, prioritize- what aspects of the problem can be dealt with most readily. Include the following "should not's": minimize the client's perception of the problem, panic, offer false assurances, give advice, take offense.

- Refer participants to the Counseling Crisis Model in their Counselor's Guide. Review the elements of the model. Inform participants that this is a tool they may refer to when dealing with a crisis situation. Remind participants that they are free to adapt the model to their needs.

Challenging Situations Discussion Groups

Time: 1 hour

Materials: Counselor's Guide: Case Studies, Timer

Steps:

- Ask participants to form three groups. Ask them to take turns discussing the challenging clients and situations case studies in the Counselor's Guide, using the discussion questions as a starting point.
- Encourage participants to role-play during their discussions to help build skills and demonstrate different approaches. Inform participants that they should spend 10 minutes on each case.
- Inform participants when it has been ten minutes and let them know they should switch to another case study. Visit each group to check in and offer suggestions if needed.
- After each case study has been reviewed, process the activity as a large group. Ask participants the following questions: *What were some new approaches that you discussed in your groups? What are some skills or information would prove useful in dealing with these situations? What was useful about discussing these situations with your fellow participants? How will you develop a common approach to these types of situations at your clinic sites?*
- Remind participants that sometimes the situation or client may not be something they can change regardless of what they do, but that they can change how they deal with their feelings about what happened.

Challenging Situations: Tag Team Role-play

Time: 30 minutes

Materials: Timer

Steps:

- Inform participants that during this activity they will tag team a challenging counseling session during a role-play. Ask for two participants to volunteer to be the clients. Ask the volunteers to choose one of the case studies from the last exercise for this activity.
- Inform participants that they will be doing some tag team counseling with this couple. Remind participants of how tag team role-plays work:
 1. The trainer will tap a participant on the shoulder.
 2. That participant takes on the role of counselor for four minutes.
 3. The role-play continues as if it were the same counselor.
- Refer to the checklists in their Counselor's Guide as a resource for counseling.
- Use four different participants, allowing approximately 16 minutes for the activity.
- As a group discuss what was different or similar about the approaches of the different counselors. Use the following questions for the discussion: What worked well in this situation? What was challenging about this couple/situation? What are some other approaches for dealing with this situation?

Wrap Up

Time: 5 minutes

Materials:

Steps:

- Review objectives and how they were met.
- Inform participants that, in the next session, they will be introduced to some counseling and performance management tools they may want to use at their sites.

Trainer's Notes

Session Objectives

By the end of this session the participants will:

- Identify strategies for dealing with challenging or unique counseling clients and/or situations.
- Counsel clients in crisis or who have unique or challenging circumstances during a role-play.

Agenda for Challenging Situations	
5 min	Introduction
5 min	Crisis Counseling
1 hour	Challenging Situations: Discussion Groups
30 min	Challenging Situations: Tag-team Role-play
5 min	Wrap Up
1 hour 45 minutes	

Crisis Counseling Model

1. Express support and reflect feelings.
2. Assess client's state: Self-control and decision-making.
3. Separate the clients if in couple's counseling if necessary.
4. Help the client get control.
5. Clarify what the crisis is for the client.
6. Work on one aspect of the crisis.
7. Identify strategies for emotional support, enlisting partner as well.
8. Create a next step plan and offer a referral. If there is a real risk of suicide have local resources help you take all precautions necessary.

Challenging Situations Case Studies

Couple #1

The couple has been with the study one year when they decide they want to get a divorce.

- What are the implications?
- What is the role of the counselor in this situation?
- What counseling skills or techniques might be useful in this situation?

Couple #2

A couple has been a part of the study for one year. The positive partner has become increasingly despondent and has mentioned thoughts of suicide to his/her partner, but does not want to talk about it during the counseling session.

- What are the implications?
- What if the HIV positive partner refuses to attend counseling?
What is the role of the counselor in this situation?
- What if the positive partner is willing to discuss his/her suicidal tendencies?
What is the role of the counselor in this situation?
- What counseling skills or techniques might be useful in this situation?

Couple #3

A couple has been part of the study for several months. One of the partners has become increasingly verbally abusive and has become physically abusive during at least one counseling session. This partner has sabotaged many risk reduction and drug adherence efforts.

- What are the implications?
- What if the abusive partner is HIV negative? What if this partner is positive? What are the implications?
- What is the role of the counselor in this situation?
- What if the couple agreed to come individually? Would this affect the pattern of abuse?
- What counseling skills or techniques might be useful in this situation?

Couple #4

A couple has been enrolled in the study for one year. The woman who is HIV positive has shared that she is pregnant.

- What are the implications?
- What is the role of the counselor in this situation?
- What counseling skills or techniques might be useful in this situation?

Session 12

Certification and Evaluation

Time: 45 minutes

Session Objectives

By the end of this session the participants will:

- Receive a Certificate of Completion for Couple's Counseling Training for having attended the training and having completed all training objectives successfully.
- Complete an evaluation of the training.

Preparation

- Prepare flipcharts:
 - ◇ Session Objectives
 - ◇ Agenda
- Counselor's Guide: Training Objectives
- Certificates of Completion for Couple's Counseling Training (enough for all participants)
- Training Evaluations (enough for all participants)

Introduction: Who I Choose to Be

Time: 5 minutes

Materials: Session Objectives and Agenda flipcharts

Steps:

- Introduce the session objectives and agenda, reviewing prepared flipcharts. Ask if there are any questions.
- Ask participants to close their eyes and imagine a couple that may come to their clinic. Say the following:

Each day you will counsel couples on how make decisions regarding a deadly virus that has entered their lives. They may make some choices you agree with and others you may not. Yet you are with them at the moment when they are making those very important choices. Reflect on who you want to be for them and for yourself at that moment.

- Ask for volunteers to share whom they have envisioned as their clients and who they want to be for them.

- Invite participants to reflect on this exercise when they are feeling overwhelmed from the pressures of their work and validate that they are the counselors they want to be for their clients.

Certification Ceremony

Time: 15 minutes

Materials: Counselor's Guide: Training Objectives, Certificates of Completion for Couple's Counseling Training

Steps:

- Refer clients to the Training Objectives in the beginning of their Counselor's Guide. Inform participants that they will go over each of the objectives and check off the objectives they have completed during the training.
- Inform the participants that having completed the training and having completed all of the objectives they will now receive a Certificate of Couple's Counseling Training Completion.
- Call the name of each participant and present he or she with a certificate. (Note To trainer: Create a ceremony out of this activity- asking the other participants to applaud after each name has been read, stand in a circle or outdoors, or any other way to make the moment more special.)
- After all the names have been read congratulate the group on their accomplishment.

Evaluations

Time: 10 minutes

Materials: Training Evaluations

Steps:

- Provide each participant with an evaluation. Ask participants to complete the training evaluation. Inform participants that their feedback helps the training program improve or build on what is done well. Allow twenty minutes for this.
- Collect evaluations from participants or have them put them in a specified place.

Closing

Time: 15 minutes

Materials:

Steps:

- Ask participants to form a circle with their seats (if this is not possible find a place where participants can sit on mats or stand in a circle.)
- Inform participants that as a way to close the training, each of them can take a turn sharing what they have learned or achieved for themselves from this training and acknowledge what they have accomplished as a group. Inform participants that they are not required to speak if they do not wish to.
- Share your insights as a trainer on what the group has accomplished. Thank the participants for their participation throughout the training and say goodbye.

Trainer's Notes

Session Objectives

By the end of this session the participants will:

- Receive a Certificate of Completion for Couple's Counseling Training for having attended the training and having completed all training objectives successfully.
- Complete an evaluation of the training.

Agenda for Certification and Evaluation	
5 min	Introduction: Who I Choose to Be
15min	Certification Ceremony
10 min	Evaluation
15 min	Closing
45 minutes	

Note to trainer: The training evaluation scores can be tallied to give an average score to reflect overall participant satisfaction with the training. Use the evaluations to make changes to the training program, either to improve upon certain activities or build upon others.

Training Evaluation

Please rate the following on a 1-5 scale: a score of one reflecting that you do not agree and a score of five reflecting that you completely agree.

_____ As a result of this training I am more confident in my skills in couple's counseling for the HPTN 052 study.

_____ The facilitator(s) were knowledgeable and kept the activities interesting.

_____ The training facility contributed to the learning environment.

Please rate the following training activities on a 1-5 scale: a score of one reflecting a low level of satisfaction and a score of five reflecting a high level satisfaction.

_____ Session 1: Introduction to Training Program and Each Other

_____ Session 2: VCT and Couples Counseling for the HPTN 052 Study

_____ Session 3: Client-Centered Counseling and the HPTN 052 Study

_____ Session 4: Counseling Skills

_____ Session 5: Risk Reduction: Messages and Assessment

_____ Session 6: Risk Reduction: Strategies and Role-plays

_____ Session 7: Condom Demonstrations and Partner Communication

_____ Session 8: Creating Positive Living Plans

_____ Session 9: Couple's Counseling Checklists

_____ Session 10: Couple's Counseling Role-plays

_____ Session 11: Challenging Cases

_____ Session 12: Tools for Counseling and Performance

Which activities did you enjoy the most or learn the most from?

Which activities could be improved upon and how?

Please write any additional comments you may have: