



Voluntary Confidential Counseling and Testing for HIV

VCCT Counseling Training Manual

**The National Center for
HIV/AIDS, Dermatology
and STD**

September 2004



(inside cover)

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Foreword

In December 2002, NCHADS released an updated strategic document outlining the MOH's Policy, Strategy, and Guidelines for HIV Counseling and Testing in Cambodia.

The Royal Cambodian Government Ministry of Health regards HIV Voluntary Counseling and Testing (VCCT) as an important intervention to reduce HIV risk behavior and thus an important component to other on-going AIDS prevention strategies. It is also an integral component of an ongoing and rapidly developing continuum of HIV care, treatment, and support, and a beneficial entry point to those services such as access and provision of prophylaxis and treatment for opportunistic infections, introduction of PMTCT, IPT, ARV, and home and community based care.

With the plan to expand and increase VCCT services in the country in 2004, NCHADS recognizes the need to strengthen the quality of existing VCCT services and prepare a firmer foundation for the new VCCT services that will be developed.

This new VCCT Training Curriculum is for the training of personnel who are going to work as VCCT and HIV counselors. It can also be used for in-service or refresher training for those that have been trained with a different curriculum.

I would like thank the VCCT sub-committee for continuously working with NCHADS to improve VCCT services in Cambodia.

NCHADS appreciates the efforts of the curriculum development team and Family Health International/IMPACT's technical support and for the printing of this manual.

Dr. Mean Chhi Vun
Director
NCHADS
September 2004

Introduction

Background and Introduction

This training manual has been developed based on the existing NCHADS VCCT training materials, the HIV voluntary counseling and testing model and guidelines of the World Health Organization (WHO) and UNAIDS, the client-centered and risk reduction model of the US Centers for Disease Control and Prevention, the technical framework and experience of Family Health International, the training approach of the EC/AIHD AIDS Project and ACCESS Foundation in Thailand, and the lessons and experiences of agencies providing VCCT in Cambodia, namely World Vision Cambodia, RHAC and NCHADS. The content and case examples have been written to fit the Cambodian context and situation.

This training curriculum has been designed primarily for the training of VCCT counselors. The drafted curriculum was completed in June 2003 and circulated for comments among the VCCT Sub-Committee members chaired by NCHADS. The curriculum development team appreciates input and reflections provided by CHEC, Social Services of Cambodia, CARE, URC, the POLICY Project, Dr. Jack Spencer of the US-CDC, and others who have provided inputs. Comments and inputs have been incorporated as much as possible into the curriculum and the accompanying document “VCCT Guide for Implementation”.

The initial Khmer translation was finished in August 2003. As recommended by members of the VCCT Sub-Committee, many of the lessons in the draft curriculum have been pre-tested during in-service training for the VCCT counselors’ network in Battambang during the months of October 2003 – April 2004. Issues observed, raised, and discussed during field monitoring of VCCT sessions and services during these months, particularly among new VCCT teams in Battambang, were included in the training document. The final content was finalized in September 2004, subsequent to utilization of the new curriculum in two VCCT counselor training courses held by NCHADS in July and September 2004. The Training Curriculum is published both in Khmer and English.

While there are many issues involved in improving the quality and the need to increase the number of VCCT services in Cambodia, this training manual aims to serve as part of this continuing, challenging, collaborative effort.

Objective of the Training

The primary objective of the training manual is to provide VCCT counselors with a training that will equip them with basic appropriate HIV counseling skills that can be used in VCCT service. Many of the sessions can also be used for basic training of HIV counselors working in other health care settings or in the communities.

It is crucial that HIV counselors have good knowledge about HIV/AIDS as well as good counseling skills. This curriculum therefore includes and integrates HIV-related issues into all activities throughout the curriculum. The training will therefore give opportunities to

participants to discuss and clarify myths, misinformation, and any misunderstandings that they may have regarding HIV/AIDS. Being professional, aware of one's own values and attitudes, and not imposing them on others is important. The manual emphasizes the need for counselors to respect clients, to give importance to confidentiality, be non-judgmental, and client-centered, and understand the feelings involved when being tested for HIV and in facing up to the effects of living with HIV/AIDS.

To develop counseling skills the training comes with 12 short video sessions demonstrating six deficient counseling and good counseling scenarios prior to engaging participants in a series of participatory activities and role plays. The training emphasizes active listening, paying attention to feelings, and the provision of preventive and supportive counseling. All the necessary skills, appropriate attitudes, and knowledge covered by this training are to prepare participants for the eventual integration of all the elements of counseling to deliver caring and effective Pre-test and Post-test counseling for HIV.

At the end of the five-day training, each participant should have an opportunity to work under the supervision of an experienced VCCT counselor for at least 3-5 days to gain some real experience before returning to their VCCT service and working on their own.

As learning is an on-going process, completion of this training should not be viewed as the 'end of the road.' The course provides a basic level of HIV counseling skills. Counselors should be given further opportunities to continue their learning through a variety of methods such as refresher trainings, case conferences, and sharing of experience within the counseling network.

Training Activities

Trainers or facilitators of the course must be experienced HIV counselors. This will ensure that they have the ability to help answer questions or ease difficult situations that may arise during the training. The number of participants in each training course should not exceed 15. There should be at least 2-3 facilitators for each five-day training course.

At the beginning of the training facilitators should ask for two volunteers for each of the following days. One volunteer will collect feelings and feedback for the day in the evening and the other will provide a recap of the day in the morning of the following day.

People living with HIV/AIDS (PLHA) can be trained to be effective HIV counselors and should be selected to become HIV counselors. For Activity 12, examining the impact of HIV/AIDS on individuals, facilitators are to invite PLHA who are willing to disclose their status to share their experience of taking the HIV test, the counseling they received, and the impact of HIV/AIDS on their lives.

Curriculum development team

Five-day Training Schedule

Day One Activities

Opening ceremony
Introduction to the course, objectives, participants and trainers
Pre-training test
Housekeeping issues and rules

Morning

Activity 1: HIV/AIDS in Cambodia.
Activity 2: VCCT as part of HIV/AIDS prevention and care strategy

Afternoon

Activity 3: Knowledge about HIV/AIDS.
True or False, Questions about HIV/AIDS.
Activity 4: Level of risk and risk assessment.
How risky is it?

Day Two Activities

Recap and reflection of Day 1.

Morning

Activity 5: Attitudes, values, and self-awareness.
What do you think about them?
Activity 6: Principles of counseling – Confidentiality,
Secret envelope
Activity 7: Principles of counseling – Client-centered
Can you tell me please?

Afternoon

Activity 8: Principles of counseling – Non-directive
Trust walk
Activity 9: Skills in counseling.
Counseling video and comments

Day Three Activities

Recap and reflection of Day 2

Morning

Activity 10: Principles and skills in counseling –
Using all the principles and skills together

Should I take an HIV test?
What should I do with my husband?

Activity 11: Preventive counseling, risk assessment, and risk reduction plan

Afternoon

Activity 12: The feeling of a person being tested for HIV – reason for taking and not taking the test

Activity 13: Cambodia VCCT policy, guidelines, and protocol.

Day Four Activities

Recap and reflections of Day 3

Morning

Activity 14: The impact of HIV/AIDS on individuals

Activity 15: Pre-test counseling

Afternoon

Activity 16: Post-test counseling
Giving negative results and feedbacks

Day Five Activities

Recap and reflections of Day 4

Morning

Activity 16: Post-test counseling continue
Giving positive results

Activity 17: Care, support, and referral (continuum of care)
Positive living

Activity 18: Disclosure issues and
working with discordant couples

Afternoon

Use of VCCT registration forms and reporting formats
Post-training test and closing

Closing ceremony and provision of certificates

Activity 1

HIV/AIDS in Cambodia

Activity 1

HIV/AIDS in Cambodia

It is necessary that participants have some background information concerning HIV/AIDS in the country so that they can relate the service that they provide to the prevention of HIV transmission and the mitigation of the impact of the epidemic in Cambodia.

Objective

To provide an orientation to participants about the HIV/AIDS situation in Cambodia

The facilitator can also present or discuss the global and regional HIV/AIDS situation prior to talking about HIV/AIDS situation in Cambodia.

Materials:

Transparencies 1-10

The transparencies are from NCHADS HSS 2002 and BSS 2001.

When new information is available the facilitator can use the results of the latest Cambodian HIV Sentinel Survey (HSS) and Behavioral Surveillance Survey (BSS) in this session.

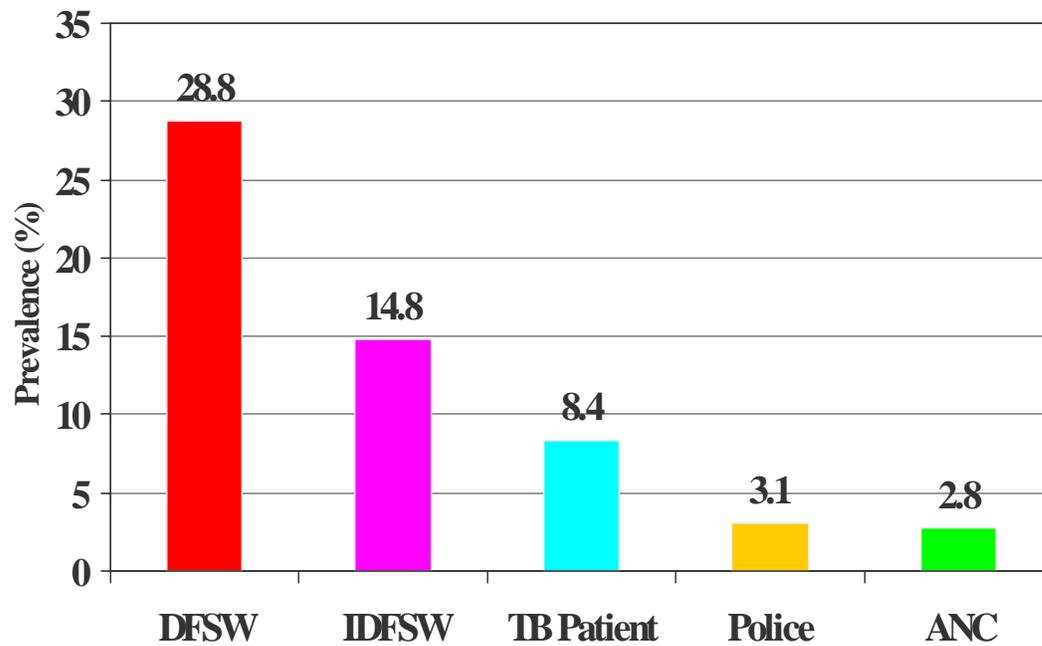
The set of slides should include the course of the HIV epidemic and the decline in HIV prevalence among key population groups over the years. From the HSS and BSS information, it should be noted that in 2002 the level of HIV prevalence among sex workers still remains considerably high and a relatively high number of men still frequent sex workers. This has important implications for HIV/AIDS prevention counseling.

Process:

Presentation and discussion

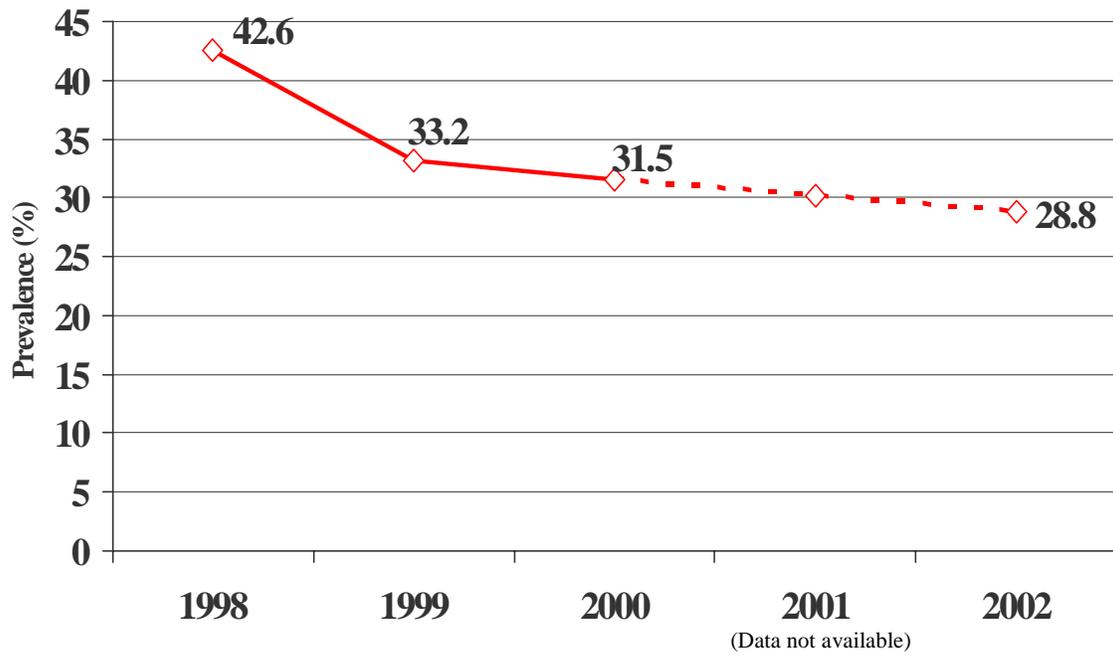
Activity 1: Transparency # 1

Crude prevalence of HIV among sentinel groups in Cambodia, 2002



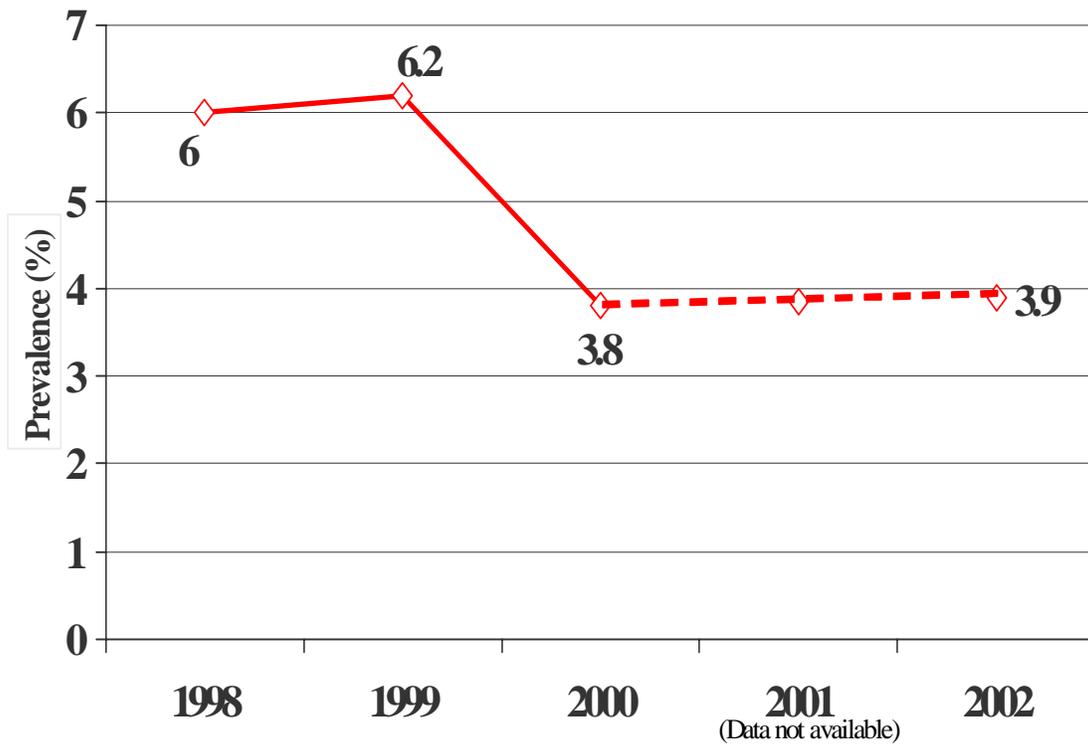
Activity 1: Transparency # 2

The trend of crude prevalence of HIV among direct sex workers



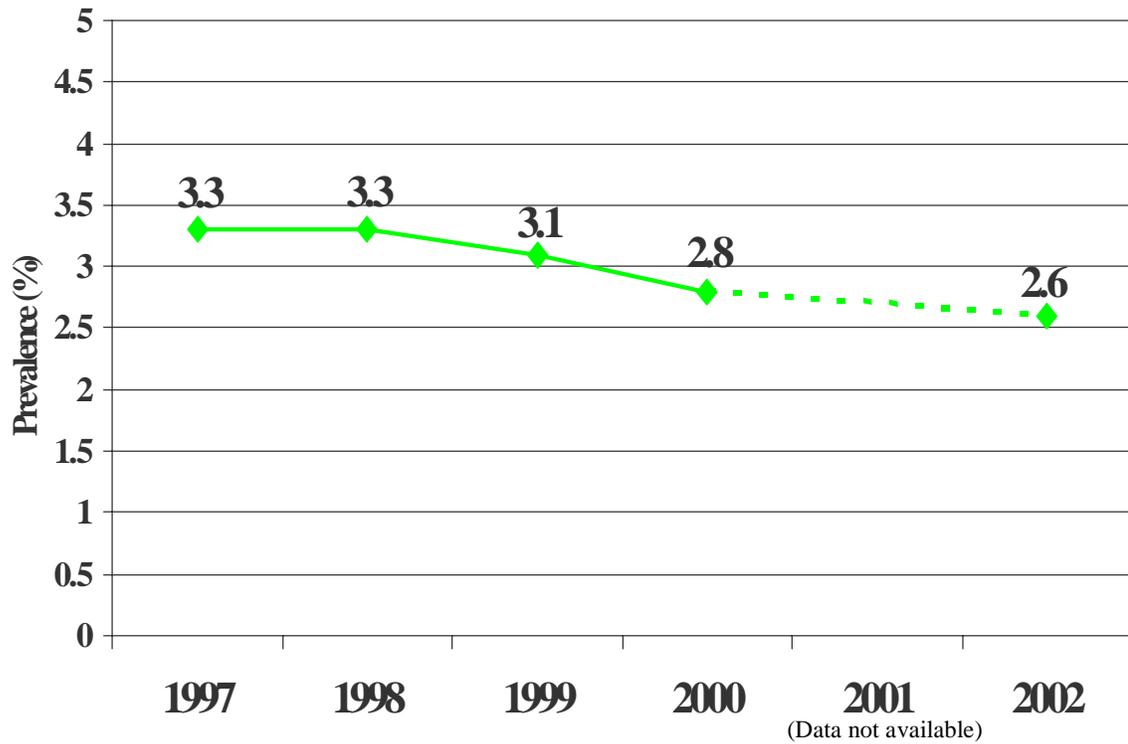
Activity 1: Transparency # 3

The Trend of HIV Seroprevalence among Urban Police



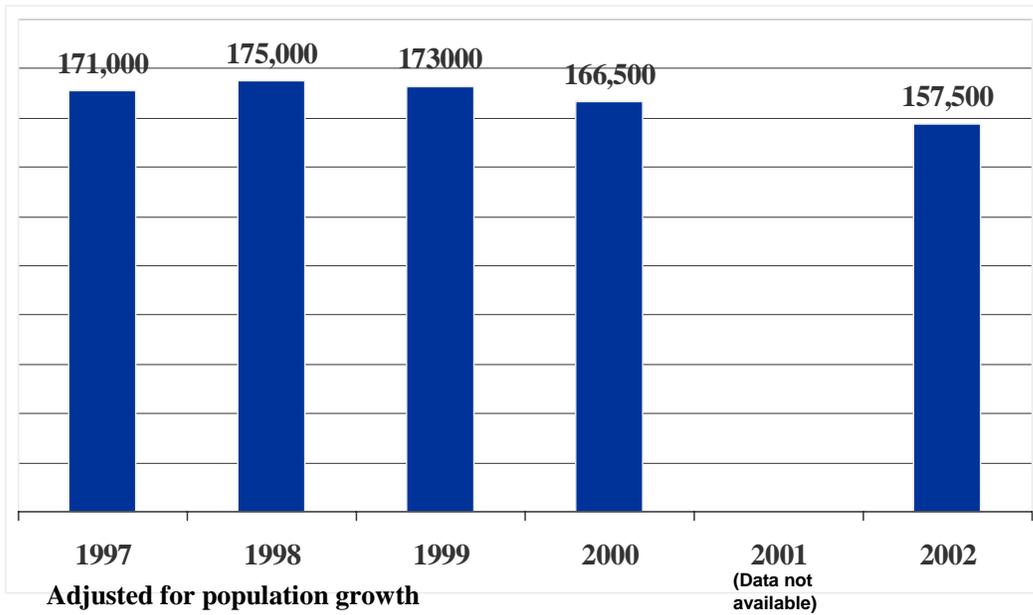
Activity 1: Transparency # 4

National HIV Prevalence among adults aged 15-49, Cambodia

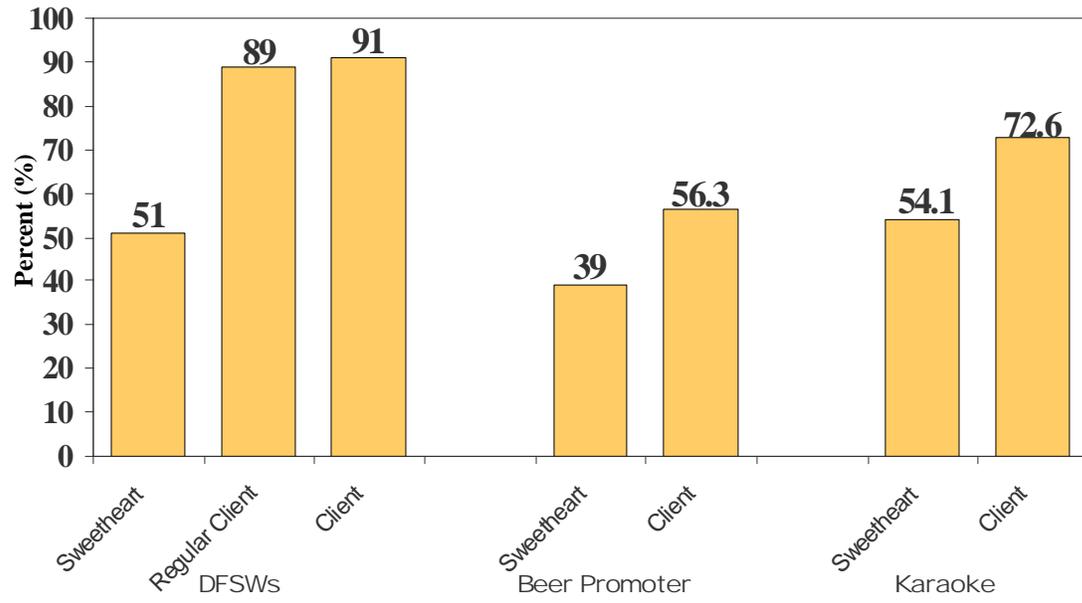


Activity 1: Transparency # 5

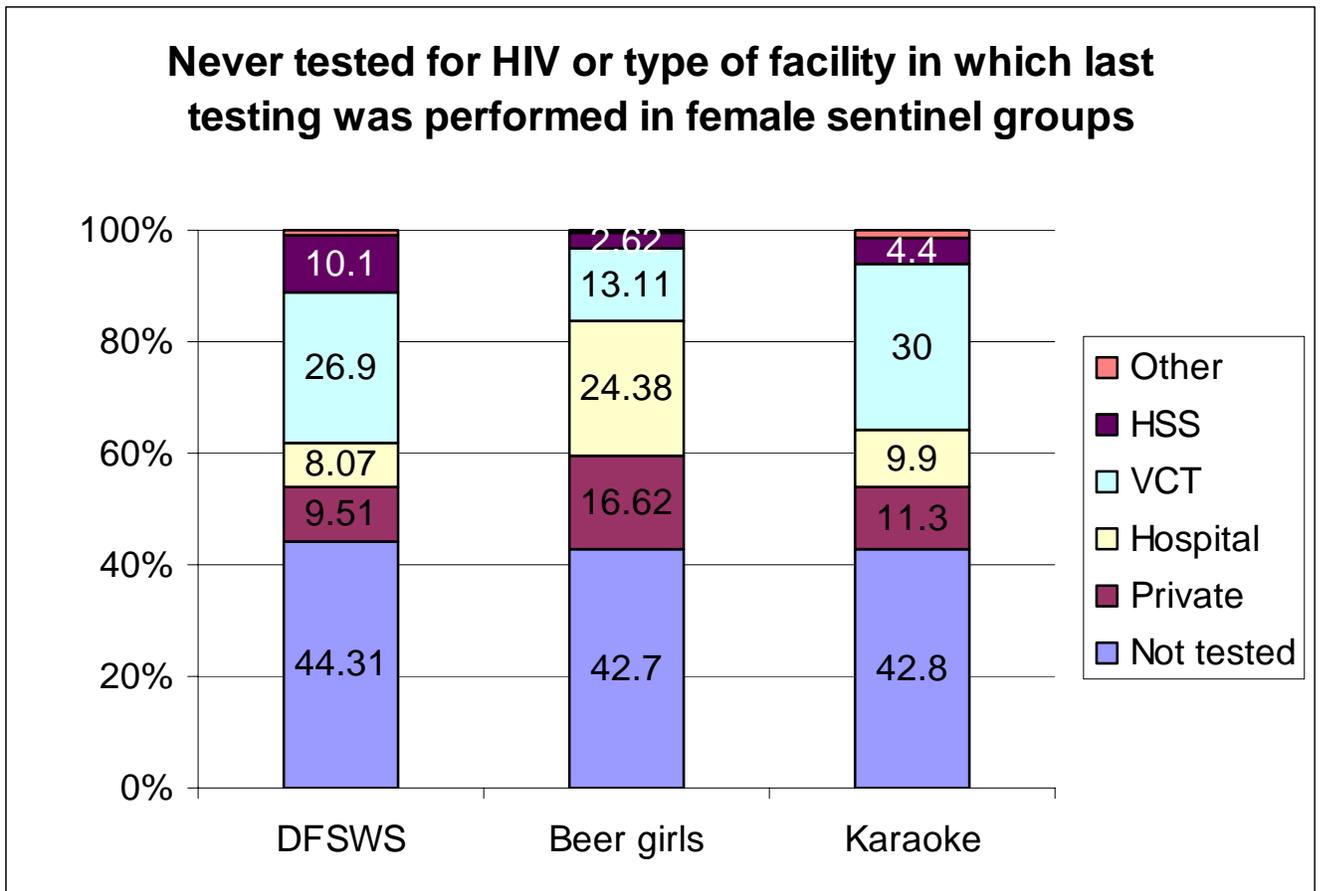
Estimated Number of Adults Age 15-49 Living with HIV in Cambodia, 1997-2002



Activity 1: Transparency # 6



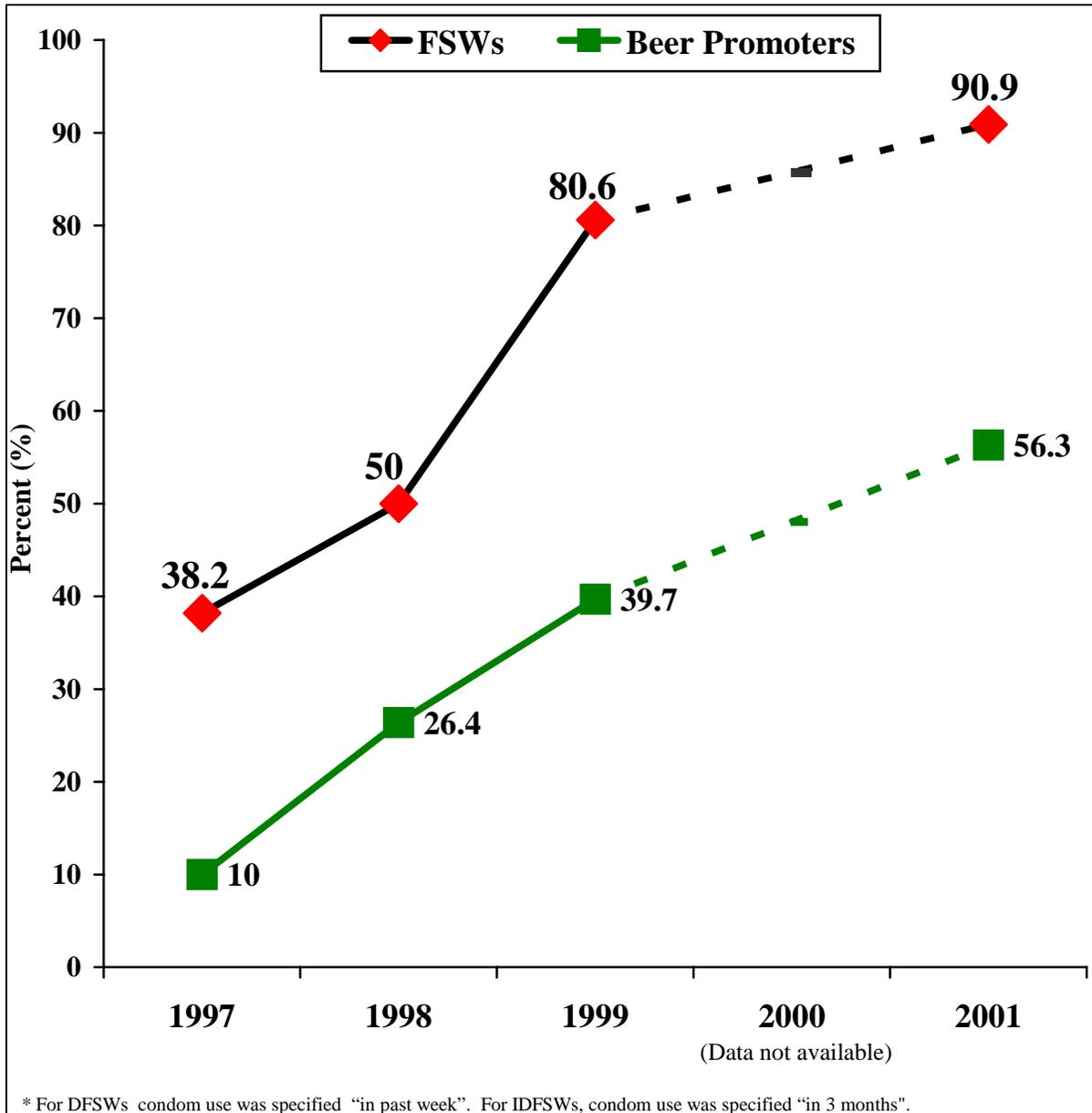
Activity 1: Transparency # 7



Activity 1: Transparency # 8

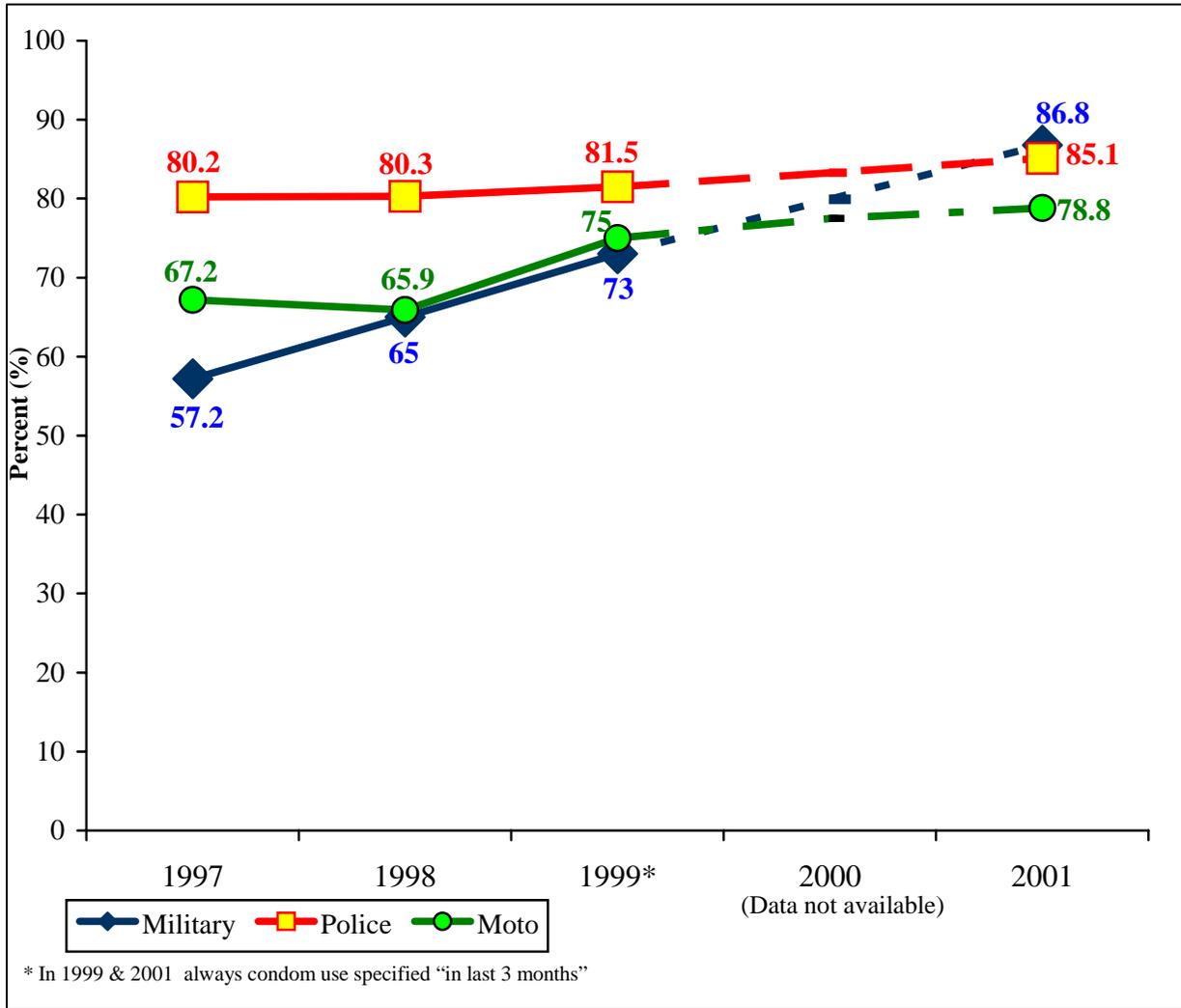
Direct & Indirect FSWs Always Condom Use with Clients: 1997-01

Consistent Condom Use with FSWs:



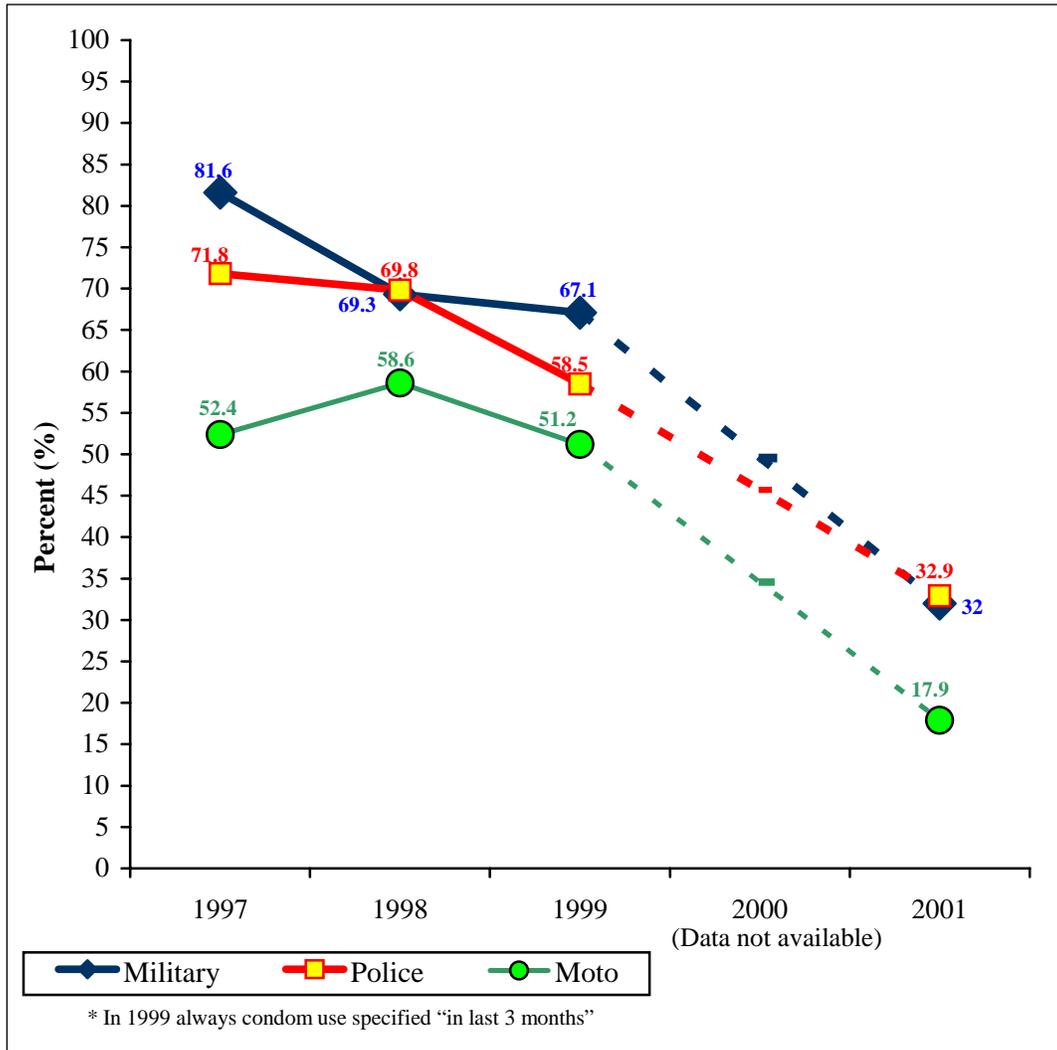
Activity 1: Transparency # 9

All Male Groups: Cambodia 1997-01



Activity 1: Transparency # 10

Sex with FSWs Past Year: All Male Groups: Cambodia 1997-01



Activity 2

VCCT as part of HIV/AIDS prevention and care strategy

Activity 2

VCCT as part of HIV/AIDS prevention and care strategy

HIV voluntary counseling and testing (VCCT) has become an integral part of HIV prevention and care programs in many industrialized and developing countries. VCCT services have evolved to reflect the changing needs of communities and the changing capabilities in care and treatment and support for people with HIV infection.

VCCT is much more than drawing and testing blood to determine whether one is infected with HIV. It is a vital point of entry to other HIV/AIDS services, including counseling for prevention of HIV, clinical management of HIV related illnesses, TB control, psychosocial support and the prevention of mother to child transmission of HIV. High quality VCCT facilitates and encourages people with HIV to access appropriate care. VCCT can also be an effective behavior change intervention and is an effective HIV prevention strategy. VCCT should not be a stand-alone service but rather serves as a key component of a comprehensive HIV/AIDS prevention and care strategy and should be linked to or integrated with other health services.

How is HIV counseling different from other counseling?

HIV counseling requires some of the basic counseling skills needed for other types of counseling, but the nature of HIV and AIDS makes this counseling unique. HIV/AIDS related counseling includes prevention counseling and counseling for coping, care, and support. Even very experienced counselors have concerns about counseling regarding HIV. VCCT counselors are often particularly concerned about their ability to provide HIV test results to clients, or about their ability to manage the reactions of clients to positive test results. Effective HIV counseling requires thorough knowledge about HIV/AIDS as well as good counseling skills.

Objective:

To enable participants to have an overview of the VCCT process, understand the concept, functions and linkages of VCCT services as a component of HIV/AIDS interventions to reduce HIV transmission risk, to help those who are infected with HIV to gain basic necessary information about care and treatment, and to provide them with linkages to other services.

Materials:

Transparencies # 1 – 9

Process:

Before presentation and discussion, the facilitator should ask participants questions regarding their ideas about VCCT from what they have heard or know.

For example:

Why HIV testing needs counseling?

What is HIV Voluntary Counseling and Testing?

What are the purposes of VCT services?

Why is VCCT important?

Allow participants to answer and discuss the questions in relationship to the Cambodian context.

Then, proceed to the presentation and discussion part using transparencies #1 – 9.

Why HIV testing needs counseling?

- HIV infection can lead to serious illnesses and can cause fear – clients need to prepare themselves.
- Learning about an HIV positive result can be potentially harmful – clients need to be informed about implications and potential support.
- The decision to take the test must be voluntarily – informed consent must be established.
- Learning about the positive result can be difficult – clients need support and information.

A person with HIV/AIDS requires medical as well as psychosocial support.

What is HIV Counseling and Testing?

- **HIV Counseling**

Confidential dialogue between a client and a counselor aimed at enabling the client to cope with stress and make personal decisions related to HIV/AIDS.

- **Voluntary Confidential Counseling and Testing (VCCT)**

- **A combination of two activities – counseling and testing, into a service that amplifies the benefits of both activities**

How is HIV Counseling Different from other counseling?

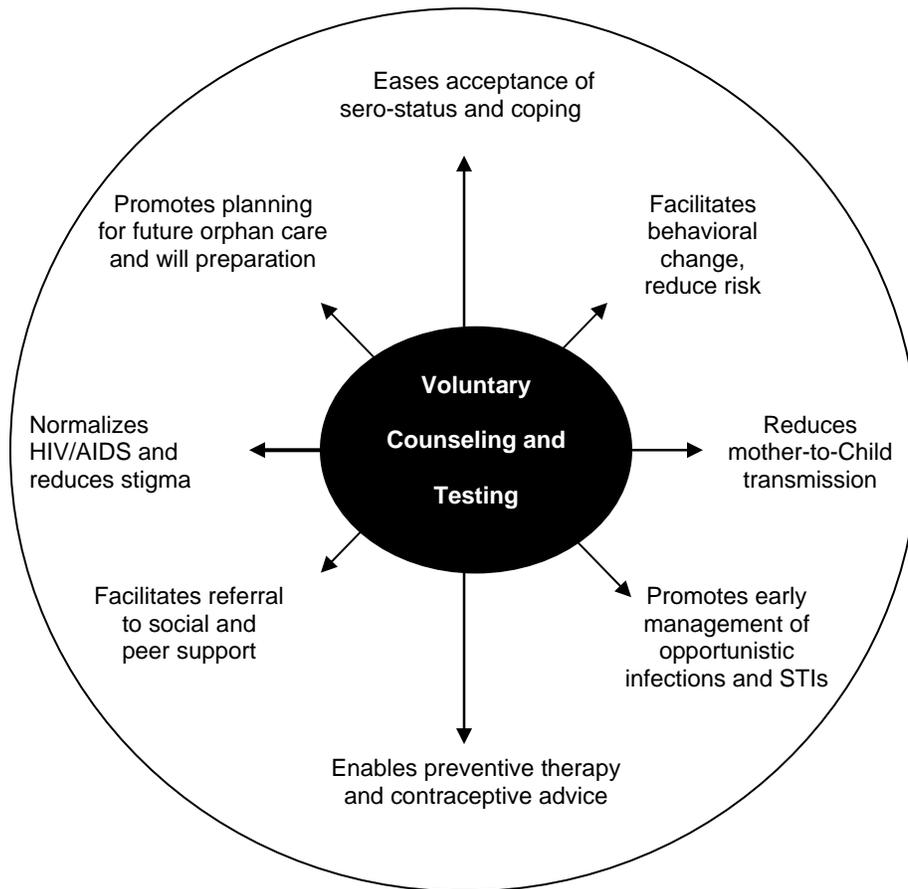
- **HIV counseling requires explicit discussion of sexual practices.**
- **HIV counseling requires explicit discussion of sickness, death, and dying.**
- **Counselors are likely to work with clients who hold opinions and values very different from their own and will be challenged to become aware of their own biases and stereotypes that could interfere with effective counseling.**
- **HIV counseling requires that the counselor considers the reactions and needs of partners and other family members as well as those of the client.**

Why is VCCT important?

- **A large number of those infected with HIV in Cambodia do not know that they are infected.**
- **Knowing one's sero-status allows people to change their behaviors – to protect and take care of themselves, their partner, and children.**
- **Knowledge of sero-status helps individuals to plan and make important life decisions.**
- **VCCT provides an opportunity for prevention counseling and referral to care and support services.**

Activity 2: Transparency # 5

Voluntary Counseling and Testing as an Entry Point for HIV Prevention and Care



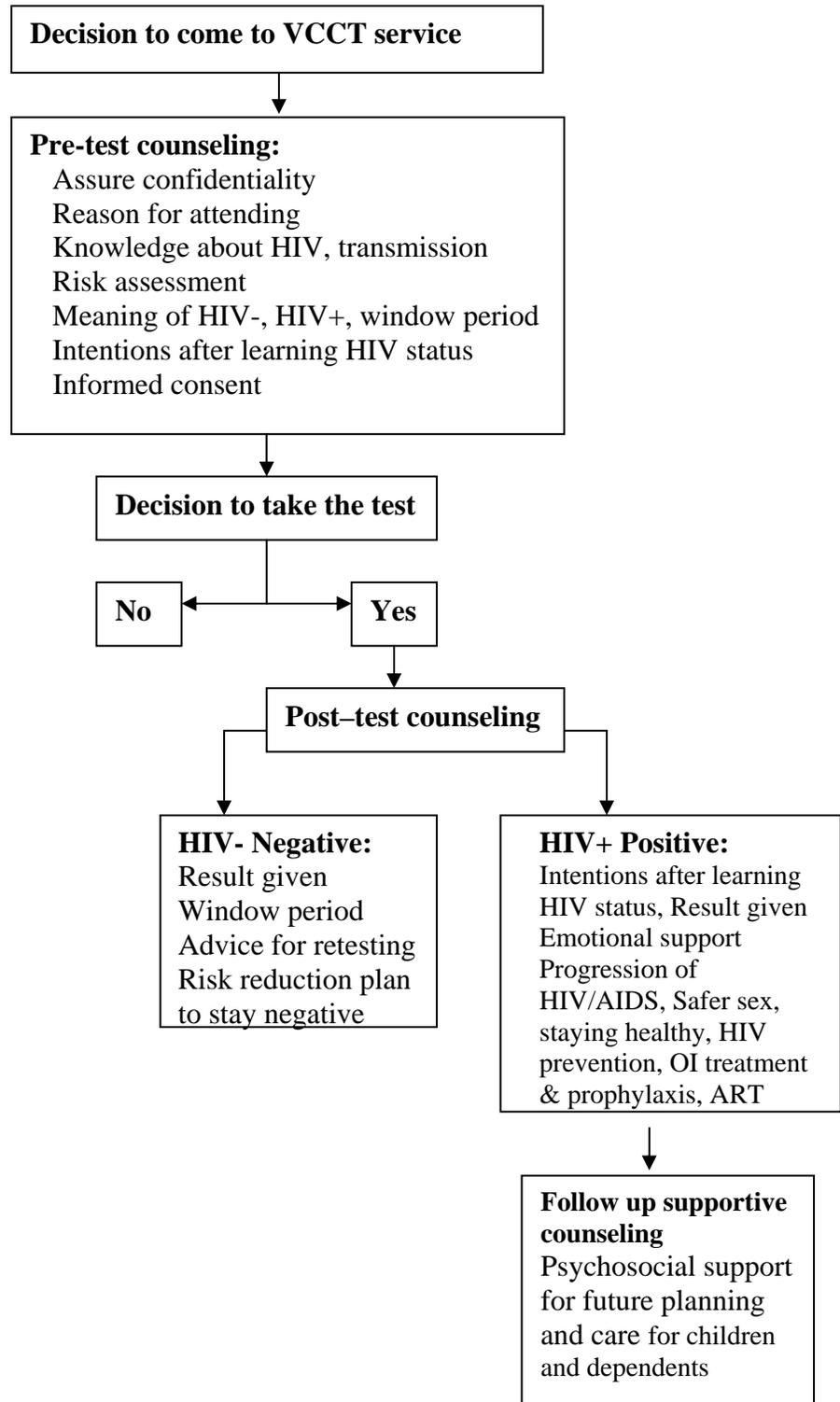
Source: UNAIDS, "Report on the Global HIV/AIDS Epidemic –July 2002" (www.unaids.org/barcelona/, accessed July 8, 2002).

Major recognized roles for VCCT:

- Enables VCCT clients to cope and take personal decisions related to HIV/AIDS.
- Assists VCCT client to initiate and maintain preventive behaviors.
- Serves as an entry point to other HIV prevention and care and support services.

Activity 2: Transparency # 6

General HIV/AIDS Education in the Community
Awareness of the benefits of VCCT



Components of VCCT

- **Assure confidentiality**
- **Determining client's knowledge**
- **Giving accurate information**
- **Conduct personalized risk assessment**
- **Developing a personalized risk reduction plan**
- **Demonstrating appropriate condom use**
- **Explaining the test and obtaining informed consent**
- **Discussing implications of HIV results**
- **Assessing coping ability**
- **Result notification**
- **Providing psychological and emotional support and referral as appropriate**

VCCT helps promote behavior change

Uganda Outcomes Study

2,505 clients surveyed six months after testing

- **Condom use**
 - **Before testing, 10% consistently used condoms**
 - **6 months after testing, consistent condom use was 89% with steady, and 100% with non-steady partners**
 - **HIV negative men with non-steady partners increased consistent condom use from 34% to 93%, and with steady partners from 16% to 38%**
 - **HIV positive women increased condom use with non-steady partners from 14% to 94%, and with steady partners from 15% to 34%**

3 country study (Kenya, Tanzania & Trinidad)

Comparing the effects of VCCT with the effects of Health Information and Education (HI) in risk reduction - unprotected intercourse with non-primary partner

- **Men: 35% reduction through VCCT vs. 13% reduction through HI**
- **Women: 39% reduction through VCCT vs. 17% reduction through HI**

**VCCT is an entry point
and not the end point**

Activity 3

**Questions to discuss and review knowledge about
HIV and AIDS**

Activity 3

Questions to discuss and review knowledge about HIV and AIDS

Since the emergence of the epidemic HIV/AIDS has been a disease with many myths and misunderstandings. Having accurate knowledge about HIV and AIDS, including updated information about treatment and care, is critical for HIV/AIDS counseling. During the past few years there have been many books and materials on HIV and AIDS available in Cambodia. The facilitators should bring them to give to participants.

Objective:

To discuss and review knowledge about HIV/AIDS which participants need to know in order to provide quality HIV counseling.

Method:

Asking and answering questions so that all participants have an opportunity to review their knowledge about HIV/AIDS as well as to learn new information.

Materials:

1. Question and answer sheets for all participants.
2. Folded strips of individual questions from 1-16 and some blank strips if there are more than 16 participants.

Process:

1. Distribute the question sheet to each participant.
2. Give participants 10 minutes to complete the answers.
3. Ask participants to pick the folded strips of questions one by one. If there are more than 16 participants, some will get blank strips.
4. Start from Q #1 to Q #16. Ask each participant to answer the question that they picked, encourage discussion among participants whether it is correct, and give a clear explanation of the answer. The facilitator(s) give the correct answer in case the wrong answer was given, and provide additional information as needed. Provide opportunities for questioning and clarification.
5. Give the answer sheet to all participants.
6. Conclude that accurate information about HIV/AIDS is very critical for the work of a VCCT counselor. Workers need to seek new information at all times. When not sure they should not give doubtful information. Need to always separate facts from counselors' attitude about the issue.

(Note: These 16 questions and answers are given as a minimum list. As the knowledge of the community and workers grows, the list may be longer and made relevant to the context and situation.)

Activity 3: Handout #1

Questions to discuss and review knowledge about HIV and AIDS

True or False

Please put “√” for true or “X” for false in front of each statement.

1. A HIV + pregnant woman has more than a 50% chance of transmitting HIV to her baby.
2. HIV antibody testing should be conducted 3 months following the last risky behavior to get an accurate test result.
3. Anybody who is HIV+ should receive ARV as soon as possible.
4. An HIV + person whose immune system has been weakened should take specific medicines for a period of time in order to prevent some opportunistic infections.
5. Many opportunistic infections that occur among PLHA such as TB, Pneumocystis Carinii Pneumonia (PCP), Cryptococcal meningitis, and candidiasis can be successfully treated.
6. In some countries there is a cure for AIDS.
7. Body fluids of people with HIV/AIDS contain HIV virus, but the fluids that have adequate virus to transmit to others are: blood, semen, and vaginal fluids.
8. People who are infected with HIV can live no longer than 5 years.
9. In general an HIV+ person with CD4 lower than 200 will have more chance of getting opportunistic infections.
10. A person who had practiced some risk behaviors, who has lost more than 5 kilograms in weight within one month, and has a rash on the skin, can be assumed to be a person who is infected with HIV.
11. HIV can be diagnosed in a newborn baby by conducting an antibody test. If the result is positive it can be concluded that the baby has contracted HIV from the mother.
12. ARV is not good for pregnant women who are HIV+.
13. Samnang sometimes injects drugs with his friends. If he can't see any blood on the needle or syringe, they can all safely use the same needle.
14. Sokha always looks carefully at the body, including the lower abdomen and genitals of anyone he has sex with. By doing this he knows that his partners have no disease.
15. It is said that some condoms are made with the HIV virus on them.
16. There is a medicine to reduce the chance of HIV transmission from the mother to her baby.

ANSWERS:

- 1. False:** Babies can be infected from their mother in any of three ways:
- a. From transfer of blood in the placenta when the fetus is inside the mother
 - b. From the mother's blood during labor and delivery.
 - c. From the mother's milk

If the mother is infected with HIV, without any intervention given there is about a 25-30% chance that the baby will also be infected with HIV.

2. True: The HIV test does not recognize the virus (HIV) itself. It identifies antibodies to the virus. Antibodies are chemicals that your body makes to try to defend itself against HIV.

It takes some time for the body to make enough antibodies that can be recognized by the HIV test. For example, if a man were infected last week and had a test today, the test results would be negative because his body has not had enough time to make many antibodies (This is called the window period.). However, the virus would definitely be in his body. If he had another test in 3 months the test results would now be positive because his body would have more antibodies and they would show up on the HIV test.

3. False: People with HIV can live a healthy life for a long time if s/he knows how to take care of himself/herself. ARVs have many side-effects and once started, a patient has to take them for the rest of his/her life. There are many criteria to consider before the doctor prescribes ARVs or before the patient decides to take ARVs. Doctors may prescribe ARV to an HIV+ person whose immune system has been severely weakened. This can be diagnosed by a test of his/her CD4 count. In Cambodia, the national guideline suggests that ARVs be given to people whose CD4 count is less than 200.

4. True: Some opportunistic infections can be prevented by taking of a specific antibiotic. For example cotrimoxazole (bactrim) can prevent PCP in people whose CD4 is less than 200. Medicine needs to be prescribed by qualified doctors and patients require regular follow up after starting the medication.

5. True: When symptoms occur the patients should seek treatment from a qualified doctor – the sooner, the better.

6. False: There is not yet a cure for AIDS. Illnesses related to HIV can be treated. The medicine, known as ARV can help the body fight HIV but cannot totally destroy the HIV in the body. It may help an infected person to live longer. Only a properly qualified, experienced doctor should prescribe these medicines. They are very expensive.

7. True: HIV is a virus that lives in body fluids such as blood, semen, vaginal fluid and breast milk. In blood, semen and vaginal fluid there is a lot of virus and therefore a person can pass it to another person through the exchange of those fluids. In some body fluids such as saliva, urine and tears, there is only a very small amount of virus and not enough to transmit HIV.

8. Not exactly: People with HIV may live up to 10-15 years without any medication if s/he knows how to take care of him/her self and live in a healthy environment. In Cambodia most people learn about their HIV status long after they are infected. Seeking treatment for all illnesses soon after they happen can help PLHA to live longer.

9. True: Normally HIV infected persons with CD4 less than 200 have more chance of getting opportunistic infections. However, some PLHA may still be healthy even when their CD4 is lower than 100.

10. False: We cannot assume that anyone has HIV until s/he has tested positive for HIV.

11. False: While it is estimated that without any intervention about 30% of children born to HIV positive mother will be infected with HIV, all children born to HIV positive mothers will have maternal antibodies for HIV at birth and will test positive using the ELISA or rapid testing. If the baby is truly negative, the mother's antibodies start to disappear when the baby is nine months to 15 months old. HIV antibody testing is therefore recommended after 18 months. Tests that detect viral components (such as polymerase chain reaction – PCR, or viral culture) can detect the HIV virus in young infants, but these techniques are expensive and difficult to perform.

12. False: Pregnant women can receive ARVs from qualified doctors. However, ARVs do have some side-effects that need to be monitored.

13. False: Even if you do not see blood there may be a small amount that you cannot see, or there may be some blood left in the syringe. Blood on the needle or in the syringe may have HIV and other germs. It is always dangerous to share a syringe.

14. False: People who look and feel healthy and have no signs or symptoms of disease may be infected. HIV does not show on the genitals. The only way to know if someone is infected is to have a blood test.

15. False: This is a rumor. It is not true. Condoms are hygienic and safe.

16. True: There are drugs (ARV) that can reduce the chances of the HIV virus transmitting HIV from the mother to the baby. If the doctor knows that a mother is infected with HIV s/he may give the mother a medication during labor, and then also give the same medication to the baby soon after birth. It has been found to be quite effective in decreasing the risk of infection to the baby.

Activity 4

Level of risks and risk assessment

How risky is it?

Activity 4

How risky is it?

Most HIV infections in Cambodia have been contracted through sexual contact. A good understanding of the level of risk from different sexual practices will help a counselor to assess the level of risk of HIV infection faced by the client and help to determine how counseling should be conducted. Many people also ask questions about routes of HIV transmission and risk of transmission of HIV through many normal daily activities and contact with PLHAs.

Objective:

1. To increase understanding about the level of risks.
2. To increase counselors' understanding of risk assessment, particularly among those who want to take the test or those who are worried.

Method:

1. Small group discussion and exchanging of ideas
2. Group discussion is conducted through exchange of information and ideas for assessment of risks and group agreement on a common understanding.

Materials:

1. Sets of 25 risk cards (available from FHI). Each group will have one set of the cards.
2. Transparencies #1 - 5

Process:

1. Divide participants into 2 - 4 groups, depending on the total number of participants. Each group should have 4 - 6 persons.
2. Distribute 1 set of cards to each group.
3. Facilitator writes on a white board or flip chart: "high risk", "medium risk", "low risk" and "no risk".
4. Ask members of each group to discuss the level of risk for each card and place them in order according to their conception of the risk levels. Allow 7 - 10 minutes for each group to finish the work.
5. The facilitator uses one set of cards. Pick a card up one by one and ask for responses from the groups. Each group or participant may have different answers. This provides an opportunity for discussion among the group members. The facilitator can clarify the situation or give more information. The risk of some activities on the cards may depend on the person with whom the action occurs. For

example, having sex without a condom may pose no risk if the sex is between a husband and wife who have never had sex with another person but, it will pose a high risk if this happens between a man and a sex worker. The facilitator puts each card under the correct risk level for that card for everyone to see.

6. If there are no further questions, the facilitator reviews knowledge about HIV/AIDS using the transparencies # 1 - 5.
7. The facilitator explains about giving information on HIV/AIDS and factors that counselors need to bear in mind (use transparency #5)
 - Counselors and staff working in HIV/AIDS programs need to have accurate information about HIV/AIDS because they need to provide information.
 - People providing information about HIV and AIDS need to explain clearly to the person who asks. It is not easy to say if one is likely to be infected or not.
 - While answering questions about HIV/AIDS workers need to assess why the client is asking the question. Is the question a request for factual information, a personal attitude, or is s/he worried?
 - Giving unclear answers or information will affect the clients concerning aspects of prevention, acceptance, and how to live as a PLHA.

1
Infant
breastfed by
mother who
is HIV +

2
Accidentally
pricked by a
sharp needle

3
Bitten by a
mosquito that
might have
bitten someone
with HIV

4
Give oral sex
to someone

5
Touch the
sores, blood, or
secretion of
AIDS patient

6
Living or
working with
people with
HIV or AIDS

7
Sharing nail
clippers or a
razor with
someone else

RISK CARDS

Materials:

- 25 Risk cards
- 4 Risk level cards: high risk
medium risk, low risk, no risk

8
Receiving
blood that
contains HIV
virus

9
Kissing on the
mouth

10
Receiving oral
sex

[use pictures of real cards here](#)

11
Penetrative sex
with condom

12
Anal sex
without
condom

13
Having sex
when the
woman is
menstruating

14
Sharing needle
when injecting
drug

15
Hugging and
touching each
other

16
Masturbation

17
Have sex when
there is an
ulcer on
genitals or
having an STD

18
Taking care of
HIV+ person
or AIDS
patients

19
Having
penetrative
vaginal sex
without
condom

20
Coughing or
sneezing

21
Using the same
toilet with
other people

22
Contacting and
socializing
with HIV +
persons

23
Eating with
HIV+ person,
sharing the
food dishes

24
Using same
coin, toothbrush
or tattoo needle
with other
people

25
Giving or
receiving a
handjob

Example of result of risk card activity

An example of the ordering of the 25 risk activities according to the level of risk as a result of a group discussion process is presented below:

[Use real cards here](#)

HIGH RISK

MEDIUM RISK

8
Receiving blood that contains HIV virus

14
Sharing a needle when injecting drugs

17
Have sex when there is an ulcer on genitals or having STD

1
Infant breastfed by mother who is HIV+

4
Give oral sex to someone

12
Anal sex without condom

13
Having sex when the woman is menstruating

19
Having penetrative vaginal sex without condom

5
Touch the sores, blood, or secretion of AIDS patient

LOW RISK

NO RISK

2
Accidentally pricked by a sharp needle

11
Penetrative sex with condom

9
Kissing on the mouth

3
Bitten by a mosquito that might have bitten someone with HIV

7
Sharing a nail clipper or a razor with someone else

10
Someone gave you oral sex

18
Taking care of HIV+ person or AIDS patients

6
Living or working with people with HIV or AIDS

15
Hugging and touching each other

16
Masturbation

25
Giving or receiving a handjob

24
Using same coin, toothbrush, or tattoo needle with other people

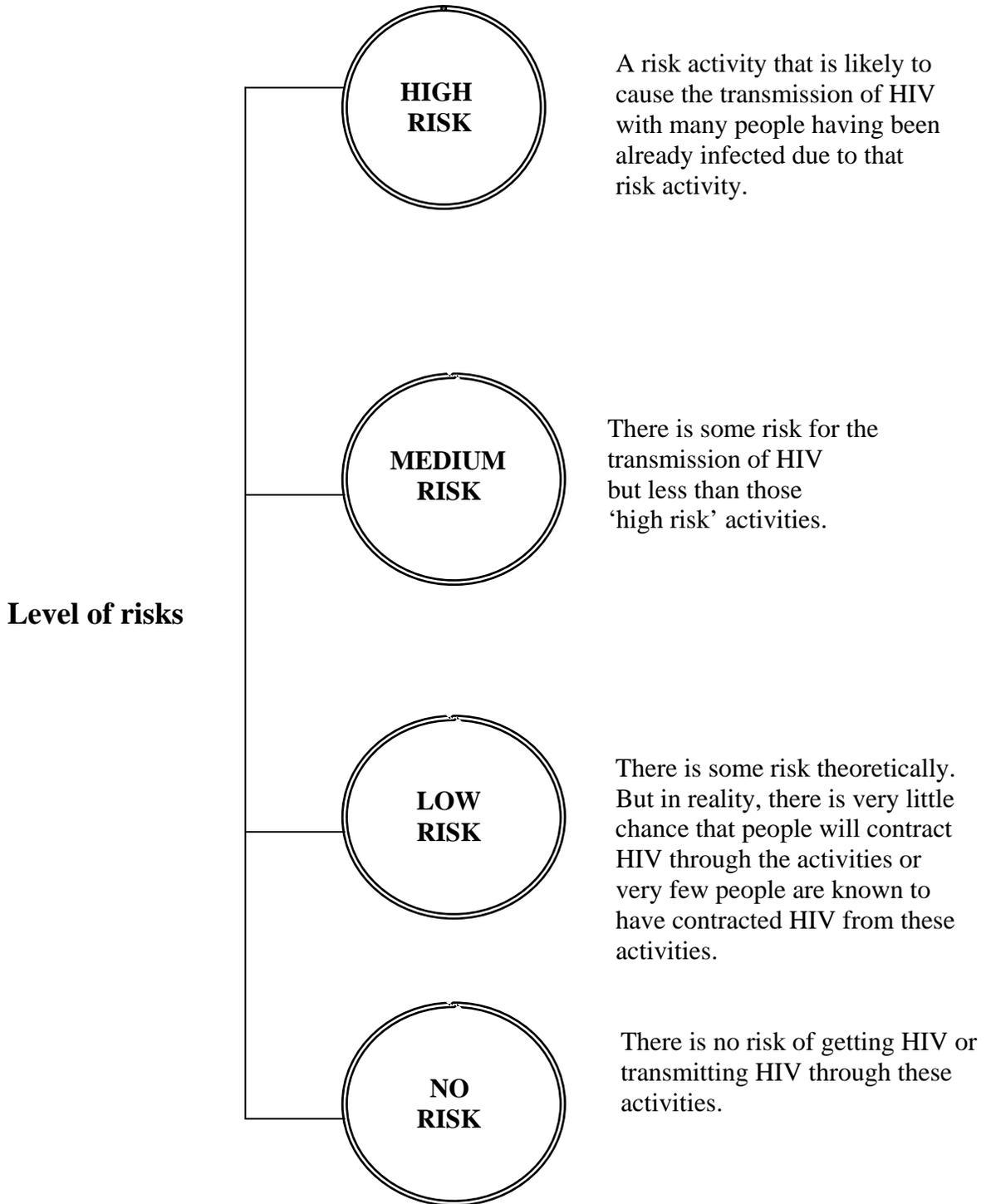
20
Coughing or sneezing

21
Sharing the same toilet with other people

22
Contacting and socializing with HIV + persons

23
Eating with HIV+ person, sharing the same food, dishes

Activity 4: Transparency #1



Activity 4: Transparency #2

There 3 factors necessary for a person to contract HIV.

Source

- HIV lives in the human body by attaching to blood lymphocytes.
- HIV stays in some body fluids such as blood, semen, vaginal fluid, and breastmilk.

Quantity and quality

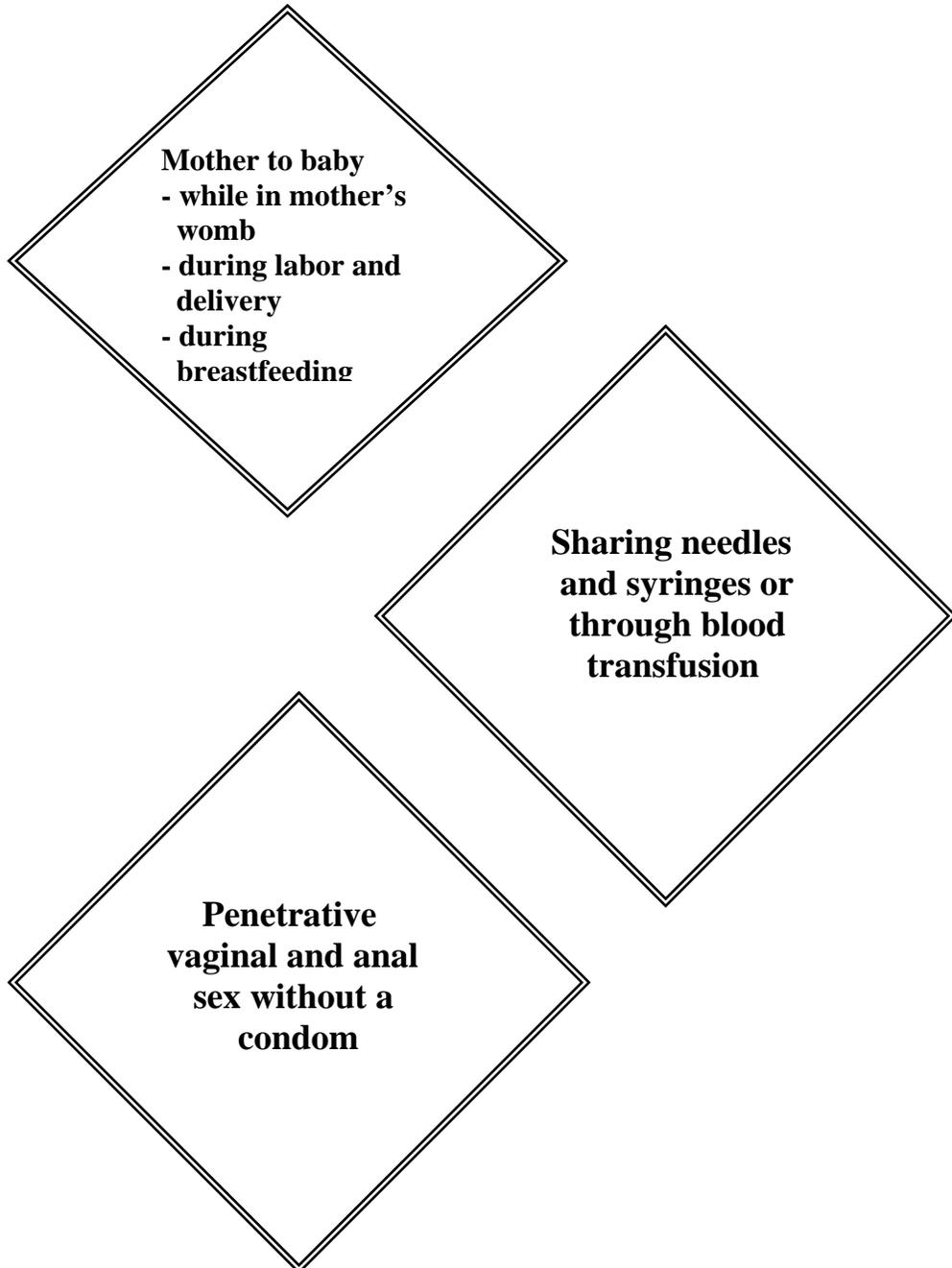
- There must be an adequate quantity of HIV in the body fluid that contains the HIV.
- HIV must be of high quality.
- HIV cannot live outside a human body.
- Some body conditions and environments make it difficult for HIV to survive such as acid in the saliva and stomach. weather. heat and

Route of transmission

HIV needs to be directly transmitted from the infected person to another by entering into the blood stream.

Activity 4: Transparency # 3

HIV can be transmitted from a person with HIV to others through:



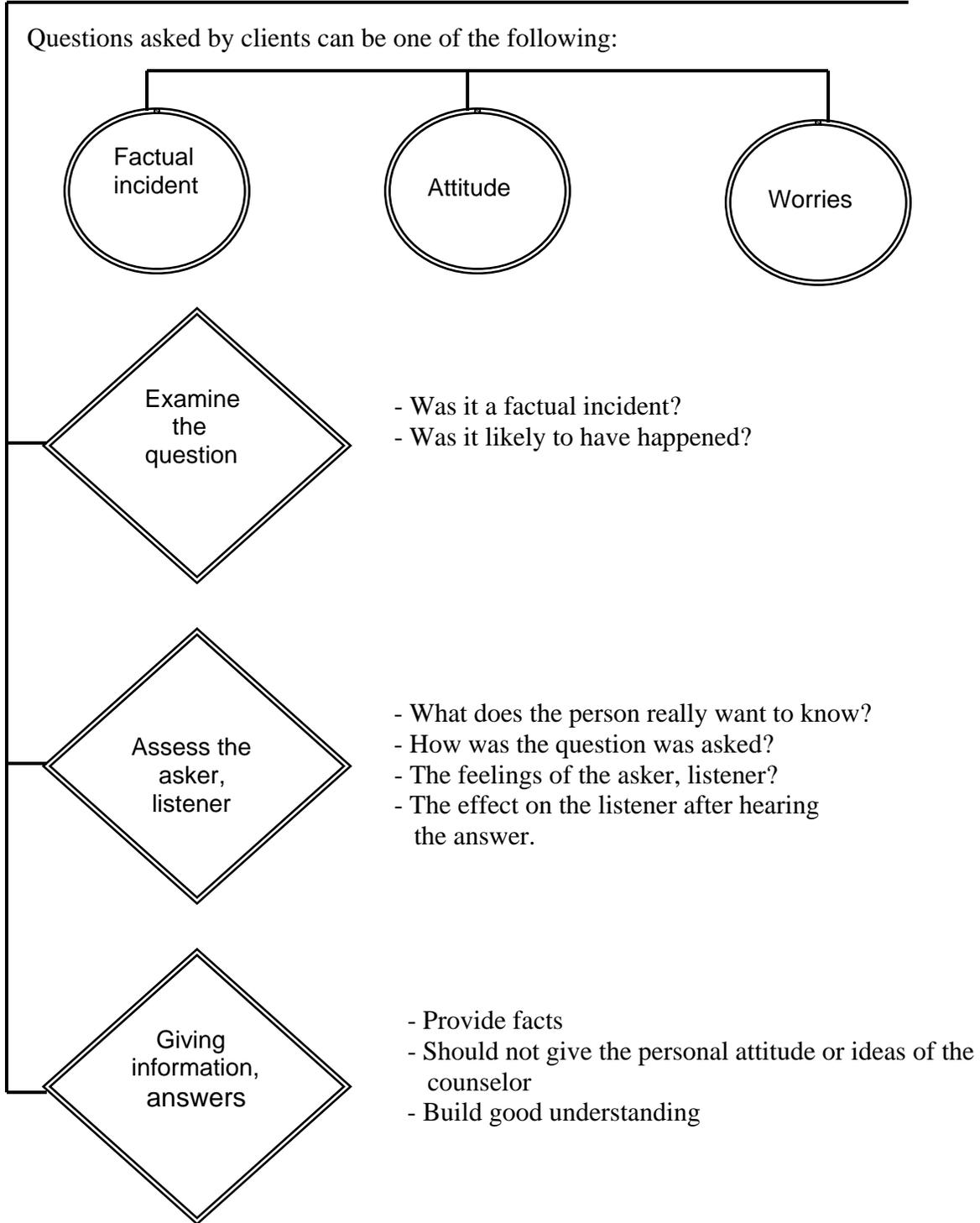


**Oral
Sex**

- There is some risk in the case of oral sex with HIV+ men when
 - The man ejaculates in the mouth and there is an ulcer or infection in the mouth of his partner
 - The man has an STI and his partner has a throat infection
- If a person has *STI on the genital area*, the STI can be transmitted to the mouth of the partner through oral sex.

Activity 4: Transparency #5

Giving information and answering questions about HIV and AIDS.



Activity 5

Self awareness, values, attitudes and judgment

Activity 5

What do you think about them?

A very important issue about counseling is the ability of the counselor to accept and understand the situation of the client. This involves attitudes, opinions, and beliefs about behaviors and how one should conduct his or her own life. If the counselor uses his or her beliefs or attitudes to judge the behavior or actions of the client, it will create a gap in the counseling relationship. The client may feel as if s/he is being blamed and the result of the counseling will not be beneficial to the client.

Important points about the activity

People are different. Different people have different attitudes or opinions about certain things or certain behaviors. This has been due to the individual's education, experience, thinking frame and the values we place on things or behaviors. The beliefs or values that we have cause us to think differently about different people or behaviors. Often what we know about other people is only a fraction of the information (or the whole story).

We might often use our own thinking to judge whether the action is good or bad. When we use our own judgment during counseling we are thinking on behalf of the client (instead of letting the clients think for themselves). Then the service we are giving is not counseling, but preaching or directing.

This activity is about attitudes, opinions, and beliefs. At the end there will be no conclusion as to what is right and what is wrong. It is not easy to make every participant accept behaviors of their clients. But the activity will help participants to be aware that we often make our judgment of people or their actions unconsciously. A counselor needs to be aware of his or her own feelings and opinion at the moment (while talking with the client) and not allow it to interfere with the work. Participants need to learn to broaden their views and be willing to understand other people and their problems.

Objective:

1. To increase participants awareness of their attitudes towards different behaviors of people in the society.
2. To help participants understand that attitudes and biases can have an impact on his or her work.
3. To help participants understand that being judgmental can be obstructive for counseling and affect the creation of a good relationship with the client, including developing a good understanding of the client's feelings and his or her problems.

Method:

1. Facilitator gives out a 'behavior sheet' to each participant with different colored dots for men and women.
2. Without writing their name participants place the colored dots on the columns according to what they think.

Materials:

1. Behavior sheets for participants
2. 2 Colored dot stickers
3. Big behavior sheet to put in front of the room

Suggestion for facilitator(s)

- The facilitator explains the behavior sheet - about the levels of acceptance (acceptable, not acceptable '-1', not acceptable '-3', and not acceptable '-5'). The degree of non-acceptability of behaviors is ranked from -1 (least non-acceptable) to -5 (most non-acceptable).
- The facilitator encourages discussion using the big behavior sheet, pointing out the level of accepting or not accepting, which ones were acceptable which were not, which were least accepted, and which behaviors did participants give different levels of acceptance.
- From the questions, answers, and discussion from the group facilitator point out that if we have these opinions that we like or dislike certain behaviors, our opinions and feelings may or may not affect the way we talk and work with the client.

Process:

1. Explain the activity by asking everyone to express his or her opinion about each behavior on the sheet as honestly as possible. The facilitator distributes colored dots, one color for men and the other for women. Put one dot on the box 'male' or 'female', but do not write their names.
2. As quickly as possible participants place the colored dots in the columns they choose and return the sheet to the facilitator.
3. After collecting all the sheets, the facilitator distributes a sheet back to each participant randomly without telling them who the sheet belongs to.
4. Each participant places the colored dots corresponding to those on the sheet that they received on the big behavior sheet.
5. When everyone is finished ask the group to examine the overall trends of opinions that were placed on the big sheet.
Discuss the results with the group, what attitude and beliefs they reflect and why?
6. Pick 2 to 3 behaviors to discuss, exchange ideas, and ask about the participants' reasons for being able to accept or not accept this particular behavior.
7. Ask participants:

- A. Do the behaviors on the sheet occur often?
 - B. What is the possibility of counselors meeting with people who behave in these ways?
 - C. If you meet with clients who practice this behavior, what will you feel?
 - D. If the person continued to behave in these ways, how would you feel?
8. Summarize the activity on judging behaviors and possible effects.

Activity 5: Handout 1

What do you feel / think about them?

Male

Female

No.	Sexual behaviors	Can Accept 0	Cannot accept -1	Cannot accept -3	Cannot accept -5
1	Mr. Veasna is a single man. He usually goes to brothels and has sex with a sex worker.				
2	Ms. Srey Leak is a beer promoter. She has sex with clients to earn more money.				
3	Mr. Vichitr has many girlfriends. He sleeps with all of them.				
4	Mr. Chamnan has two wives. He has not told his first wife about the second wife.				
5	Ms. Kannika is married to a doctor. She also secretly sleeps with her boyfriend who is a teacher.				
6	Mr. Nissey is a man who has sex with a person of the same sex. He lives with the man that he has sex with.				
7	Ms. Kalyan is a student at a teacher's college. She secretly has sex with a rich man who is married. She does not love the man.				
8	Mr. Thad is married. He goes out with his friends to drink beer. He slept with a beer promoter when he was drunk.				
9	Ms. Phani is a woman who has sex with a person of the same sex. She lives with the woman that she has sex with.				
10	Ms. Sratum has two boyfriends. She has sex with both of them.				
11	Mr. Sakda has a relationship with someone else's wife. He also sleeps with the woman.				
12	Ms. Pranit is a student during day time. She secretly works as sex worker.				
13	Mr. Sitha is single. He is HIV+.				
14	Ms. Chinda is a sex worker. She is HIV+.				
15	Mr. Sok is married. He is HIV+. He has not told his wife about his HIV status, but he always uses a condom when he has sex with this wife.				
16	Ms. Rouen is HIV+. She was raped. She loves her boyfriend and wants to marry him. But she does not want to tell him about her secret.				

Activity 6

Principles of Counseling Confidentiality

“Secret envelope”

Activity 6

Confidentiality

Confidentiality is an ethic or part of the code of conduct for many professions. These include the medical and other helping professions such as counselors. Information about the client cannot be given to other people intentionally or unintentionally without the explicit permission of the client.

In some communities there is still limited acceptance and understanding of people who are infected by HIV. Many people are still anxious, have a blaming attitude, and are overly afraid of HIV transmission. This situation has had a negative impact on the livelihood of people who have HIV. Counseling, blood testing and maintaining confidentiality of the test result are therefore very important for those who are tested. If and when confidentiality is not kept it can also damage the reputation of the VCCT center.

The test result, positive or negative, is very important for the client. HIV/AIDS is very personal. People are selective about who to tell. Counselors need to develop trust and make the client feel relaxed so that they can talk about their personal problems or secrets.

Objective:

1. Simulate the situation and feelings when one has to tell his or her secret to others.
2. To enable the participants to understand the importance and necessity of counselors maintaining confidentiality.

Materials:

1. Small pieces of paper for each of the participants to write their secrets
2. Envelopes for each participant
3. A box in which to put all the envelopes
4. Transparency #1

Suggestions for facilitator:

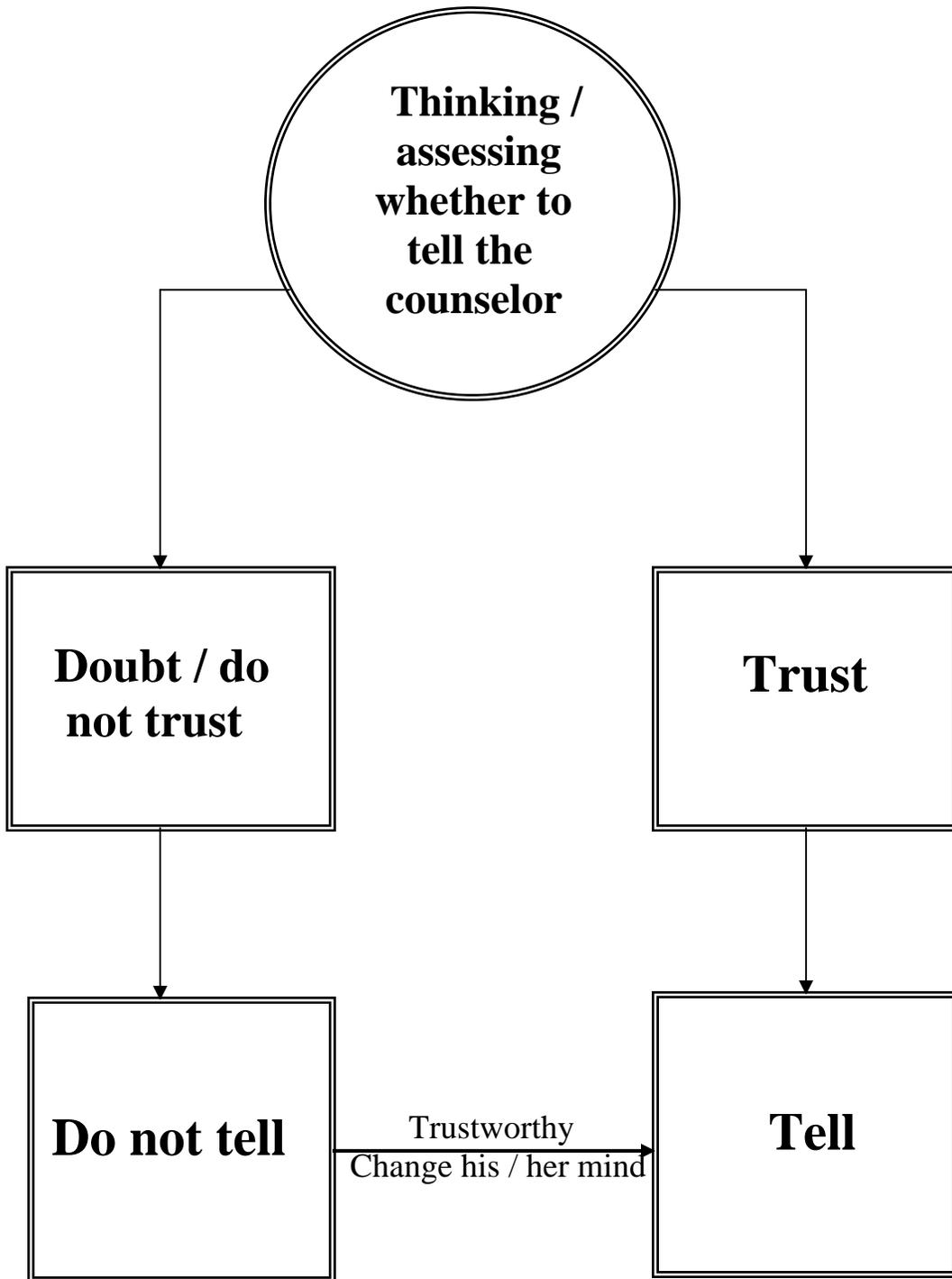
- Try to encourage participants to write their real most carefully kept secrets.
- The facilitator should act as if he or she does not respect individual's rights and has no regard for the secret.
- The exercise may create tension and argument. The facilitator should try to pick up the feelings and emotion of the participants and bring them up later as examples of the feelings of the clients whose secret may have been nearly exposed or have been exposed.

- After the process the facilitator should explain and apologize to the participants that s/he had to follow the process in order to make the situation as close to reality as possible.

Process:

1. The facilitator talks about the activity ‘What do you think about them?’
Ask participants about behaviors that were unacceptable.
2. Point out to participants that most behaviors in the previous exercise were sexual behaviors which are personal and private. They are mostly personal secrets. Besides sexual behaviors, there are many things in life that we have done that other people don’t know about or very few people know about. For various reasons, there are things that we don’t want people to know about. If other people know about it they might not approve of it, might not like us, or it might affect our lives or people close to us.
3. Ask each participant to write one of their most carefully kept secrets on the piece of paper.
4. Without putting their name on it, participants put their secret in an envelope, seal it, and hand it over to facilitator
5. The facilitator puts all the secret envelopes in a box.
6. The facilitator asks if the secrets are really secretive and how important are they to the participants.
7. Without asking permission, the facilitator acts as if to open each envelope and to read them one by one and observe the reaction of the participants. If participants object to opening of the envelopes the facilitator argues that there are no names on the envelopes so they don’t know to whom they belong.
8. Ask if all participants agree to have all envelopes opened. If there is hesitation or objection, then ask for reasons and feelings, and discuss what could be the effect of revealing individual’s secrets.
9. The facilitator can stimulate discussion further by asking participants if they have told their secrets to other people. Why did we tell our secret to that particular person?
What would we feel if that person told our secret to other people?
In the case that someone has never told his or her secret to others, why not?
10. The facilitator can conclude the session using Transparency # 1, explaining that the clients also assesses whether they should tell their personal stories to the counselor. The client also assesses how the counselor will react concerning the story – will the counselor tell other people about it?
Therefore at the beginning of the counseling session, the counselor should inform the client that what has been discussed and the test result will be kept confidential.
11. Do not forget to tear up all the secret envelopes at the end of the session.

Activity 6 Transparency #1



Activity 7

**Principles of counseling
Client-centered**

Advice versus Information

“Can you tell me, please?”

Activity 7

'Can you tell me, please?'

The counselor is not the decision maker for the problem faced by the client. If and when the counselor starts telling the client that he or she should do this and that, the counselor thinks and makes the decision for the client. The important purpose of the counseling process is to help clients understand their problem, work with the clients to explore possible options and the benefits and disadvantages of each option, and increase the clients' ability to choose the best possible option by themselves. This is called '**client-centered**' counseling.

To conduct effective HIV counseling it is important for the counselors to understand and to practice the **difference between giving advice and giving information**.

Even very experienced counselors are drawn into giving advice, particularly when the client is distressed. In the case of HIV counseling, advice giving is not helpful because of the sensitive nature of the behaviors involved and the possibility that the client and counselor do not share the same values about these behaviors. If clients perceive that the counselor is judging their behavior, they may be reluctant to disclose further, and it will be very unlikely that the counselor will have the opportunity to help the client.

Objective:

1. To help participants understand that an important aspect of counseling is not making decisions for the client, in particular on important problems, even when asked, or with the clients insistence.
2. To demonstrate that counseling is a process that helps clients to identify possible options for the problem and to be able to make the decisions for themselves.

Method:

Use a case example for discussion and exchange of ideas.

Material:

Case example

Process:

1. Distribute the case study to each participant.
2. Ask participants to fill in the blank and give reasons for their suggestions.

3. There will be 3 answers:
 - a. Support the client to have the baby
 - b. Not support the client to have the baby
 - c. No answer, up to the decision of the client
4. Ask participants who have similar answers to come together and discuss their suggestion and summarize the group's opinion to share with the big group. Each group can use transparencies or a flip chart for presentations.
5. Ask each group to present their suggestions to the big group.
6. The points that facilitator should discuss further after each group presents their answers are:
 - a. What would you think if the client does not do what you suggested?
 - b. Are you ready to be responsible for the consequence of the suggestion that you gave?
 - c. Each of the answers given was based on whose benefit?
7. Conclude that **“the role of counselor is to help the client to think and be able to make their own decisions. Be careful when giving information that it is not giving advice. Do not persuade the client to do what the counselor wants.”**

Important points:

An important principle of counseling is not to give direction, tell the client what to do, or make the decision for the client because there can be many consequences of such a decision. The decision may be appropriate or not appropriate for the client. How would the counselor take responsibility for those consequences if the client said “I did that because you told me so?”

Through this activity, participants will understand that in general people like giving advice to others about what they should do. This does not help the ones with the problem to be able to think for themselves more clearly. To help the client to think better the counselor needs to encourage or stimulate the client to think and explore many aspects of the problem and help them to see that there can be many options. Good counseling helps increase the potential of the client to understand their problems, think, and make decisions and prepares them to face and cope with whatever will happen.

Example of questions and information that will help the client to think about the problem and options are:

1. The possibility or likelihood of transmission from mother to baby (give information).
2. The PMTCT program which is available in some hospitals.
3. Plan for the future? Ask the client to think about this.
4. Families, relatives, who might be able to help or support? Ask the client to think about this.
5. What might happen (many possibilities) if the client has the baby? Ask the client to think about it.
6. Other relevant information or questions.

Activity 7: Handout 1

Can you tell me, please?

My name is Srey Mom. I am a sex worker. I earn about \$30 a month. I have a boyfriend. He works some of the time as a construction worker. He earns a little money. We have been together for two years. I really love him and want to have a family with him. We live in Tralork Baeck, near Phnom Penh.

Today I came to the VCCT service. I was counseled. I took an HIV test. The result is positive. I have HIV. I don't know if my boyfriend has HIV or not. I want to have a baby. I think if I have a baby it will me make feel very happy. I will have a family like other people and it will help make the relationship with my boyfriend stronger. This will show him that I really love him and devoted to him. I would like to ask you,

Should I have a baby?

Answer: _____

Reason(s) _____

Activity 7: Transparency 1

Example of results from the activity ‘Can you tell me, please?’

There are 3 groups of reasons:



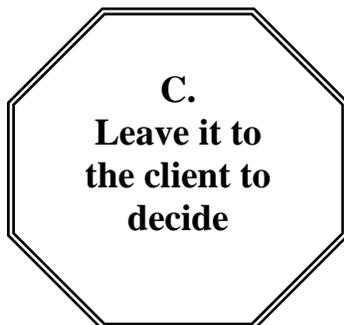
Reasons:

- If the client is prepared to have a baby then she should.
- Think that if the client has a baby she will be happier and her relationship with her boyfriend may be stronger.



Reasons:

- The husband might also be infected with HIV and if she has a baby, the baby might be infected too.
- If both parents of the baby die who will take care of the baby?
- The boyfriend does not have a good stable job and does not earn regular income.



Reasons:

- The client needs to decide this for herself.
- Encourage and stimulate the client to think about the many aspects of having a baby when HIV+ and the possible consequences of having or not having a baby.

Counseling

Counseling is helping the client to:

- **Understand their problem**
- **See that there are ways to deal with the problem**
- **Decide the way to deal with the problem by themselves**

Activity 8

Principles of counseling

Non - directive

“Trust walk”

Activity 8

Non-directive Trust Walk

Though in principle, we may know that the role of a counselor is not to persuade or give direction to the client; with good intentions, counselors can unconsciously give advice or directions for the client to follow. Counselors should work with the client until they understand their situation and are able to pick the best option for themselves.

Objective:

To help participants understand the importance of being non-directive, or not making decisions for the client.

Method:

Select 6 participants and divide them into 3 pairs. Ask each pair to go out of the room. One person from each pair will be blindfolded. Rearrange the room, not allowing those outside to know what was rearranged in the room. The rest of the participants in the room will observe the activity.

Materials:

1. Three pieces of cloth to blindfold 3 persons.
2. 3 pieces of paper on 3 chairs
 - 1st piece of the paper written: rice and fish
 - 2nd piece of the paper written: water and soft drinks
 - 3rd piece of the paper written: beer and alcohol
3. Place the 3 chairs separately with some distance between them.

Process:

1. Ask each pair outside the room to use the cloth to blindfold one person.
2. The task of each pair is to hold the hand of the blindfolded person and guide them into the room to sit on one of the chairs. The facilitator gives instruction to each pair one at a time.
3. The task of the observers is to observe how the two persons in the pair work together. The different types of food written on the papers on each chair represent different options to be chosen.
4. After giving all information, the facilitator asks each pair to come into the room one pair at a time.

Facilitator and others observe the following:

- On which chair did the person who could see take the blindfolded person to sit? What was the manner of the walk that took place?

- How did the blindfolded person behave? Did he or she just follow the person who could see? Was there any resistance while walking? Did the blindfolded person walk with confidence or reluctance? Did the blindfolded person know where s/he was going?
 - Was there any discussion between the pair?
5. After finishing the walk facilitator asks each pair about the exercise.

To the leader: What was the reason for helping or taking the partner to the chosen chair? Did s/he discuss this with the blindfolded partner? Why, or why not?

To the blindfolded person: Did s/he know how many chairs there were? Which chair did s/he want to go to? What did s/he feel about the leader and the manner in which s/he was led? Did s/he talk to the leader while being led?

6. The facilitator asks other observers, “What did you see from this exercise in relationship to counseling?”

Important points:

1. The trust walk exercise is similar to the relationship between the counselor and the client. Being blindfolded is like someone being in a difficult situation and not able to see things clearly.
2. The leader or counselor probably led the blindfolded partner to the chair that s/he thought best for the client – making the decision for the client, mostly without asking the opinion or feelings of the client.
3. A potential problem that might happen is that the client might not agree with the decision or not think that was what s/he wanted most or what was most appropriate for him/her. The client therefore should be the person to make the decision.

The conclusion is that the counselor should not give directions to the client, but support or enhance the ability of the client to think and deal with the problem by themselves.

Activity 9

Skills in Counseling

Activity 9

Developing counseling skills

Besides the important principles of counseling that we have discussed in earlier sessions, there are a few more skills that participants need to develop in order to become good counselors. During a counseling session the counselor has to combine these principles and skills together while working with the client.

Being a good counselor takes more than having the set of required skills; it also takes acceptance, respect, the belief that other people have the potential to make good decisions for themselves, and sincerity in wanting to help others.

The important key elements necessary to conduct counseling covered in the video clips are:

- non-judgmental
- confidentiality
- client-centered
- empathy or giving attention to the feelings and emotions of client
- good communication skills including active listening, clarifying, and summarizing
- ability to make appropriate referrals

Objectives:

1. To help participants see and understand the basic elements of counseling
2. To show that good counseling skills can be developed if there is the desire to learn them

Materials:

1. TV and video player
2. Video clips showing and comparing 6 deficient counseling and 6 good counseling scenarios.
3. Handout for participants to write their observations of each scenario from the video (6 deficient and 6 good scenarios)

Process:

1. Distribute handout # 1 for participants to write down their observations.
2. Explain to the participants that the video clips that they will see show the types of dialogue that create certain effects during the counseling process. Show the video clips one by one. After finishing each scene, pause, and ask participants to write down their observations.

3. When all the 6 scenes are finished, and everyone has written their comments, show all the video clips again and discuss the comments from the participants one scene at a time.
4. After finishing discussion on deficient counseling, show the other 6 video clips that show good counseling and ask participants to compare these clips with the first video clips they saw. Are these clips the same or different than the first 6 clips? How are they different?
5. The facilitator summarizes elements and basic counseling skills from the video and how they affect the counseling process. The facilitator may also give some other examples from real experience.

Elements of counseling

1. Being non-judgmental

When the counselor makes a judgment about the action or behaviors of the client based on his or her personal belief, ideas or attitudes, the client may feel that the counselor may not understand his or her problem and may not be sure if the counselor is willing to listen or to help. The client may feel as if they are being blamed and not trust the counselor and not want to say much more. The counselor needs to be aware of his or her feelings and attitudes, and at the same time be open to hearing and understanding the actions and behaviors of other people and their decisions.

2. Maintain confidentiality

Because there are some people who still do not fully understand or accept people with HIV and AIDS there is still stigma and discrimination that affects the lives of People Living with HIV/AIDS (PLHA). Confidentiality about the infection is very important for the client.

The decision for people to come to a VCCT center for counseling and testing is based on the confidence that VCCT counselors are trustworthy and understanding, and that they can talk about private issues and personal problems with the counselors.

3. Client-Centered

The client is the most important person in the counseling process. Counseling is a process to help the client understand their problem, see that there are many ways to deal with the problem, create confidence and the ability to choose or decide the best option, and prepare the client to be ready to face whatever may happen. Therefore, the most important aspect of counseling is not telling, giving directions, teaching, or making decisions for the client.

4. Empathy or paying attention to the feelings of the client

Most clients come to counselors when they have questions, problems, or frustrations. It is the responsibility of the counselor to put the client at ease, enable the client to express their feelings, talk about their problem and help release the frustration that they have. If a counselor is able to show that s/he understands the feelings and situation of the client through verbal and non-verbal signs, the client will share his/her frustrations and problems and the counseling can move on to deal with important issues and/or the core of the problem.

5. Communication skills

There are a few key skills related to good communication. They are active listening, clarifying, and summarizing.

Active listening is one of the most important skills. Good counselors need to be able to hear not only what was said, but also how it was said. Understanding the depth of the problem and knowing how the client feels about his/her situation is very important.

If during the discussion what was said by the client is not clear or the client or the counselor is not sure about it, the counselor needs to clarify the issue or story with the client. Some times a client may talk about many issues or have many problems. The counselor will need to explore what the problems are and identify what is the most important problem and should be dealt with before others. At the end of the dialogue the counselor should review or summarize what they have discussed.

6. Making appropriate referrals

Currently there are many health services related to HIV and STI available both in Phnom Penh and in provinces. Counselors need to learn and have good information about these services in order to make appropriate referrals. Being able to access and receiving appropriate services will help address the health or other social or economic needs of the client.

Video scripts

Elements of counseling that affect the counseling process

Script of Episode 1

Judgmental

A client is a sex worker. She has been working as a sex worker for 2 years. She has come into contact with outreach workers of NGOs who told her about HIV and AIDS. She comes to the VCCT service asking about the HIV test.

Counselor: Hello, please come in. Do you want to have an HIV test?

Client: Yes, I would like to have an HIV test.

Counselor: Why do you want to have an HIV test?
Did you engage in risk behaviors, or
did your partner engage in risk behaviors?

Client: I receive clients at nighttime, and I heard about HIV/AIDS, so I
want to have an HIV test.

Counselor: You are a sex worker. How long have you sold sex? Do you know that it is
not a good occupation?

Client: I know that it is not a good occupation but I already do this, what can I do?

Counselor: Do you use condoms with all the clients?

Client: I use condoms with most clients, but sometimes when someone offers me
more money for not using a condom, I agree. Sometimes the client is very
drunk and does not want to use a condom and I don't know what to do.

Counselor: Don't you know that not using condom is very dangerous for yourself and
the client?

Client: Yes, I know that it is risky!!!!

Non-judgmental

Counselor: Hello, please come in. Do you want to have an HIV test?

Client: Yes, I would like to have an HIV test.

Counselor: Do you know how HIV is transmitted?

Client: Yes, the NGO outreach workers told me that HIV can be transmitted by having sex without a condom, sharing needles, and from mother to child..

Counselor: Do you know that to get an accurate test result, the test has to be performed three months after a person has been in a risk situation?

Client: Is that so? I think I have been in a risk situation for a long time. I have been working as a sex worker.

Counselor: And have you been in a risk situation for more than 3 months.

Client: Yes, I have been a sex worker for 2 years.

Counselor: Do you always use condoms with your clients?

Client: I use condoms with most clients, but sometimes when someone offers me more money for not using a condom, I agree. Sometimes the client is very drunk and does not want to use a condom and I don't know what to do.

Counselor: What do you feel now?

Client: I wonder if I have HIV. I am worried.

Counselor: What would you do if you have HIV?

Client: I may have to continue working as sex worker.

Judgmental

In the context of counseling being judgmental means that the counselor uses his or her personal beliefs or ideas to give value to the action of the client without taking into consideration the causes or background of the situation. This usually makes the client feel uneasy, misunderstood and may hinder the client's ability to fully reveal his/ her story, which can be an obstacle for good counseling.

Script of Episode 2

Not maintaining confidentiality

At a VCCT service which is part of a referral hospital in an Operational District, a client coming to a VCCT center is a woman whose husband has been hospitalized at the referral hospital for treatment of TB. The client knows that her husband has been treated for TB but does not know that he has been tested for HIV and was found HIV+. However, the woman knew other people in her commune had HIV, and as her husband has been chronically ill, she wonders about herself. Her husband's name is Heng. The wife or the client's name is Nee. The counselor has known the couple for some time.

Counselor: Hello! *Bawng Nee*, have you visited your husband, *Bawng Heng*?

Client: Yes, I went there. I think he is better today. He coughs less than before.

Counselor: Yes, he should be better, because the doctor has given him some medicine. How long have you been living with him?

Client: Maybe 3 - 4 years already.

Counselor: Did he go out sometimes, I mean to visit other women?

Client: After we were married, he did not go out much, but before that I don't know, maybe he did just like other Cambodian men.

Counselor: Do you want to have an HIV test?

Client: I am thinking about that. Do you think I should have an HIV test?

Counselor: I think you should have an HIV test. I mean well for you. Do you know about Heng's blood test ?

Client: I don't know about *Bawng Heng*'s blood test. How was it?

Counselor: Err, he has HIV. He took a test two weeks ago. Because you are his wife, you should know that he has HIV. You should also take a test. If you don't have HIV yet, then there is time and ways for you to protect yourself.

Client: (Quiet, in shock. The client did not expect to hear this.)

Maintaining confidentiality

- Counselor: Hello! *Bawng Nee*, have you visited your husband, *Bawng Heng* ?
- Client: Yes, I went there. I think he is better today. He coughs less than before.
- Counselor: Yes, I think so too. I think he is a bit better than when he first arrived. He follows the instructions of the doctor about taking medicine.
- Client: If the doctor tells him something he will follow. But with me sometimes he does not listen. He does not like taking medicines.
- Counselor: The hospital is a bit far from your home. Do you come here just to visit your husband or do you want to do anything else?
- Client: There are many people in this district who have AIDS. Some wives of people who have chronic illnesses also have AIDS. I am worried and wonder about myself. I have only one child. I want to have more children. I want to know if I have HIV. I am thinking about taking an HIV test.
- Counselor: Do you know how HIV is transmitted ?
- Client: Yes, I know, through sleeping together, sharing needles, and from mother to child.
- Counselor: What would you do if you have HIV?
- Client: If I have HIV, then I will not get pregnant.

Confidentiality

Confidentiality is one of the most important ethics for health care personnel. Because HIV/AIDS is related to attitudes and acceptance of people, under no circumstances can a counselor tell other people about anyone's test results without permission from the owner of the blood. An exception can be made only for case conferences among health care workers to discuss the treatment of the patient or for referral purposes. But the patient needs to give permission first.

Script of Episode 3

Not Client-Centered

At a VCCT service, a male client comes in to discuss about a HIV test. His first wife died of AIDS. He has a new girlfriend, His new girlfriend does not know about his former wife. The man is not sure if he wants to take the test.

Counselor: Hello Mr. Sothy! How long have you waited?

Client: For a while.

Counselor: There are many people today so it took me a while talking with them. Coming here today would you want to have an HIV test?

Client: Err, I have been thinking about that. I thought I wanted to have a test but now that I am here, I am hesitant about that.

Counselor: Why are you hesitant?

Client: My wife died of AIDS two years ago. Now I have a new girlfriend. In the future I want to marry her but she does not know about my former wife. I dare not tell her about that. I am afraid that she will leave me.

Counselor: However, there is also a possibility that you are not infected. There are some cases like that.

Client: But there is also a chance that I got infected. If I don't take a test and if I am HIV+ I might spread it to my girlfriend. Do you think I should take the test?

Counselor: Hearing what you said, I think you should take a test to know if you have HIV so that you will know how to protect your girlfriend. You will also stop wondering. What do you think?

Client: (Silent)

Client Centered

A very important principle of counseling is that the client needs to make the decision or choose the option himself/herself. The counselor has to respect the rights and the potential of the client. The role of the counselor is to enhance the ability of the client to use his potential through giving information and encouragement.

Client-Centered

Counselor: Hello Mr. Sothy! How long have you waited?

Client: For a while.

Counselor: There are many people today so it took me a while talking with them.

Coming here today would you want to have an HIV test?

Client: Err, I have been thinking about that. I am not sure. On the one hand I want to, but on the other I am a bit afraid.

Counselor: Could you tell me why you are thinking about having an HIV test?

Client: Because my wife died of AIDS two years ago. Now I have a new girlfriend. She does not know about my former wife. I am afraid to tell her.

Counselor: Do you know that some people have had sex with an HIV positive person but did not get HIV.

Client: Is that so? Is it possible?

Counselor: There are some cases like that.

Client: But we will not know until I take the test, right?

Counselor: Yes, you are right.

Client: If I take the test I will know right away. If I don't have HIV I will feel better and know that I will not give it to my girlfriend, but if I have it I don't know if I can accept it.

Counselor: If you have HIV it will be difficult for you to accept it.

Client: Yes Lok Kru, it is hard just to think about it. I never thought that I would get HIV. I am a good person. I don't want to blame my former wife who died, but it is hard for me if I know that I have HIV.

Counselor: What do you want to do now?

Client: Lok Kru, if I do not take the test can I use condom? Is the condom good for protection for sure?

Counselor: A condom if used properly can prevent HIV. What would your girlfriend say if you used a condom?

Client: I will tell her that the condom will prevent her getting pregnant. She knows that I do not want to have children now.

Counselor: So, you don't want to take the test yet because you don't know if you could accept it if you have HIV, but you want to protect your girlfriend?

Client: Yes.

Script of Episode 4

Not paying attention to feelings

The client, Mom, is a widow whose husband died nearly two years ago of AIDS. The family spent a lot of money when the husband was sick. They sold their cows and some of their land. Mom has three children. The oldest one is working while the younger two still go to school. Mom's health is not very good. Recently she has been coughing a lot. She is worried about herself and the future of her children. Mom went to VCCT service in the provincial town. She decided to take an HIV test. The center uses the rapid HIV test. Mom went for pre-test counseling and took the test in the morning. That same afternoon she came to collect the test result.

Counselor: Hello Mom! Have you come to receive your test result?

Client: Yes.

Counselor: May I just review again what we discussed this morning.

Client: Yes.

Counselor: A negative test result means that the test did not detect the HIV antibody in your blood. A positive result means that the test found the HIV antibody in your blood. Even when people test positive, they will be able to live a long time if they know how to maintain their health. Do you understand that?

Client: Yes, I understand that.

Counselor: What would you do if you have HIV?

Client: If I have HIV I will try to seek treatment (*sounds and looks worried*). I am afraid that I will have HIV.

Counselor: This morning you said that you will be able to accept your test result, whatever it is.

Client: Yes.

Counselor: This is the envelope containing your test result. If you do not understand I can help explain it to you (*counselor hands over the envelope to the client*).

Client: Yes, please see and explain it to me.

Counselor: Your test result is positive. You have HIV.

Client: (*Silent*)....

Counselor: What do you think about this?

Client: I am frightened. I don't know what to do. When my husband was sick I took care of him. Who will take care of me when I am sick? Who will take care of my children if I die? (*crying*)

Counselor: You should not be worried too much. You will not get sick yet. There are many people in Cambodia who have HIV.

Client: (*Quiet, looks at the counselor*)

Paying attention to feelings

- Counselor: Hello Mom! Have you come to receive your test result?
Client: Yes.
Counselor: May I just review again about what we discussed this morning.
Client: Yes.
Counselor: A negative test result means that the test did not detect the HIV antibody in your blood. A positive result means that the test found the HIV antibody in your blood. Even when tested positive, people will be able to live a long time if they know how to maintain their health. Do you understand that?
Client: Yes, I understand that.
Counselor: What would you do if you have HIV?
Client: (*Looking away*) I don't know yet what I would do.
Counselor: This morning you said the same thing, you also said that you still want to know because without the test you will be wondering.
Clients: Yes, I want to know – whatever it is, positive or maybe negative.
Counselor: This is the envelope that contains your test result. Do you want to open the envelope to see the test result here?
Client: Please open the envelope and explain it to me.
Counselor: Your test result shows that you have HIV.
Client: (*Silent*)
- Counselor: What do you feel now?
Client: I am frightened. I don't know what to do. When my husband was sick I took care of him. Who will take care of me when I am sick? Who will take care of my children if I die? (*crying*)
Counselor: I understand that this is difficult for you. What is the thing that you worried most about?
Client: I am worried about my children. They are still young and cannot take care of themselves yet.
- Counselor: How is your health now?
Client: I cough sometimes. I am not sure if I have TB or something else.
Counselor: Preventing serious illnesses will help you to stay with your children longer. At the referral hospital here, doctors can do a health check for people with HIV and will give advice and medicines to prevent and treat HIV-related illnesses.

Paying attention to feelings

Feelings and emotions are very important in determining happiness or unhappiness for people. People with HIV not only face physical but also psychological difficulties. Many widowed women are left with the responsibility of taking care of the children after their husband dies. Many of them have to face negative attitudes and discrimination in their communities. Counselors need to pay attention to a client's feelings and concerns.

Script of Episode 5

Poor communication

The client is a man named Samith. Samith is a long distance truck driver. He travels to several provinces delivering goods for many companies. He has had the HIV test 3 times. The last time he tested, it was found that he has HIV. His health is now good. He finds it hard to accept the test result. He goes to another VCCT service location that he has not been to before. It is Monday and the VCCT service is very busy. Counselors have seen many clients.

Counselor: Hello! How are you today?

Client: Sorry to bother you, but can I talk with you?

Counselor: Is this your first visit?

Client: Yes.

Counselor: Have you waited long?

Client: A bit long, but it doesn't matter. It took me a long time too, to decide to come here. My test result makes me very confused. One can be crazy because of this. It is just like you bought a lottery and you won. Number one, really. My work keeps me very busy. I have to travel to many provinces. I am thinking about stopping work. Maybe I should just have a good time, go somewhere else as far as I can. What is there in life? Why should we work too hard? What can money do? Do you agree with me?

Counselor: You mean the test result that you have is negative and that's why you feel better?

Client: Oh! I don't want to talk about it. I don't want to believe it. It is like a dream. I want to lie to myself.

Counselor: You don't want to tell anyone. You travel a lot, so you like traveling for fun?

Client: No. I don't have much money.

Counselor: So, you have an economic problem?

Client: Not really. I have some money but I am not rich.

Good Communication

Counselor: Hello! How are you today?

Client: Sorry to bother you, but can I talk with you?

Counselor: Is this your first visit?

Client: Yes.

Counselor: Have you waited long?

Client: A bit long, but it doesn't matter. It took me a long time too, to decide to come here. My test result makes me very confused. One can be crazy because of this. It is just like you bought a lottery and you won. Number one, really. My work keeps me very busy. I have to travel to many provinces. I am thinking about stopping work. Maybe I should just have a good time, go somewhere else as far as I can. What is there in life? Why should we work too hard? What can money do? Do you agree with me?

Counselor: Hearing what you have said, are you worrying about your test result?

Client: Yes, I am a bit confused and don't want to believe it.

Counselor: So, you have taken an HIV test before?

Client: Yes, three times.

Counselor: How do you feel now?

Client: I am thinking of taking the test again so that I will know for sure.

Good communication

Communication skills such as active listening are very important in helping the counselor to understand the situation and problems of the client. A good listener hears not only the words, but the meaning and important points of the speaker – both the content and feelings. While communicating or listening a counselor needs to observe the manner in which the client is speaking to understand the client's feelings better.

Script of Episode 6

No referral

A 36 year old client comes to a VCCT service location which is near an STD clinic. She is 5 months pregnant. Her husband has been sick periodically. The client, Sopha, has been wondering about herself. She came to take an HIV test and learned that she has HIV.

Counselor: How do you feel after learning that you have HIV?

Client: I think it is my karma. Maybe I did bad things in my past life.

Counselor: What do you plan to do now?

Client: I don't know what to do, there are so many problems. My husband is also sick very often. Our economic situation is not very good. As you said before the test, the HIV virus can also be transmitted from mother to child. I don't want my child to have HIV, but probably it is too late now to have an abortion.

Counselor: It is not safe to have an abortion now, because your pregnancy is many months along now. However, not all children will get HIV from their mothers.

Client: I heard that there is some help for HIV positive mothers so that they do not give HIV to their children. Where can I find that help?

Counselor: You are talking about the prevention of HIV transmission from mother to child program. We don't have that here. Other hospitals might have it. But I don't know where for sure. Maybe you need to go to another hospital or to Phnom Penh.

Client: We are poor. We don't have much money. My husband is also sick very often. I don't think I can go anywhere.

Counselor: Your situation must be very difficult. When your husband was still healthy your livelihood was better, wasn't it?

Client: Yes, he is a soldier.

Making Referrals

Often HIV positive clients have many problems and the provision of counseling for emotional support may not be enough as there are other health-related issues that need to be addressed. A counselor needs to know what relevant services are available in the same location, at nearby hospitals, and at the district or province level, so that appropriate referrals can be made and help address the problems of the client. However, the counselor has to ask for permission from the client first, including permission for disclosure of the HIV status of the client to other health services.

Making referrals

Counselor: How do you feel after learning that you have HIV?

Client: I think it is my karma. Maybe I did bad things in my past life.

Counselor: What do you plan to do now?

Client: I don't know what to do, there are so many problems. My husband is also sick very often. Our economic situation is not very good. As you said before the test, the HIV virus can also be transmitted from mother to child. I don't want my child to have HIV, but probably it is too late now to have an abortion.

Counselor: There are a few things that we can do after knowing that you have HIV. At the Battambang Referral Hospital there is a service called 'prevention of mother to child transmission of HIV' or 'PMTCT'. To reduce the chance of a mother transmitting the virus to her baby they give medicine to the mother before delivery and also to the newborn baby. They can do that if the pregnant woman agrees to deliver her baby at the hospital.

Client: Will this help prevent my child from having HIV?

Counselor: Normally without taking the medicine (ARV), 30% of the babies born from HIV positive mothers will get HIV. With the PMTCT service the chance of a baby getting HIV will decrease to about 10%. If you want to meet with the health staff there, I will make a referral for you. However, by doing this they will know that you have HIV. Will you allow the health staff who are midwives and nurses to know that you have HIV?

Client: Will they keep the secret for me, or will they tell many people that I have HIV?

Counselor: They will keep the secret for you. They will not tell anyone who does not need to know about this.

Client: Thank you very much, please write the referral card for me.

Counselor: You said that your husband is sick very often. In your commune there is a home-based care project for people who are chronically ill? Do they come to visit your husband?

Client: No, nobody came. We did not tell anyone that he is sick. Will people say that he has AIDS if those people come to see him?

Counselor: The home-based care teams help people who have chronic illnesses, not only AIDS. They will also give some rice, too. This might help you a little bit. You can either contact them at this address or I can inform them about your husband if you want.

Activity 9: Handout 1

Comments/observations about counseling for each of the 6 deficient episodes	
Episode 1 What are the aspects that the counselor should improve?	Episode 2 What are the aspects that the counselor should improve?
Episode 3 What are the aspects that the counselor should improve?	Episode 4 What are the aspects that the counselor should improve?
Episode 5 What are the aspects that the counselor should improve?	Episode 6 What are the aspects that the counselor should improve?

Activity 9: Handout 2

Comments/observations about counseling for each of the 6 good episodes	
Episode 1 What are the aspects that the counselor did well?	Episode 2 What are the aspects that the counselor did well?
Episode 3 What are the aspects that the counselor did well?	Episode 4 What are the aspects that the counselor did well?
Episode 5 What are the aspects that the counselor did well?	Episode 6 What are the aspects that the counselor did well?

“What is counseling?”

Counseling is:

Two-way dialogue to help

clients understand their problem

and be able to deal with the problem

by themselves

Activity 9: Transparency #2

Good relations
Trust
Warmth
Easy to talk with

Acceptance and understand his/her decision and action

Believe in client's potential in making decision

Pay attention to problems and feelings

Factors that help create good counseling



Work on ways to deal with problems together

Encouragement

Provide assistance
Give useful information
Refer to others

Confidentiality

Promote change and problem solving behavior

Polite
Trustworthy

Activity 10

Counseling skills

Using all the principles and skills together

What should I do with my husband?

Should I take an HIV test?

Activity 10

What should I do with my husband? Should I take an HIV test?

Role play

In this activity, participants will combine principles and basic skills that have been discussed and examined earlier and apply them in a role play situation.

Objective:

1. To enable participants to apply the principles and skills together and be able to use them in the real situation
2. To practice active listening, picking up the feelings, question asking and summarizing skills.
3. To exchange experience through role play.

Materials:

Case study 1. 'What should I do with my husband?' (Where should I take him?)

Case study 2. 'Should I take a HIV test?'

Process:

1. Inform participants that in this role play the counselor will need to use many skills together such as listening, asking questions, reflecting and summarizing, in this process. If anyone has any questions, they can ask.
2. Arrange participants into 2-3 groups of 4-5 people each (one facilitator should be available for one group). In each group, 1 person is the counselor, 1 is the client, and the rest will observe and give comments afterwards. Observers should not sit too far away so they can hear the conversation, but not too close to the pair doing role play.
3. Distribute the case study to the 'client' to do the role play. Ask the 'client' to go out of the room and come in as a 'client'. Give the client 5 minutes to prepare herself. Some groups may get Case #1 and others Case #2.

4. The facilitator informs the observers that while observing, they should also think and come up with other ways of asking questions, reflecting or summarizing if possible.
5. Start the counseling exercise. Encourage the 2 people to continue until they finish. If it is too difficult, the facilitator should give some hints or clues to continue.
6. When finished discuss the exercise together:
 - What does the counselor think about his/her performance?
 - What does the client think about the counseling?
 - What do the observers think about the performance of the counselors and client?
 - What are other ways of asking questions, clarifying, and summarizing, etc.?
7. Facilitators observe and give comments:
 - Does the counselor understand the problem?
 - Does the summary accurately reflect the story?
 - Were the questions that were asked helpful for the discussion?
8. Conclude the skills and process for counseling session using the transparencies and the handout. Give encouragement to participants by emphasizing that counseling skills can be developed by practicing.

Activity 10

Case study 1:

‘What should I do with him?’ (‘Where should I take him?’)

Neary is 45 years old. She is a rice farmer in Battambang Province. She has four children. Her husband, Nhim, has been sick for four months. People say that he has HIV/AIDS. Neary notices that since her husband is sick, neighbours do not come to visit them as often as before. Neary asked her husband if he has AIDS. He says no and told her that he thinks his sickness can be cured. The family spent a lot of money buying different medicines. They had sold their two cows but Nhim’s condition is getting worse. Neary is very depressed. She heard that people sometimes leave their relatives at the Kien Kes temple for monks to take care of. Today Neary comes to Battambang and visits a counselor. Neary told the counselor that she is thinking that she wants to bring her husband to the temple and asks the counselor what she should do.

Activity 10

Case Study 2:

Should I have an HIV test?

The client, Sokhom, is a policeman in Phnom Penh. He is 43 years old and married. During the past year he has had a relationship with a woman. He recently learned that this woman also has other boyfriends. Sokhom does not know if his girlfriend has HIV, and if he has got HIV from her. He did not use a condom when having sex with her. Sokhom comes to the VCCT service and ask the counselor, “Should I have an HIV test?”

Activity 10: Transparency # 1

A.
**Counselor shows
right body
language**
(distance, clothing,
sitting posture)

B.
**Good observation
of client's feelings**
(from tone of voice
and manner)

Good listening

C.
**Appropriate
responses**

- Pause for client to vent
- Show attention like nodding
- Ask questions when appropriate

D.
**Good
conclusive
summary
of client's
difficulties**

Listening and summarizing

Some clients who have many problems may speak a lot and may go around in circles. Counselors need to check and clarify where the problem is. Repeating the client's statement will make the client stop and think. If it is not correct the client will say so.

Activity 10: Transparency # 2

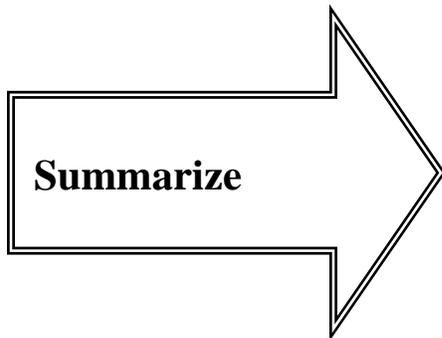
**Asking
questions**

**Give
opportunities
for the client to
express feelings
and emotions**

**To elucidate
the problem
and follow
the story**

**Give
opportunities
to client to
think, review,
and analyze**

Activity 10: Transparency # 3



- To reach the same understanding with the client
- Use short meaningful sentences
- Do not distort the story
- Summarize the problem, feelings, and plan

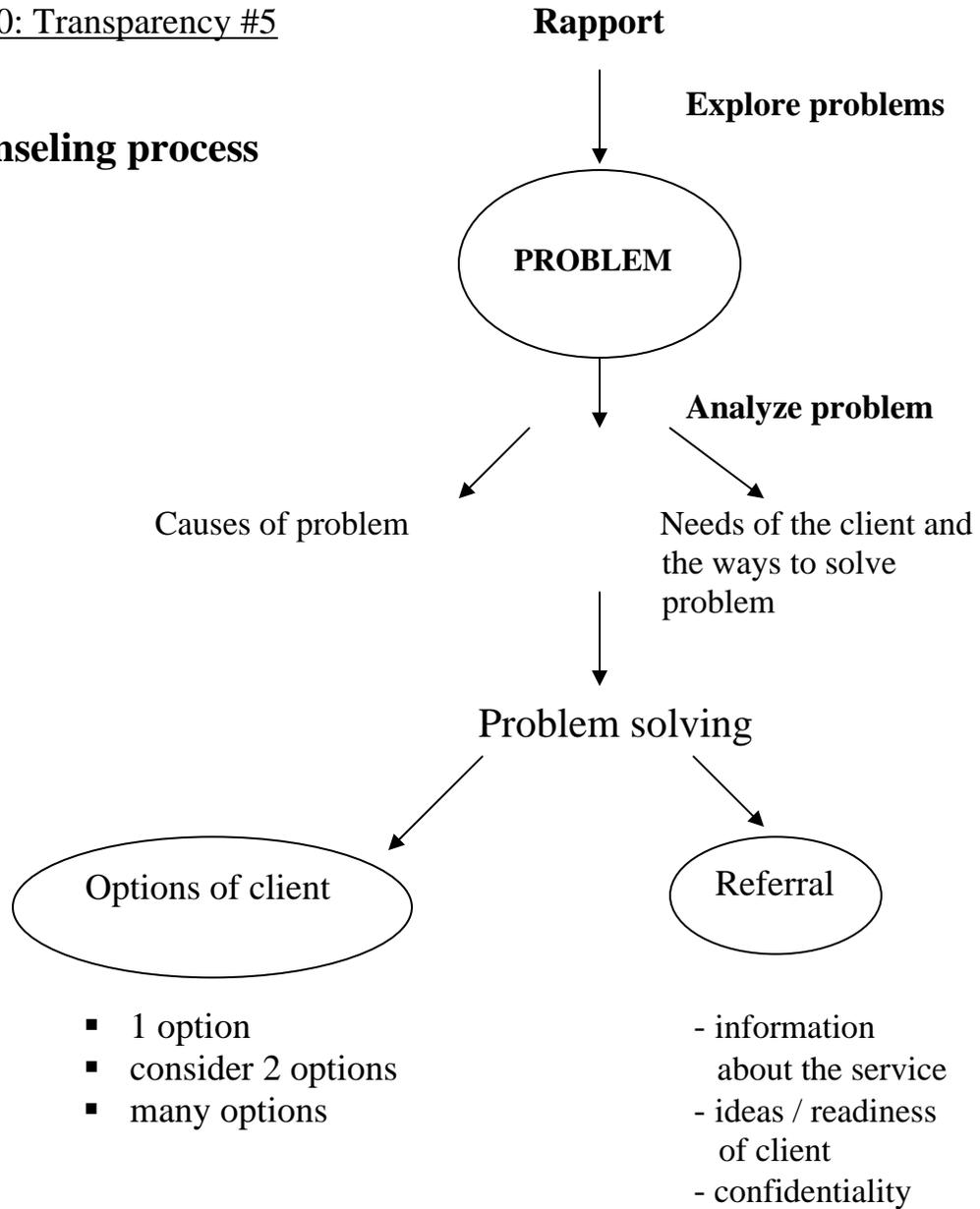
Activity 10: Transparency # 4

Application of skills in the counseling process

1.	Show acceptance of the client and their difficulties (problems)	<ul style="list-style-type: none">• Listen attentively• Open minded, not judging action or the behavior being mentioned
2.	Talk about issues which are important to the needs and relevant to the benefits of the client	<ul style="list-style-type: none">• Listen attentively• Summarize the issues and feelings as appropriate• Putting the ideas and needs of the counselor aside, do not think on behalf of the client
3.	Help client to express his/her problems and feelings	<ul style="list-style-type: none">• Listen attentively• Pose relevant question• Reflect the feelings of the client
4.	Help client to find his/her way of dealing with his/her problems	<ul style="list-style-type: none">• Pose questions that help the client to explore options• Give useful information
5.	Give encouragement and emotional support	<ul style="list-style-type: none">• Listen attentively• Reflect client's feelings• Show care and attention• Show confidence in the client
6.	Keep his/her secret	<ul style="list-style-type: none">• Inform that confidentiality is the principle of the service/organization

Activity 10: Transparency #5

The counseling process



Considering options

- examine the advantages and disadvantages of each option
- examine possible consequences
- think of possibilities
- weigh, assess and choose the option
- make plan & preparation



give encouragement



follow up

An example of dialogue following the counseling process from Case Study #2

Problem: The client is worried that s/he might have contracted HIV.

Causes of the problem: The client has had unsafe sex and his/her partner is also at risk of having HIV.

Needs of the client: Wonders if s/he has HIV. Wants to know if s/he has HIV.

Problem solving: The client is thinking of having an HIV test, but s/he is not sure if s/he will be able to accept the test result, if it came out positive.

Options: Considers the two options of having the test or not having the test.

Considering options: 1. Examine the advantages and disadvantages of both options

1.1. What are the advantages and disadvantages of having the test? The client concluded after analysis that the advantage of having the test is that s/he will know right away if s/he has HIV. S/he will plan to use a condom with everyone that s/he has sex with. The disadvantage is that if the test result came out positive, s/he might not be able to accept it because s/he keeps thinking that s/he will get sick and die. S/he is afraid that it will be very stressful for him/her.

1.2 What are the advantages and disadvantages of not having the test? The client concluded after analysis that if s/he does not have the test s/he does not need to learn and accept the test result (if s/he is really infected). This will help him/her to feel fine for a while, and not have to face the stress. However, when s/he thinks about this there is always a doubt (or question mark) in his/her mind.

2. Examine the possible consequences

2.1 If s/he chooses to take the test and the result is positive, and if s/he cannot accept it, there might be considerable psychological effects and s/he doesn't know for how long.

2.2 In the future it will be necessary to use a condom every time when having sex. If not infected, this will help

prevent him/her from getting HIV. If s/he is already infected it will help protect the sex partner from HIV.

3. Possibility/likelihood

After considering all these it is a high possibility that the client may decide not to take the test.

4. Weigh, assess, and choose the option

The client decides not to take the test at this time.

5. Make plans and preparations

The counselor helps the client to reach the conclusion that, if s/he decided not to take the test at this time, s/he will accept the fact that s/he will not know if s/he is infected with HIV. Try to reduce worries, accept his/her own feelings and thoughts. Familiarize himself/herself with a condom, learn how use it correctly.

Give encouragement: The counselor observes and learns from the strength and potential of the client to help him/her have more confidence that problems can be resolved and that s/he has the potential to do what is needed.

Follow up: Give opportunities for the client to come for counseling whenever s/he feels it is needed.

Activity 11

Preventive counseling Risk assessment and risk reduction plan

Activity 11

Preventive counseling, risk assessment, and risk reduction plan

VCCT is preventive in that it aims to promote behavior change to prevent HIV infection and its transmission to others. It provides benefits for those who test either negative or positive. Primary prevention means that clients who receive a negative HIV test result are encouraged to modify their sexual risk behavior in order to maintain their HIV negative status and minimize their risk of infection in the future. Secondary prevention means that clients who learn that they are HIV positive reduce their sexual risk behavior, thereby decreasing their risk for re-infection, as well as learning about ways to reduce the risk of infecting their sexual partners.

HIV counseling is very much about sexual practice. Especially, since the major route of HIV transmission in Cambodia is through sex. In dialogue with clients a counselor needs to talk about clients' sexual behaviors and the risk of HIV infection from such practices. A counselor, therefore, needs to be confident and comfortable in talking about sex and have reasonably good knowledge about sexuality, sexual practices, safer sex, and sexually transmitted infections.

An important principle regarding behavior change is the identification of barriers/ obstacles and motivation/incentive for changing behavior. Counselors will need to work with clients to identify them.

Risk assessment and ideas for risk reduction can be discussed during pre-test counseling while a specific risk reduction plan for both the client and partner can be further discussed during post-test counseling. Condom demonstrations can be done when appropriate.

Objective:

1. To learn and practice risk assessment with clients.
2. To learn how to work with clients in increasing their potential to protect themselves and have more options for prevention.
3. To learn how to work with clients in choosing an appropriate individual risk reduction plan.
4. To learn about preventive counseling and promote the changing of attitudes and behaviors.

Method:

Role-play by dividing participants into three groups. In each group find volunteers to be a counselor and a client. The rest will be observers.

Materials:

3 case studies

Process:

1. Start by introducing the objective and important issues in behavior change and preventive counseling. Use transparencies # 1 – 4.
2. Inform participants that this activity requires the combination of risk assessment and counseling principles and skills, from listening, asking questions, summarizing, and reflecting feelings to help clients become aware of their own risks and develop plans for the future. Counselors will need to know and be able to talk about risks corresponding to different sexual practices.
3. Divide participants into 3 groups. Each group will have 1 counselor and 1 client and the rest are observers.
4. The facilitator asks both the clients and counselors to prepare for their roles by giving each case study to both counselors and clients.
5. After the role play, the facilitator asks each group to share their experience.

Ask counselors:

- What were the problems of the client?
- What did you feel about the client while providing counseling?
- Give examples of summarizing sentences.

Ask clients:

- Did you identify any more options after talking with the counselor?
- Were you satisfied with the counseling, what aspects?

Ask observer:

- What did you summarize as a major problem of the client?
- How did the client reflect his/her feelings?
- What did the counselor do?
- How did the client feel during the counseling?

Risk assessment and risk reduction plan

1. The counselor and client jointly assess the risk. The counselor can give information but avoid giving and guidance by asking:
 - What do you think were risky behaviors for you?
 - What can you do to reduce those risks?
2. Explore options for risk reduction
 - Information about the spouse or sexual partner
 - Ways or experience for reducing risk that client used to practice in the past
 - Negotiation skills
 - Communication with partner
3. Counselors talk less, listen more
4. Help client to choose the method that is appropriate for them. If condom use is part of risk reduction plan, ask the client what they know about condoms and invite the client to put a condom on a penis model before the counselor conduct a condom demonstration.
5. The counselor explores and uses benefits/motivation for behavior change to encourage the change

Activity 11 - Preventive counseling

Case study 1

Chetra, the client, is a 25 year old single man. He has worked with a company for nearly two years. Chetra used to have a girlfriend. She agreed to sleep with him and always insisted that they get married, but he didn't feel ready. They argued often about this and finally stopped seeing each other. Chetra does not want to have a new girlfriend thinking it will be the same. When he wants to have sex he goes with beer promoters whom he thinks are 'clean' and don't have diseases. Sometimes the beer promoter would ask him to use a condom sometimes not.

One day Chetra heard that one of his friends had died because of AIDS. He was afraid, fearing that he might be infected with HIV. He came to the VCCT service for an HIV test. The test result was negative. Chetra felt very relieved and wants to protect himself from the infection. He continues talking with the counselor at a post-test session.

Problem:

The client wants to prevent HIV but does not want to stop sleeping with women. The client does not like using a condom as he feels it is not natural.

Activity 11 - Preventive counseling

Case study 2

Sophana, the client, is a 22 years old woman. She comes from Kompong Cham. Sophana has been working as a beer promoter in Phnom Penh for one year. Her income from selling beer is only \$40 a month. Although she has a 26 year old boyfriend, Vuthy, Sophana often goes out with guests when she can to earn more money. Most of Sophana's guests are rich men from Phnom Penh and they seem to be clean. Sophana sometimes asks them to use a condom, but sometimes they are unable to obtain condoms.

With Vuthy, Sophana does not use a condom because Vuthy does not like it. She also wants to show Vuthy that she is faithful and dedicated and loves him.

One day Sophana heard that some beer promoters got sick with AIDS. She is fearful for herself as she sometimes uses a condom and sometimes does not. She doesn't know if Vuthy had a girlfriend before. She asked Vuthy to take an HIV test but he refused saying that he has had no risk, so it was not necessary to take a test.

Sophana came to a VCCT service in Phnom Penh. At the post-test session she was informed that she was HIV negative. She was very glad and wants some advice from the counselor about what to do to stay negative.

Problem:

The client wants to protect herself from HIV but finds it difficult to discuss or negotiate with her guests and boyfriend about condom use.

Activity 11 - Preventive counseling

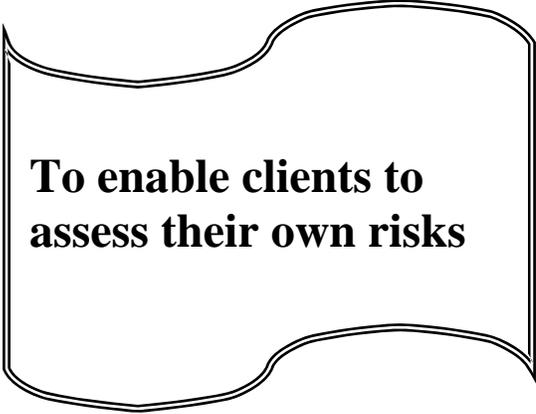
Case study 3

The client, Sina, is 25 years old. She recently learned that her husband has HIV. Her husband's health is still good and he wants to sleep with Sina. Sina comes to a VCCT service for an HIV test. At the post-test session the counselor informed her that she is HIV negative. Sina is happy but she does not know what to do with her husband. Now she feels reluctant to have sex with her husband fearing that she will get HIV. But if she totally refuses, her husband might be angry with her.

Problem:

The client asked if she should continue sleeping with her husband. If she has to continue having sex with him what should she do? How to reduce the risk? She has heard about condoms but has never seen one before. What can she do?

Activity 11: Transparency # 1



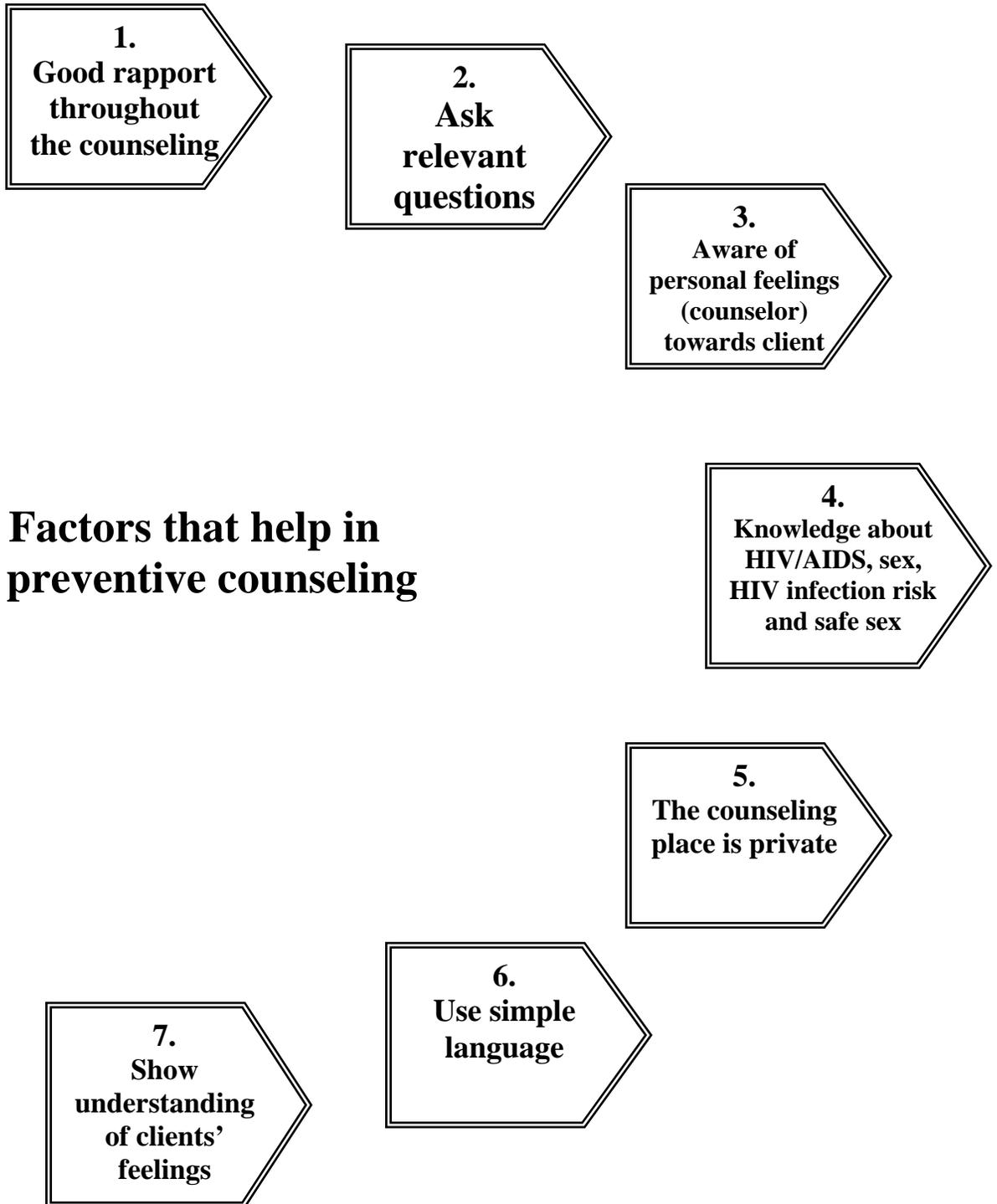
**To enable clients to
assess their own risks**

**Preventive
counseling**



**To help clients work out
practical ways to protect
themselves and their
partners from
HIV/AIDS**

Activity 11: Transparency # 2



Risk assessment and risk reduction plan

- 1. The counselor and client jointly assess the risk. The counselor can give information, but avoid giving guidance by asking:**
 - **What risky behavior do you think you have practiced?**
 - **What can you do to reduce those risks?**

- 2. Explore options for risk reduction.**
 - **Information about the spouse or sexual partner**
 - **Ways or experience for reducing risk that client used to practice in the past**
 - **Negotiation skills**
 - **Communication with partner**

- 3. The counselor talks less, listens more.**

- 4. Help client to choose the method that is appropriate for them.**

- 5. The counselor explores and uses motivation for behavior change to encourage for the change**

Activity 11: Transparency # 4

**Changing attitudes and behaviors
is the basis for HIV/AIDS
prevention and care**

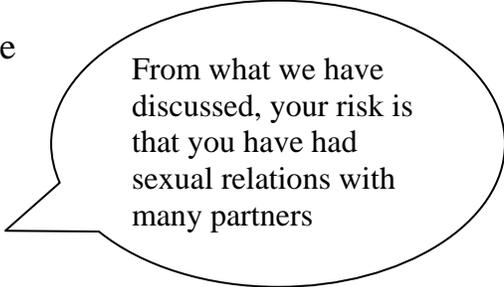
Changing
behavior is
not an easy
thing to do

An individual's
behavior varies
according to age,
social norms,
societal and
individual values

Changing
behavior is a
process that
takes time and
continuing
efforts

To adopt a new
behavior, a person
needs to know the
benefits, have
knowledge, skill
and materials or
access to services,
and a supportive
environment

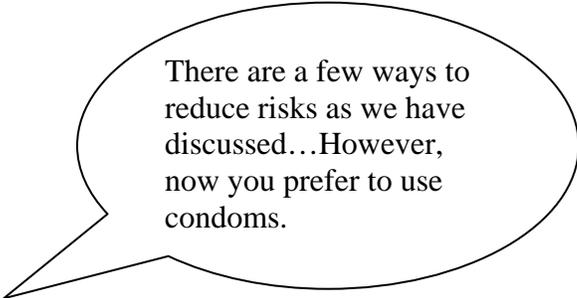
line drawing picture



From what we have discussed, your risk is that you have had sexual relations with many partners

Counselor sits

client sits



There are a few ways to reduce risks as we have discussed...However, now you prefer to use condoms.

Counselor gives condoms to the client

client sits receiving condoms from counselor

Counselor sits smiling

client walks away with condoms

Activity 12

The feelings of a person being tested for HIV

Activity 12

The feelings of a person being tested for HIV

The counselor must never assume that because a client came to the VCCT service he/she is willing and ready to take an HIV test. Some people may come to the counseling center with the idea of being tested but change their mind or become hesitant after interacting with the counselor and learning more about HIV. The counselor must always make sure that the client understands the meaning and possible implications of HIV testing. An HIV test result is likely to be beneficial to the client only if the client is sufficiently prepared and feels ready to deal with the results and any related implications. The counselor should remember that taking an HIV test is never an emergency. If the client is unsure about being ready for the test, the counselor needs to allow the client to go back and think about it, or arrange additional pre-test counseling.

To be tested for HIV can be a major and difficult decision in a person's life. While the counselor can inform the client about the benefits of knowing one's serostatus, the counselor should be neutral and allow the clients to make their own decision whether or not to take the test without any pressure.

Objective:

1. To enable participants to understand the thoughts, feelings, and reasons for clients' decisions regarding taking or not taking the HIV test.
2. To enable participants to understand the feelings and emotions of clients when going through the VCCT process.

Method

Simulation

Material:

Case situation to be read out.

Process:

1. Read aloud the case situation.
2. According to the story heard, ask participants to decide whether to take the test. Divide them into 2 groups according to their decisions.
3. Ask members within each group to share ideas and reasons why they decided so.
4. Go back to the big group and share their results with the whole group.
5. The facilitator points out that people with risk behaviors may have different reasons for their decision. The counselor therefore should be neutral, and should not make the decision for the client whether to take the HIV test or not.

6. Facilitators can use Transparency #1 to assist them. Ask each group to share, discuss, and exchange ideas about what they have learned and reasons for taking and not taking the test.

Different people have different reasons, thinking processes, feelings, and ways to deal with their own problems. An individual's decision whether to be tested rests on personal reasons and readiness; the counselor should not push or persuade the client one way or the other. Allow the client to decide and take the test when s/he wants to.



Case situation – whether to take the test

You are concerned about the situation in your life. You are 38 years old, a soldier, and have been married for 10 years. As a soldier you have taken part in fighting many wars and have traveled a lot. Soldiers were normally posted away from home. When earning extra income for special tasks or at the end of the month, soldiers usually went out to have a good time at a restaurant and continued later with friends to go to a brothel together as a group activity. Soldiers were usually very drunk. Though they had heard about AIDS many did not believe it. Some soldiers said they were near death everyday, why should they worry about AIDS? Most of them never bothered to use a condom. Many of those who said such things later died of AIDS and left their wives and children behind. Seeing many friends become sick and die of AIDS, you are worried about yourself and your family. Your situation is not so different from that of many of your soldier friends. You are concerned about your wife and your children. You have heard about the new VCCT services that have been opened. You try to decide whether to have the HIV test.

Activity 12: Handout # 1

Example of activity result

1. After discussion and exchanges of ideas about the test decision and the pros and cons of such a decision, it was found that many people who were asked to take the role of someone who might have had exposure to HIV would decide to take the test.

2. **Some reasons for the decision to test and not to test are:**

Test because . . .

- Want to know in order to plan for future prevention
- Have to accept the truth
- The counselor and VCCT staff can keep a secret
- Do not want to continue worrying
- Better to know in order to plan for the future, and can protect wife and future children
- If positive, do not want to spread it to others

Don't want test because . . .

- If positive cannot accept, might be shocked or want to commit suicide
- If positive, will be very sad, better not know
- Afraid that the secret will be revealed.
- Cannot accept it.
- Afraid that wife/husband and relatives will know.
- Cannot accept it. Society does not accept.

Activity 13

Cambodia VCCT Policy, Strategy and Protocol

Activity 13

Cambodia VCCT Policy, Strategy, and Protocol

It is important that VCCT counselors have an adequate understanding of the Policy for HIV Testing, in particular those aspects related to confidentiality and the protection of the rights of patients.

Counselors will need to know the procedure of testing and the protocol currently in use to explain to clients so that they can have confidence that the center will provide accurate test results to them.

The following guidelines are from Cambodia Ministry of Health's document on "Policy, Strategy and Guidelines for HIV Counseling and Testing" dated 26 December 2002.

POLICY FOR HIV TESTING

1. Mandatory testing for HIV under any circumstances is prohibited in the Kingdom of Cambodia.

Mandatory testing refers to testing that is conducted without any option for refusal.

2. Compulsory testing for HIV under any circumstances is also prohibited, unless required by law.

Compulsory testing refers to testing which is required in order to access a particular benefit or service (e.g. visa, employment, medical care, etc) but where the subject has the option of rejecting the service or benefit and thus avoiding the test.

3. All testing for HIV should be in full and informed agreement of the person being tested.

1. All anonymous, un-linked testing conducted for research or survey purposes must have prior approval of the Ethics Committee and the Ministry of Health and in conformity with the Ethical Guidelines for HIV/AIDS and STI related Research approved by the Ministry of Health.
2. All public and private institutions which conduct voluntary HIV tests must strictly follow the policy and guidelines for HIV testing laid down by the Ministry of Health. They must provide adequate pre-test and post-test counseling, and accurate results. All such institutions must be licensed and supervised by the Ministry of

Health, and must be run by staff who have been trained under courses approved by the Ministry of Health.

3. All HIV/AIDS counseling and testing services, public and private, must report regularly to the National Center for HIV/AIDS, Dermatology and STD (NCHADS), using standardized reporting formats determined from time to time by NCHADS.

Diagnostic testing in public and private health care facilities

- HIV testing for diagnostic purposes should only be carried out where confirmation of the patient's HIV status would clearly benefit the patient in terms of determining of the best course of treatment, and with the full informed consent of the patient.
- Minors (children under 18) should only be tested with the permission of their parents or their legal guardians with appropriate pre-test counseling.
- Pre-test counseling should be provided as part of informed consent; the patient should be informed of the results of testing only with post-test counseling, and only at the request of the patient.
- Test results must be kept strictly confidential and confined to staff directly responsible for the patient's medical care.
- No relative of the patient should be notified of the test or of the test result, unless the patient has given explicit permission.

Testing within voluntary counseling and testing services

All VCCT services, whether in the public or private sector, must conform to the following standards:

- They must be licensed by the Ministry of Health
- They should provide testing services only to people who requested these services
- All testing must be accompanied by pre and post-test counseling
- Counseling and laboratory staff must be qualified according to Ministry of Health standards
- Testing procedure must conform with the protocols laid out in the testing protocol guidelines
- They must maintain strict confidentiality of all test results

Procedures for ensuring confidentiality

- Privacy for the counselor and client should be ensured.
- A bulletin sheet with a code number should be used for the client by the counselor.
- Blood samples should be sent to the laboratory with the bulletin sheet.
- After testing, laboratory staff record the test result on the bulletin sheet and place it inside an envelope with only the code number written on it; the envelope is then returned to the counselor, who gives it to the client.
- The client opens the envelope, unless s/he specifically asks the counselor to do it for them.

Testing protocol

The same testing protocol is used in Cambodia for counseling and testing services, and for diagnostic purposes in health institutions. This protocol is as laid down and is updated from time to time by the Ministry of Health.

The type of testing used by NCHADS to detect the presence of HIV is antibody testing.

All serum/plasma is first tested with a simple/rapid assay.

- Serum that is non-reactive on the first test is considered HIV antibody negative.
- Serum found reactive on the first assay is re-tested with another rapid assay or ELISA.
- Serum that is reactive on both tests is considered HIV antibody positive.
- Serum that is reactive on the first test, but non-reactive on the second test, must be retested with the two assays, on the same serum sample.
- Concordant results after repeat testing will indicate a positive or negative test result.
- If the results of the tests remain discordant the serum/blood is considered indeterminate, and a new sample should be taken and the testing procedure repeated.

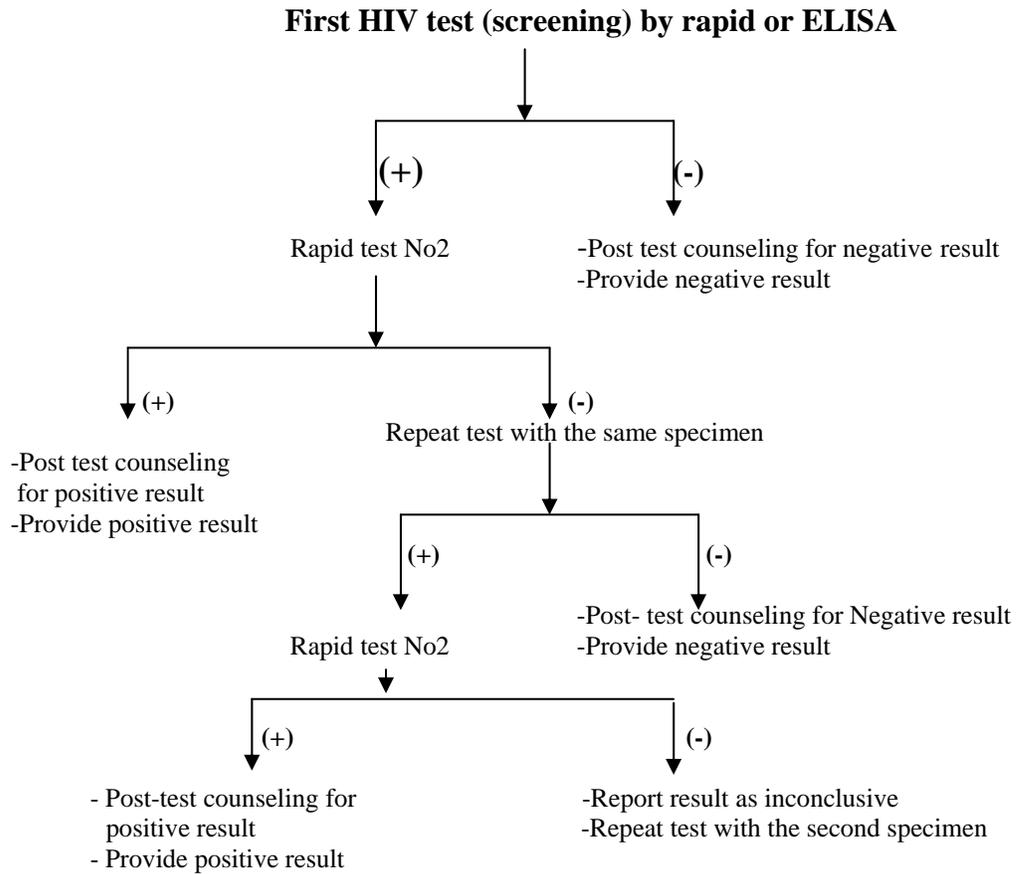
Quality control

NCHADS/MoH has the responsibility to ensure quality control for all HIV testing services in both private and public sectors.

Simple/rapid tests are recognized by the Ministry of Health in Cambodia as acceptable, based on WHO recommendations.

Activity 13: Transparency # 1

Flow chart: Algorithm for use in HIV testing in VCCT



Activity 14

The impact of HIV/AIDS on individuals

Activity 14

The Impact of HIV/AIDS on individuals

Having been diagnosed that one is infected with HIV usually has far reaching effects on the lives of individuals. It is therefore necessary that counselors understand these implications. Upon being provided with positive test results or afterwards the clients will need time and support to come to terms with their HIV positive status. Some clients may cry or show emotional distress. Counselors need to learn how to deal with the situation and show the client that s/he understands the difficulties that the client is facing. It is inappropriate for counselors to downplay the effects of HIV/AIDS by saying phrases such as “don’t cry”, “many people in Cambodia have HIV”, “It is not a serious problem”. These statements are not helpful for clients and show that the speaker does not understand the situation of the client.

Objective:

1. To enable participants to have an opportunity to think and explore the implications of being infected with HIV.
2. To enable participants to understand that anyone can be infected with HIV.
3. To give an opportunity for participants to meet and discuss with PLHA about their experience of having been diagnosed with HIV and how they have coped with the situation.

Method

Simulation and inviting PLHA who are willing to disclose their status to share their experiences.

Materials:

Small pieces of folded paper for participants to pick.

Various people and occupations are written on each piece:

- | | | |
|---------------------------------|-----------------------------|-------------------------|
| - a private soldier, | - a gay man, | - a hair dresser, |
| - a military commander, | - a village chief, | - an orphan boy, |
| - wife of a government officer, | - a teacher, | - a monk, |
| - wife of a rice farmer, | - a businessman, | - a university student, |
| - wife of a soldier, | - an NGO worker, | - an air hostess, |
| - a movie star, | - a taxi driver, | - an airline pilot, |
| - a sex worker, | - a farmer, | - a barber. |
| - a man planning to marry, | - a karaoke worker, | |
| - a srey sros (transgender), | - a young man 21 years old, | |

Process:

1. Ask each participant to pick one piece of paper. Imagine that s/he is the person written on the piece of paper and think about the following 2 questions.
 - A. What would you feel after learning that you are HIV+?
 - B. What would you do if you are HIV+?
 - C. What do you think would happen to you if you have HIV?
2. The facilitator gives participants 3 – 5 minutes to think through their responses and then asks the participants one by one to give answers.
3. Facilitators write all the answers given on the white-board or a big sheet of paper grouping them into 3 – 4 categories from:
 - **Psycho emotional effects** such as shock, frightened, ashamed
 - **Economic effects** such as being worried that they may not be able to continue working, no customers, losing respect, and popularity
 - **Health effects** such as fear of getting sick and becoming a burden to others, no money to treat illnesses
 - **Social effects** such as afraid of discrimination, afraid that people might know and they might not socialize with them
 - **Family effects** such as worries about family and children, thinking about leaving family
4. Discuss these concerns and the current situation that participants have encountered or seen.
5. Ask PLHA to share their feelings and experiences with the group about coping and living with HIV/AIDS.

Activity 15

Pre-test counseling

Activity 15

Pre-test counseling

During the pre-test session the counselor will help the client decide whether or not to be tested for HIV through the process of checking the client's understanding about HIV/AIDS, information giving, and counseling. The process also helps prepare the client for the test and possible test result. In some VCCT services counselors use flipcharts with pictures to help explain about HIV and AIDS.

The client must be given adequate time to ask questions and understand new information. Some people, after learning more about HIV and after having an opportunity to assess their risk, may decide not take the test (no real risk). On the other hand, some people with higher risk behavior may decide not to take the test. Others may return later when they finally decide that they want to know their HIV status.

The process whereby the client has been thoroughly informed about the test and is willing to take the test is called **informed consent**.

Objective:

1. To give participants opportunities to practice pre-test and post-test counseling through role-play.
2. To provide an opportunity for participants to reflect on their feelings and experience after going through the process.

Method

Role-play and comments given by other observers and by participants doing the role-play.

Materials:

3 – 4 case examples for pre-test counseling.

Process:

1. Inform participants that in this exercise, they will need to apply their various skills and knowledge on HIV/AIDS and counseling to accomplish the task.
2. The facilitator asks participants to brainstorm about what should be included in the pre-test session. Write clearly on a big sheet of paper. Then the facilitator goes over the important steps of the pre-test counseling process for counselors to follow. The facilitator can use Transparency #1 to summarize.

3. Divide participants into groups of 5 – 7. In each group find two volunteers, one to be a counselor and the other to be a client for the role-play on the pre-test session. The rest can be observers.
4. Start the whole process of pre-test counseling.
5. Come back to the big group and share experiences one group at a time.

Ask the client to describe his/her situation:

- How does the client feel about the session?
- If the client decided to take the test, would he/she come back for the results?

- How does the counselor feel about the session?
- What aspects does the counselor think s/he should improve?

- What do the observers think about the session? Comment on positive aspects and areas that need improvement.

Activity 15: Transparency # 1

Pre-test counseling should include:

1. Ask the client about their reason for attending.
2. Inform and assure client about confidentiality of the whole discussion and test result.
3. Review/ask clients about their understanding of HIV transmission and clarify any misconceptions.
4. Discuss and assess together with the client their personal risk profile to determine if the client has been in a real risk situation.
5. Explain about the test process, the window period, and the meaning of positive and negative results.
6. Discuss the benefits of knowing one's HIV status.
7. Ask the client what they would feel in case of positive and negative test results? (assess coping ability)
8. Ask the client what they would do in case of a negative result and in the case of a positive result. (assess coping ability and support)
9. Discuss possible risk reduction and future plans.
10. Allow time for client to think through issues.
11. The client makes the decision freely whether to take the test.
12. If client decides to take the test, inform the client when to get the result and what to bring and arrange for the taking of a blood sample.
13. If the client decides not to take the test and s/he appears to be in a risk situation, a risk reduction plan needs to be discussed.



The following check list can be used to evaluate the pre-test counseling

This checklist can be used by observers during the role-play and can be used as a tool by VCCT supervisors during supervision.

During the session have the following occurred?

- | | | |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|
| 1. Confidentiality adequately addressed | Yes <input type="radio"/> | No <input type="radio"/> |
| 2. Reason for attending discussed | Yes <input type="radio"/> | No <input type="radio"/> |
| 3. Knowledge about HIV & modes of transmission explored | Yes <input type="radio"/> | No <input type="radio"/> |
| 4. Misconceptions corrected | Yes <input type="radio"/> | No <input type="radio"/> |
| 5. Assessment of personal risk profile carried out | Yes <input type="radio"/> | No <input type="radio"/> |
| 6. Information concerning the HIV test given
(e.g. process of testing, meaning of results, window period) | Yes <input type="radio"/> | No <input type="radio"/> |
| 7. The benefits of knowing one's HIV status discussed | Yes <input type="radio"/> | No <input type="radio"/> |
| 8. Check if client understands what was said | Yes <input type="radio"/> | No <input type="radio"/> |
| 9. Discussion of meaning of HIV positive & HIV-negative results
and implications | Yes <input type="radio"/> | No <input type="radio"/> |
| 10. Assessment of coping ability | Yes <input type="radio"/> | No <input type="radio"/> |
| 11. Discussion of a personal risk-reduction plan | Yes <input type="radio"/> | No <input type="radio"/> |
| 12. Time allowed to think through issues | Yes <input type="radio"/> | No <input type="radio"/> |
| 13. Informed consent / dissent given freely | Yes <input type="radio"/> | No <input type="radio"/> |
| 14. Adequate time for questions and clarifications | Yes <input type="radio"/> | No <input type="radio"/> |
| 15. Did the session end in a positive manner? | Yes <input type="radio"/> | No <input type="radio"/> |

Case examples for pre-test counseling:

1. Vireak has been living with a girlfriend who is a sex worker for 2 years. He has had 3 episodes of condom breakage while having sex with her. He has been thinking about taking the HIV test for a long time. He was very worried about HIV and decided to come to a VCCT center. After pre-test counseling, he decided to take the test.
2. Sreyleap is a sex worker and has been working in Siem Reap for 3 years. Recently NGO staff and her sex worker friends discussed taking an HIV test. She remembers that when she first started as a sex worker there were a few times when she did not use a condom with the client. Her health is now good but she has been wondering if she has HIV. She came to a VCCT center. After talking with the counselor she decided to take the test.
3. Hak is a senior staff member of an international organization based Phnom Penh. He is 41 years old. Every month he travels to different provinces to monitor and follow up work of the organization. His colleagues in the provinces usually take him out to restaurants for dinner where there are beer promoters or attractive waitresses. He has developed relationships with one nice woman in each province. His wife in Phnom Penh does not know about this. Hak knows about HIV/AIDS from TV and posters. However he sometimes did not use condoms when he had sex with those women. Recently his wife started to talk about an HIV/AIDS story that she saw on the TV. It makes him think more about HIV and wonder if he has got the virus. He does not want to take an HIV test but starts to think more and more about it. On the one hand he wants to know if he has HIV, but on the other he is also afraid that he might not be able to accept the result if it turned out that he has contracted the virus. Today he came to a VCCT center to talk with a counselor. After talking with the counselor he decided not to take the test today but wants to go back and think more about it.

Activity 16

Post-test counseling

Giving negative results

Giving positive results

Activity 16

Post-test counseling

Post-test counseling is everything that happens when the client comes to receive the test result. Giving the HIV negative result is giving good news to a client. For those who test negative, this is the best opportunity to encourage behavior change and initiate a risk reduction plan. For those who tested positive, the counselor may need to spend more time in providing emotional support, discuss living positively, and inform the client about other care and treatment services according to their needs and personal situation.

Generally, the counselor must also encourage the client who tested negative to consider the necessity of a retest in a few weeks depending on the time of the last exposure. Clients must also be encouraged to tell their partner that they were tested. The counselor must help the client to plan how he/she will discuss the risk reduction plan with his/her partner.

The current practice in Cambodia is that the counselor does not know the test result beforehand and the result is put in an envelope to give to the client. After getting permission from the client, the counselor will open the envelope to explain the meaning of the test result as marked. The counselor therefore must be prepared to learn about the test result, either negative or positive, and be able to continue working with the client. However to ease participants into the handling of this situation, during this training the facilitator will allow participants to work or perform role-plays for giving negative test results before proceeding to work on providing positive test results.

The objectives of post-test counseling are to:

1. Enable the client to understand their HIV test result.
2. Support the client to cope with the results and identify other sources of support.
3. Identify medical follow-up and referrals necessary to help clients 'live positively'.
4. Assess if the client has a partner and whom the partner is, and support the client in informing their partner about their HIV status.
5. Address risk reduction issues.

Objectives:

1. To enable participants to understand the principles and elements of post-test counseling.
2. To give opportunities for participants to practice giving negative and positive test results counseling.

Materials:

Test result envelopes from the lab with real or photocopied result slip.

Process:

Practice giving the negative test results first, and then proceed to work with positive test results so that all participants will have a chance to practice and observe both processes.

1. Ask participants to brain storm: “What should be included in post-test counseling?”

The facilitator lists issues/answers in appropriate order or steps for both positive and negative results on separate sheet of paper.

Discuss each point on each list with the participants for clarification and to give them more confidence before starting the role-play.

The facilitator can use Transparencies #1 and #2 to summarize.

2. Divide participants into groups of 4 – 5. In each group there will be a counselor, a client, and 2 – 3 observers. The observers will observe the process and make notes on the questions given.

Giving Negative test results

1. All the groups practice the role-play giving the negative test results
2. There should be a co-facilitator for each group, available to give hints and support if the counselor finds it difficult to continue.
3. Rejoin the big group and share:

Those who took the role of clients describe their case examples one at a time.

Questions for the counselor:

What did you do well?

How could you have improved?

What were your feelings before and after giving the test result?

What was your client’s risk reduction plan?

How did you assist in negotiating it?

Questions for the client:

What did your counselor do well?

What could have been improved?

What were your feelings before and after receiving the test result?

What do you think about the risk reduction plan, can it really be carried out?

Questions for observers:

What did the counselor do well?

What could have been improved?

What are your feelings about the client's risk reduction plan?

4. The facilitator summarizes and concludes the points discussed, emphasizing that the counselor needs to help the client to understand the meaning of the test result and work with the client on a risk reduction plan.

Clients who receive negative results will often promise to take all the positive actions to remain uninfected. Some will even tell the counselor that they will not have sex any more. While recognizing the client's good intention, the counselor must not miss this opportunity to reinforce the actions identified in the client's risk reduction plan. If the client has some specific risk behaviors, the counselor must point them out to the client and discuss with the client practical and specific actions for behavior change.

Giving Positive test results

1. Ask participants in each group to change roles, so that people who have not been in the role of counselor or client can have the opportunity to be in these roles.
2. The facilitator reviews the steps to cover during the post test counseling. The facilitator may use Transparency #2.
3. The facilitator gives out the HIV positive case examples and allows time for participants who are taking on the role of the counselors and clients to prepare themselves.
4. All the groups practice the role play of giving positive results
5. Rejoin the big group and share experience:

Clients describe their case example one at a time.

Questions for counselor:

What did you do well?

How did it feel giving a positive result?

What makes this different from giving someone a negative result?

Questions for client:

What did your counselor do well?

What did you feel when you heard that you were HIV positive?

Questions for observer:

What did the counselor do well?

What could have been better?

How is the client going to cope? Any support?

6. The facilitator summarizes and concludes the points discussed emphasizing that the counselor needs to help the client to understand the meaning of the test result and provides emotional support for the client.

There is a wide range of potential client reactions to a positive result, ranging from resignation to severe shock and disbelief.

Some clients respond by assuming that they will immediately become ill and die. It is important to remind clients of the difference between HIV and AIDS, and to explicitly say that it is possible to remain healthy for a long period of time with HIV.

Ask the client what they are planning to do when they leave the session and if necessary, remind them of the plan they made before hearing the result for what they would do if their result is positive.

Assess the client's social support and plans for partner notification. It is necessary to remind clients of their risk-reduction plan and to remind them that it is still necessary to protect their partners and to protect themselves from re-infection.

It is possible that some of the steps in the post-test session cannot be covered due to the emotional state of the client. In such circumstances, the counselor should, at the very least, provide information for the client to take away (including referral sources) and encourage the client to return at a more appropriate time as soon as possible.

Case studies for negative results:

1. Manith works for a company selling electronic equipment in Phnom Penh. He likes going out with his friends to eat and drink. One night the group drank a lot of whisky and beer at a restaurant. After that all of them went to a brothel. The following day Manith was very worried. He was not sure if he used a condom with the sex worker or not. He received pre-test counseling in the morning and came back in the afternoon to receive his test result.
2. Panha is working for an NGO in a province. Sometimes after eating at a restaurant, he takes a beer promoter out. Sometimes he uses condoms sometimes he doesn't. His parent has arranged for him to marry Neary. He thinks Neary is a nice girl so he agrees. The parents of Neary requested that Panha show a negative HIV test result before they will allow him to marry their daughter. He received pre-test counseling in the morning and came back in the afternoon to receive his test result.
3. Sok is from Prey Veng. He is married but has no children yet. During the past two years he went to Rayong Province in Thailand and worked as a fisherman. When the boat returns to the shore the men usually go out to eat, drink, and go to brothels afterwards. Thai sex workers are normally very strict and refuse sex without a condom. However, sometimes Sok went to places that have Cambodian sex workers. The men always say, "We are Khmer all the same, so there is no need to use condom". Sok has returned to Prey Veng. His wife asked him to have an HIV test and bring back the test result. He was reluctant and angry that his wife asked him to do that, but eventually went to take a test. He received pre-test counseling in the morning and came back in the afternoon to receive his test result.

Case studies for positive results:

1. Rithy is the youngest child of a rich family. His parent loves him very much. He is 25 years old and very handsome. This year he will graduate from the faculty of business. Because of his family's economic status and his appearance, many students want to make friends with him. Rithy does not worry much about his future. He is proud to be a man and often goes with his friends to bars or karaoke parlors. In the karaoke room he sometimes stayed with a girl who also offered sex services. He occasionally used condoms with these girls. If they looked clean and young he did not use a condom. One day his parents told him that they wanted him to get married soon. He was unprepared and a bit concerned about his health status. He knew that the girl's parent might ask him to do an HIV test. To protect his reputation and his family's profile he decided to go to the testing center by himself to take the test. He received pre-test counseling in the morning and came back in the afternoon to receive his test result.
2. Chan Sok has been a soldier for five years. He has two children, the older one is 5 and the younger is 2 years old. He learned a lot about HIV/AIDS from his friends in the unit. He clearly knows that people mainly get HIV infection from sex. He also

heard that some of his friends got HIV from sex workers. In the past he used to go to brothels with his friends. However, recently he prefers to seek women in the village close by or women he meets during festivals. One day he was selected to train abroad. He and his family were very happy. However, the selection committee required all the candidates to have their blood checked for infectious diseases including HIV. Later he was informed that he did not pass the test. He was disappointed. He wondered if he had HIV. Reluctantly he went to a VCCT center to take a test. He received pre-test counseling in the morning and came back in the afternoon to receive his test result.

3. Rotha is 28 years old with two children. She is a fruit seller in one market in Phnom Penh. Her husband is a government officer working at the Ministry of Commerce. He frequently makes work-related trips to the provinces. When he goes there his friends and colleagues always invite him to dinner. Eating, and drinking beer or liquor are the most common pastimes. In addition to that, his friends usually pay for him so he can have free sex service. Rotha was suspicious and worried about her husband's behavior while he was in the province. However she could not do much. At home they do not use condoms. Rotha knew that using a condom can prevent HIV but she could not initiate using it with her husband because primarily a condom should be used with sex workers and she was afraid that her husband would see it as a sign of distrust and not be happy. Two years later, she had a herpes ulcer in her genital area. She went to see a doctor for treatment. During the consultation, the doctor suggested she have HIV testing and informed her where to receive good counseling and testing services. She was worried and almost could not sleep. Finally, she decided to take the test. She received pre-test counseling in the morning and came back in the afternoon to receive her test result.

4. Bopha is a beer promotion girl. She has worked for five years already. Her salary is about \$US40 a month and she has found it is very difficult to live on that amount. Every day she sees her friends get extra income from spending time with customers who usually come for a drink. Some of her friends insisted that she should do the same in order to have a better income and she decided to follow them. She found that it is good to get more money by doing this. She does not always use a condom with her clients when she has sex with them because her clients do not want to use them and she thought that since they are rich they do not have HIV. She also has less power to negotiate with her clients while they are alone together. One day she found that she had something in her genital area and it caused bleeding during sex. She was very scared and frightened and went to see a doctor. During the consultation, the doctor provided her with treatment and education. However, because she wants to earn money she could not follow all the doctor's advice, so she frequently has STDs. Not so long after that, she developed a cough and lost a lot of weight. While consulting with the doctor, it was suggested that she have HIV testing. She was very frightened with that information. After a few days she went to a VCCT center and took an HIV test. She received pre-test counseling in the morning and came back in the afternoon to receive her test result.

Activity 16: Transparency # 1

Post-test counseling for negative results should include:

1. Check that it is the same client who took the test.
2. Briefly review what has been discussed during the pre-test.
3. Review client's feelings and plan for a positive and a negative result to assess coping ability.
4. Give the test results envelope to the client and ask if s/he wants the counselor to open it and explain the meaning.
5. If the client agrees, open the envelope and explain the test result.
6. Allow/give time to the client to express feelings about the test result or ask questions.
7. Explain the meaning of the test result and window period, encourage those with recent risky behavior to return for a confirmation test 3 months after exposure.
8. Discuss the risk reduction plan to remain uninfected.
(review preventive counseling)
 - Reinforce the A, B, C message
 - Negotiate with partner to go for VCCT
 - Safe sex negotiation skills
 - Offer condom education and demonstration and provide condoms to those who are willing to use them
9. Inform or refer client to other relevant services such as family planning or STD clinic if appropriate.

Activity 16: Transparency # 2

Post-test counseling for positive results should include:

1. Check that it is the same client who took the test.
2. Briefly review what has been discussed during the pre-test.
3. Review the client's feelings and plan for a positive and a negative result to assess coping ability.
4. Give the test result envelope to the client and ask if s/he wants the counselor to open it and explain the meaning.
5. If the client agrees, open the envelope and explain the test result in a clear, compassionate and supportive manner.
6. Allows the client time to absorb the meaning of the test result and check for understanding.
7. Encourage the client to express his/her feelings.
8. Address any immediate concerns of the client; discuss personal, family, and social circumstances. Show willingness to listen and care, emphasize positive living.
9. Discuss other medical care and support such as OI treatment and prophylaxis, prevention of mother to child transmission (for pregnant women), TB preventive therapy and information about the use of ART.
10. Develop a personalized risk reduction plan including prevention of HIV transmission to partners who may be uninfected or untested, and the use of safer sex practices.
11. Provide information about other services available and make referrals within the hospital or to the nearest facility (when agreed by client), including services in the community such as community or home based care and support to families and children affected by HIV/AIDS.

The following check-list can be used to evaluate post-test counseling

Those taking the role of observer of the role-play and VCCT supervisor can use this tool to help them.

During the session have the following occurred?

- | | | |
|-----------------------------------------------------------------------------------------|----------------------------------|---------------------------------|
| 1. Results given simply and clearly | Yes <input type="radio"/> | No <input type="radio"/> |
| 2. Time allowed for the result to sink in | Yes <input type="radio"/> | No <input type="radio"/> |
| 3. Check for understanding | Yes <input type="radio"/> | No <input type="radio"/> |
| 4. Discussion of the meaning of the result for the client | Yes <input type="radio"/> | No <input type="radio"/> |
| 5. Opportunities given to client to express feelings | Yes <input type="radio"/> | No <input type="radio"/> |
| 6. Discussion of the personal/family/social implications and who if any, to tell | Yes <input type="radio"/> | No <input type="radio"/> |
| 7. Discussion of a personal risk-reduction plan | Yes <input type="radio"/> | No <input type="radio"/> |
| 8. Dealing with immediate emotional reactions | Yes <input type="radio"/> | No <input type="radio"/> |
| 9. Checking availability of adequate immediate support | Yes <input type="radio"/> | No <input type="radio"/> |
| 10. Discussion of follow-up care and support | Yes <input type="radio"/> | No <input type="radio"/> |
| 11. Options and resources identified | Yes <input type="radio"/> | No <input type="radio"/> |
| 12. Immediate plans, intentions and actions reviewed | Yes <input type="radio"/> | No <input type="radio"/> |
| 13. Follow up plans discussed and referrals provided where necessary | Yes <input type="radio"/> | No <input type="radio"/> |

Activity 17

Care, support, referral and Positive living

Care, treatment, support, referral and positive living

Many or most clients who test positive will need follow-up support to enable them to accept their HIV status and seek appropriate health services and other psychosocial support. The VCCT center should continue to provide follow-up supportive counseling including the referring of clients to appropriate care and support services. The VCCT counselor needs to inform the client where they can receive such support near the area where they live. Counselors should have knowledge of appropriate support services in the province, the Operational District, and in communities and the region.

Counselors may not be in the position to treat HIV-related disease but they do require knowledge of common infections and where and when to refer clients for treatment.

People with HIV infection or AIDS usually request information about existing treatments for their condition. It is important that counselors be regularly updated on the progress made on HIV/AIDS therapy and the availability of any new services in their locations.

Prompt and effective treatment of opportunistic infections is an important step toward improving the quality of life of people living with HIV/AIDS and may slow the progression of the disease, therefore HIV infected individuals must be encouraged to promptly seek care for opportunistic infections.

Helping HIV positive people to understand the progress of the disease and how to take care of their health is important. There are books in the Khmer language such as the ‘Self-Care Series’ that can be used to help clients learn how to maintain their health, prevent some diseases, and be able to take care of some symptoms.

Medical interventions using drugs can be categorized into three categories:

4. prophylaxis to prevent opportunistic infections,
5. treatment of opportunistic infections,
6. anti-retroviral therapy.

The Ministry of Health has guidelines for these interventions that need to be strictly followed.

In 2004 there are many hospitals in Cambodia that provide services such as prevention and treatment of opportunistic infections, prevention of mother to child transmission, and prevention of TB among HIV positive persons. Home and community based care services for people who are chronically ill, including HIV/AIDS, are also available in many provinces. Some hospitals may provide anti-retroviral medicines for people whose immune systems are very weak but have shown good compliance with treatment. The anti-retrovirals may help the person regain their health. Clients who tested positive should be informed about the existence of local peer support groups for PLHAs and how to meet and contact them. Some referral hospitals may have started the “Mondol Mith Chouy Mith” or “Friends Help Friends Center” to provide care and support services and peer support for PLHAs.

The VCCT services should make arrangements with the relevant services in the local area concerning the referral procedure (or develop a referral system if one does not already exist), where the client will not need to disclose their HIV status to people who do not need to know, and where they will be provided with the service without too many questions asked. Regular meetings among service providers should be held to review and improve the referral system to evaluate how clients' needs are being met. NCHADS has developed a referral form to use for referral to various services.

(Use Transparency # 5 from Activity 2 for this activity)

Distribute the NCHADS referral form and discuss its use in this session.

Discussion:

Some Cambodians say that if you have HIV but don't know, it's OK. But if you do know, then the HIV will eat you and you will die quickly.

What do you think about this statement?
Why do people say this?
What can you do to change the situation?

At present care and treatment for those with HIV in Cambodia is still limited, while the number of VCCT centers is increasing. People have to see the benefit of knowing their serostatus to come and take an HIV test. Limited access to health care services, stigma and discrimination make people reluctant to take the test. Fear that one will feel hopeless once one knows one's serostatus also prevents people from seeking the VCCT service.

Positive living

The basic concept of 'positive living' or 'living positively' is that people who are HIV positive still have the same worth and ability as others in society. Fifteen to twenty years ago mass media campaigns against the spread of HIV often mentioned HIV/AIDS as equal to 'death' to frighten people about AIDS to change their behavior. This has had a negative impact in that many people thought that once they were infected with HIV they would die very quickly. The fact is that although infected with HIV, a person can still live a healthy life for a long time and can work and contribute to society as well as others. With the development of HIV treatment and care during the past decade, AIDS became another chronic illness. Misunderstanding about how the virus is transmitted also created fears of transmission through contact and interaction with those with HIV. Though many myths and misunderstandings have been corrected in Cambodia, stigma and discrimination related to HIV/AIDS is still a problem.

Limitations in knowledge about what one can do to remain healthy and where to seek treatment and care also contribute to the feelings of hopelessness among some PLHAs.

Many PLHA, by accepting that HIV will live with them and that they will have to live with HIV, do not surrender themselves to HIV or wait for the day that they get sick and die. This is a major step. Many PLHA have turned the knowledge that they are HIV+ into a new strength. They have developed plans for their future and their families' future, turning their difficulties into positive action for themselves, other PLHA, and the community in which they live.

In Cambodia there are increasing numbers of PLHA groups both at national and local levels that are conducting HIV/AIDS prevention and care activities. There are many ways that we can encourage and support positive living and positive action of PLHA.

'Positive living' requires understanding and acceptance both from PLHA themselves and from the community.

“If I am weak or die soon who will take care of my three children until they grow up. I have to take care of my health and work normally. I tell myself not to be angry, not to be depressed, so that I can live a long time.”

(Male Cambodian PLHA, 39 years old)

“My husband already died. It's only me left to take care of my children. I have to be strong so that I can take care of my small children. I want them to go to school like others. Other women in the community also face difficulties like me, so we have to work together to continue this fight. Other women also help me when I am sick.”

(Female Cambodian PLHA, 47 years old)

Activity 18

Disclosure

Working with discordant couples

Activity 18

Disclosure & Working with discordant couples

In this session, it would be helpful if experienced counselors were invited to come and share their experience in working with clients on issues of disclosure and working with discordant couples.

Disclosing one's HIV positive status to other people means that the person has decided to allow other people to know about their HIV status.

Levels of disclosure can mean:

- One to one – individual level, such as to the partner, a friend, or a relative
- To a group of people, such as his or her family, colleagues at place of work, or members of PLHA peer support group
- Nationally, such as through media or print materials

The advantages and disadvantages of disclosure should be explored in depth by PLHA. Counselors can assist clients with this process. No one should be pressured or forced to reveal his/her HIV status when they are not ready or willing. UNAIDS and the WHO encourage beneficial disclosure. This is disclosure that is voluntary; respects the autonomy and dignity of the affected individuals; maintains confidentiality as appropriate; leads to beneficial results for that individual and for his/her partner(s) and family; leads to greater openness in the community about HIV/AIDS; and meets the ethical necessity of the situation where there is a need to prevent onward transmission of HIV.

Counseling should help clients in making informed decisions whether to disclose their HIV status. In some countries, daughters and sons-in-law have experienced many adverse affects because of their HIV positive status from the family of their spouse; while sons and daughters, though fearing neglect and punishment from their parents, found that their HIV status had not changed the love and support the parents have for them.

Though keeping the secret of one's HIV positive status helps protect PLHA from possible negative effects, some PLHA found keeping the knowledge to themselves a heavy burden. Studies also show most people will disclose to someone with time.

Discuss:

- The benefits of disclosure to partners and other family members
- The implications and possible disadvantage of disclosure to partners and other family members.

Some of the reasons voiced by PLHA for not wanting to disclose their HIV status include:

- Fear of rejection and anger from partner or spouse
- Fear of rejection and anger from parents (damage family reputation)
- Fear of losing job

Some PLHA however feel that they want to disclose their status to partners but don't know how to do it in a way that it will be accepted. Counselors can help client to rehearse the exercise.

“Keeping the secret of your HIV status to yourself is like carrying a very heavy thing on your shoulder alone (*li*). Sharing it with your loved one is like sharing the heavy load on two shoulders (*saeng*). Though s/he may be angry with you at first they will gradually stop being angry, and one day, they will know it anyway.”

Cambodian VCCT counselor

Working with Discordant Couples

Discordant couple means a couple in which one partner is infected with HIV and the other is not.

Working or providing test results to discordant couples can be a challenge. There may be a situation where both husband and wife come to take the HIV test together and want to share their test results. It is important for counselors to know that sero-discordance occurs. (Recent studies suggest that the level of viral load in the HIV+ person is an important factor for infection or non-infection of the partner.) It is important to explain this to any couple presenting for VCCT. It may be necessary that pre-test counseling be done separately to assure that each individual has given their consent for counseling and testing and to give each partner the opportunity to honestly assess their risk. Counselors must be aware that they may not disclose an individual's test result without their permission. In the case of sero-discordant couple, the counselor may be asked (or offer) to inform the negative partner about the positive result of the other partner while both partners are together at the VCCT center.

The counselor's role includes assisting each member of the couple to cope with their emotional reactions to their test result and to the test result of the partner. In the case of concordant (same result) seropositive or discordant couples, it is not uncommon for one partner to blame the other for behavior that may have resulted in infection. While this expression or emotional reaction is necessary and often helpful in risk reduction, counselors must set limits to prevent partners from verbally or physically abusing each other and re-focus them away from assigning blame to focusing on developing a plan for living positively with their serostatus.

The counselor should also assist the couple to develop a long-term plan, not only to protect the sero-negative partner from infection, but also to help the HIV positive partner to live positively with the infection. Discussion of condom use is necessary. It is also important to discuss with the couple the possibility that the sero-negative partner may be in the window period. The HIV negative partner should be encouraged to be re-tested in three to six months.

The counselor must remember at all times to avoid becoming emotionally involved with the couple's issues (and involved in the argument or decision). The role of the counselor is to initiate and facilitate discussion between the couple, to provide them with appropriate information, and to encourage and facilitate communication between them.

Training evaluation

Closing session and feed back

Closing session and feed back

On the last day of the training, the facilitator should review all the important issues and provide participants with any materials that have not been distributed.

Participants need to complete the following evaluation form.

Evaluation form for participants

(No name required)

Please answer all questions openly for the benefit of future training.

1. Please give an appropriate mark (score) for each session. Give the highest marks to those you think the most useful.

Activity	Content	1	2	3	Reasons
1	HIV/AIDS in Cambodia				
2	VCCT as part of HIV/AIDS prevention and care strategy				
3	Knowledge about HIV/AIDS, True or False Questions about HIV/AIDS				
4	Level of risks and risk assessment, How risky is it?				
5	Attitudes, values and self-awareness What do you think about them?				
6	Principles of counseling – Confidentiality - Secret envelope				
7	Principles of counseling – Client-centered – Can you tell me please?				
8	Principles of counseling – Non-directive - Trust walk				
9	Skills in counseling Counseling video and comments				
10	Principles and skills in counseling - Using principles and skills. Should I take an HIV test? What should I do with my husband?				
11	Preventive counseling, risk assessment and risk reduction plan				
12	The feeling of a person being tested for HIV				
13	Cambodia VCCT policy, guidelines and protocol				
14	The impact of HIV/AIDS on individuals				
15	Pre-test counseling				
16	Post-test counseling - Giving negative and positive results				
17	Care, support and referral Positive living				
18	Disclosure issues and Working with discordant couples				

2. What do you think about the training, both the content and training methods?

3. Your suggestions for future training, areas that can be improved and how?

4. Any other comments?