

Tab 6: HIV Education & Counseling



Toolkit for Integrating HIV Services in
Native Health Settings

- 1. The Six Steps of an STD/HIV Risk Reduction Counseling Session**
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The Six Steps of an STD/HIV Risk Reduction Counseling Session

1. Introduce and orient client to session
2. Identify client's personal risk behaviors and circumstances
3. Identify safer goal behaviors
4. Develop client action plan
5. Make referrals and provide support
6. Summarize and close session

Definitions

- **Risk Behaviors: Transmission**
These are the sex or drug-related actions that in and of themselves can result in transmission of STDs, HIV or viral Hepatitis.
- **Safer Goal Behaviors: Prevention**
These are specific actions that in and of themselves directly prevent or greatly reduce STD/HIV transmission and that the client is willing to try to adopt.
- **Action Steps:**
Specific incremental (baby) steps a client can take to help adopt a safer goal behavior

Description of Counseling Concepts and Skills

- **Focus on Feelings**
Bring up, listen to, and respond to client's feeling-level reactions, beliefs, and issues.
- **Manage Your Own Discomfort**
Manage our own values when assisting clients I behavior change. Recognize our discomfort so that we keep it from becoming a barrier between our clients and us.
- **Set Boundaries**
Set boundaries between our own roles and responsibilities and our clients'. Do not feel responsible for a client's behavior and decisions or because we want to solve all of their problems.

Description of Counseling Skills

- **Open-Ended Questioning**
Questions that require more than a "yes" or "no" answer.
- **Attending**
Physically showing the client that we are listening, which requires using positive nonverbal behavior.
- **Offering Options, Not Directives**
Giving the client firm control over change decisions – by offering options rather than issuing directives.
- **Giving Information Simply**
Use simple, non-technical words – be brief and to the point – address client needs specific to their concerns – saying, "I don't know" is OK. We do not need to volunteer information about "HIV 101" if it is not appropriate to the client's circumstances.

Step 1: Introduce and Orient Client to Session

The purpose of Step 1 is very basic: to introduce yourself and describe the purpose and duration of the session and respective roles.

Introduce yourself as a health counselor. Describe the purpose of the session, the expected duration, and what you hope to achieve in the session. Seek consensus from the client as to the objectives of the session and agreement to maintain this focus throughout the session. Some clients may be at the clinic specifically requesting an STD/HIV test, while others may not be aware of their risk.

During the session, be polite, professional, and display respect, empathy, and sincerity to the client. Become involved and invested in the process and convey an appropriate sense of concern and urgency about the client's STD/HIV risk behaviors. Seek to deal with the client's concerns.

Suggested introductory statements or open-ended questions:

- Hi, my name is _____ and I will be your ____ counselor today.
- I'm so glad that you came in today
- We will spend about _____ minutes together talking about _____
- How are you doing today?
- What has been your experience with testing for STDs or /HIV in the past?

Informed Consent Issues:

- Before we start, I want to talk to you about our policy on confidentiality.
- What have you heard about anonymous vs. confidential testing?
- What do you know about this test? (tests for antibodies and not virus)
- A positive (or reactive) test means that HIV was found in your blood, a negative (or non-reactive) result means that it was not found at this time- explain the window period.
- Explain your agency testing procedure (i.e. type of test, how long for results, etc.)
- I have a form that I have to fill out for our funding so I may ask you some questions at the end of our session

Step 2: Identify Client's Personal Risk Behaviors and Circumstances

With the client, identify the specific behaviors that place him or her at risk for STD or HIV. Some clients may need to be informed of their risk. Focus the client on specific behaviors, situations, and partner encounters that contribute to his or her risks. Attempt to build from the problem (symptoms, referral, etc.) and the reasons that brought the client to the clinic. Establish an atmosphere that conveys a collaborative and creative exploration of the relevant issues.

In some Native communities, clients may be reluctant to discuss risk behaviors, or may appear reluctant because they may require more time to give their answers. If this is the case, allow for additional time for the client to answer each question. A few seconds of silence after asking the question, will give the client time to give an informed response. It may also be helpful to explain why you will be asking such personal question by stating:

Risk behaviors and their context:

- Identify the sex or drug-use behaviors that can result in transmission of STD or HIV.
- Identify the circumstances of those risk behaviors.

“I will be asking some personal questions about your background, religious/spiritual practices, sexual activities and drug use. I am asking these questions to help you find out whether you have possibly been exposed to HIV or other sexually transmitted diseases. These are questions that may be difficult to answer. You don't have to answer any questions you do not want to answer.”

Suggested open-ended risk assessment questions:

- What brought you to the clinic today?
- What makes you believe that you might be at risk for STD/HIV? What are you doing in your life that might be putting you at risk for STD/HIV? When was the last time that you put yourself at risk for STD/HIV?
- When you have sex, do you generally have sex with men, women or both?
- When you have sex, do you generally have anal sex, oral sex, vaginal sex or a combination?
- How many different people do you have sex with? How often?
- When was the last time you had unprotected sex? What types of sexual behaviors are you engaging in? Are your partner(s) men, women or both?
- When do you have sex without a condom?
- Have you been tested before? If so, when and why?
- What were the results?
- If you were infected in the past, how do you think you may have been infected?
- How often do you use drugs or alcohol? How does this influence your STD or HIV risk behaviors?
- What is your experience with shooting up drugs? How often do you do this?

- Do you ever share needles? When was the last time?
- What was happening then?
- What are the riskiest things that you are doing?
- What are the situations in which you are most likely to be putting yourself at risk for HIV or STD?

Step 3: Identify Safer Goal Behaviors

Behaviors that directly prevent or reduce transmission of STD/HIV.

- Reinforce the client's previous STD or HIV risk-reduction efforts, if any.
- Identify specific safer goal behaviors that the client is willing to try to adopt.

Suggested open-ended questions to explore participant STD/HIV risk-reduction attempts and safer goal behaviors:

- Is there a specific time that you remember where you were able to practice safer sex (used needles safely, used a condom)?
 - What did you do?
 - What made it possible for you to do it?
 - How was that for you?
- What are you presently doing to protect yourself?
- What could you imagine doing to reduce your risk of HIV or STD?
- What do you see as advantages or good things about adopting _____ (the safer behavior)?
- What do you see as disadvantages or bad things about adopting _____ (the safer behavior)?

The following questions stress the abstinence, monogamous, condom use, safe needle use:

- What has your experience been being abstinent in the past?
- What would it be like for you to consider abstinence again?
- Given that you are sexually active right now, how do you handle the issue of monogamy or having more than one partner?
- What would it be like for you to talk to your partner about monogamy or reducing the number of other partners?
- What would it be like to talk to your partner(s) about getting tested?
- What is your agreement with your current partner about having other partners?
- What has been your experience having only one partner?
- What has been your experience using condoms with your partners?
- What would it be like for you to only have sex using condoms with partners?
- What has been your experience with using needles?
- What would help you to use needles more safely?

Domestic violence is a problem that affects many families of all different races, religions and incomes, and has been identified as a risk factor for HIV infection. Remember, that both women and men can be victims of sexual violence. The following questions are

designed to identify if this may be a risk factor for your client. (Remember to have information for referrals on hand, if the answers to these questions reveal significant risk or involvement in domestic violence.)

Suggested questions to evaluate domestic violence risk:

- Have you ever been forced to have sex against your will?
- Has this happened only once, or more times?
- Was this with someone you did not know?
- Has this happened with your regular partner?

Suggested statements reinforcing positive change already made:

- It's great that you are here!
- You've taken the first step; which is a significant piece.
- The fact that you are concerned about STD/HIV is important.
- It is important that you recognize that you've really been thinking about reducing your STD/HIV risk.
- Look at how much you've already done to protect yourself (be specific).

Step 4: Develop a Personalized Action Plan

Help the client establish a personal plan to reduce his/her risks of STD/HIV. The plan should be realistic yet challenging, and should address the specific behaviors identified by the client during the risk assessment phase of the session. It should incorporate the client's previous attempts, perceived personal barriers, and perceived personal benefits to reducing STD/HIV risk.

Discuss existing barriers to adopting the new behavior and what benefits there are. Identify concrete, incremental steps the client can start to take to achieve his/her goals. Discuss how the client will put the plan into operation, using specific and concrete steps. Establish a back-up plan. Confirm that this plan is personalized and acceptable to the client. Solicit questions and reinforce the client's initiative in agreeing to negotiate a risk-reduction plan.

Suggested open-ended questions to explore STD/HIV risk reduction attempts and questions to explore personal barriers and benefits to adopting safer behaviors:

- What makes it easy (what situations make it easier for you) to _____ (the safer behavior)?
- Who (individuals or groups) would approve or support you in adopting _____ (the safer behavior)?
- Are you involved with any spiritual or ceremonial practices that can help you stay committed to _____.(the safer behavior)/
- Is there a spiritual leader in your community that you can see for support in adopting _____(safer behavior)?

Suggested open-ended questions to use when assisting the client to develop a personal risk-reduction plan:

- What one thing can you do to reduce your risk now?

- What can you do that would work for you now?
- What could you do differently now? In the future?
- How would your sexual/drug use practices have to change for you to stay safe?
- Now that you've identified these steps that you could take, how can you go about making these things happen?
- What could you do to make it easier to take these steps?
- Who would help to support you in taking these steps?
- When do you think you will have the opportunity to first try this?
- How realistic is this plan for you?
- What will be the most difficult part for you?
- What might be good about changing this?
- What will you need to do differently?
- How will things be better for you if you _____?
- How will your life be easier or safer if you change _____?
- How would your drug practices have to change to stay safe?

Suggested statements supporting and reinforcing the client:

- You have really done something good for yourself, your family and your community in putting this plan into place.
- You've taken very positive steps today to help meet some important personal goals, that will benefit your community (tribe).

Step 5: Make Referrals and Provide Support

Identify client peer and community support for STD/HIV risk reduction, as well as provide referral to professional services directed at addressing specific issues the patient may have identified.

Steps for Effective Referrals

- Help client define priorities
- Discuss and offer options
- Offer referrals
- Refer to known and trusted services
- Introduce client to client/patient advocate
- Assess client response to referral
- Facilitate active referral
- Develop a follow-up plan

Suggested questions:

- We've talked about a lot of issues today. Which of the things we've talked about would you like more help with?
- Would you like to talk with an individual counselor about _____ (issue that has been raised)? Would you be interested in a support group?
- Is there a particular kind of support or service that you would be willing to consider?

- Is there a spiritual leader in your community that you would like to see for support ?

Step 6: Summarize and Close Session

Briefly summarize issues and plans that have been discussed and identify the next steps that the client has agreed to take. Assist with any necessary follow-up appointments. Encourage and support client in progress.

- Identify major points, including feelings that have been discussed, and tie them together.
- Formulate a concise statement of client's issues and decisions, including content, feelings, and connection between them.
- Check that client "owns" the summary.

Signs of ineffective summarizing, closure:

- Client balks, says you have missed the main or major point(s)
- Client does not leave
- Client leaves without acknowledging an understanding of what has been discussed

HIV Education, Information, and Counseling Guide

Type	Routine (screening)	Enhanced (risk-based)
When to use	When a client receives a test as part of an annual routine screening, assuming the client has not been exposed to the HIV virus by having sex without a condom or by sharing needles, i.e., has not engaged in risky behavior.	When a client has engaged in behaviors that put them at risk for HIV infection (e.g., having sex with someone without using a barrier method or sharing needles).
Pre-Test	<p>Discuss:</p> <ul style="list-style-type: none"> • The voluntary, confidential nature of testing – including written consent (if required). • The test procedure. • How client will receive the result and method of follow up if client does not return for result. • How HIV is transmitted and risk factors, including ABCs of prevention. • The meaning of test result and “window period” (time for which a client who is actually HIV positive could still receive a negative test result). 	<p>Discuss:</p> <ul style="list-style-type: none"> • Personal risk behaviors. • How HIV is transmitted. • The voluntary, confidential nature of testing – including written consent (if required). • The test procedure. • The meaning of test result and “window period” (time for which a client who is actually HIV positive could still receive a negative test result). • How client will receive the result and method of follow up if client does not return for result. • Risk reduction and infection prevention information, including ABCs of prevention.
Post-Test	<p><u>Negative Test Result</u> - discuss:</p> <ul style="list-style-type: none"> • The meaning of a negative test result. • Reinforcement of healthy behaviors. • When to return for another test. • Referral services, if needed. <p><u>Positive Test Result</u> - when client receives a preliminary positive or confirmed positive HIV test result:</p> <p style="text-align: center;">SAME AS >>>>>>>>></p>	<p><u>Negative Test Result</u> - discuss:</p> <ul style="list-style-type: none"> • The meaning of a negative test result. • Reinforcement or re-negotiation of risk reduction plan. • When to return for another test. • Referral services, if needed. <p><u>Positive Test Result</u> - when client receives a preliminary positive or confirmed positive HIV test result:</p> <ul style="list-style-type: none"> • Determine the client’s readiness to receive a result. • Interpret the result and ensure that the client understands what the result means. • If the result is a preliminary positive, discuss and arrange for a confirmatory test. • Assess the client’s immediate needs for medical, psychological and social supports. • Provide appropriate referrals for medical evaluation or treatment, and for other identified needs. • Discuss measures for the prevention of transmission of HIV • Discuss partner notification issues. • Schedule follow up appointment, if appropriate.
Written materials	Routine HIV Education / Information / Counseling may be supplemented by written materials that are culturally sensitive, appropriate to the client’s reading level, and in languages served at the site.	Enhanced HIV Education / Information / Counseling may be supplemented by written materials that are culturally sensitive, appropriate to the client’s reading level, and in languages served at the site.

Questions & Statements to Support Prevention Counseling and Behavior Change

- What do you know about HIV?
- How can you get HIV?
- What do you think about your risks for HIV?
- Who do you know that's been tested for HIV?
- How do you think getting HIV would impact you, your family, and your community?
- Based on what you've told me, you are at some risk for HIV.
- How can you bring this up with your partner?
- What's the first thing you'll say to your partner?
- Tell me the about the last time you had unprotected sex.
- Who can support you with this decision?
- Good for you! You've really given this some thought.
- You seem nervous talking about this.
- So how has it been to use condoms some of the time?
- What would it be like to talk to your friends about this?
- How are you rewarding yourself for making this change?
- Who can help you stick with this change?

Disclosing Reactive Rapid HIV Results

1. Disclose reactive/positive rapid test result

State result in a direct and neutral tone “your rapid test result was reactive, which means something in your blood caused a reaction.” (Some people prefer to use the word positive or preliminary positive, which the client may hear as “you have HIV,” and can be confusing.)

Note: Remember that Native clients are comfortable with silence, and may take a few minutes to process the information before they speak. Allow a minute or so of silence, before you speak.

2. Remind client of what this test result could mean

- This is a screening test, which is the first layer of HIV testing
- We now need to do another blood test to confirm whether this result is accurate
- We send this blood sample to a lab. This second test is called a confirmatory test.
- This result may mean that you have HIV but we won't know until the confirmatory test result is back.
- The confirmatory result sometimes comes back negative, sometimes comes back positive at this clinic (NOTE: tailor this message to your clinic and experience)
- If the confirmatory result is positive, it means you have HIV.
- If the confirmatory result is negative, it means that you do not have HIV, but something in your blood reacted with this first test.
- This is a screening test and one way to explain it is “it's like getting called back on a mammogram, or like setting off the metal detector at the airport with your cell phone.” (doesn't mean you have breast cancer, or that you have weapons)
- If the client is really anxious, review the percentage that might be false positives or negatives (know the statistics for the rapid test(s) you are using).
- Some clients will want to know what can trigger a discordant result or false positive. A few things that can trigger the test include multiple consecutive pregnancies, autoimmune disorders (lupis), and active syphilis.
- Review how long it takes to get back confirmatory results. Offer to make the client an appointment to come back in and get the confirmatory test results. Make sure you have current contact information in case they do not return.

3. Be prepared to discuss “What if I am really positive, then what?”

Messages to give to the client:

- HIV has become a chronic manageable disease in the last few years.
- People can live healthy with HIV, many take medications
- It is important to have medical follow-up with a doctor knowledgeable about HIV.
- We will help you get connected to the best HIV doctors and support systems in the area
- Your first appointment with an HIV doctor will involve more tests to see what shape your immune system is in, and see how much HIV is in your body.
- There is support for you. We can provide referrals of groups and organizations that serve people living with HIV.

- Many people are living with HIV and living happy, healthy lives. You are not alone.
- We have referrals and other written materials for HIV+ people available in case you want more information.

4. If appropriate, talk about the most recent HIV risk behaviors

- Ask about recent sexual/drug related HIV risk behaviors
- Explain that if there has been recent risk, they may be in the process of seroconverting from negative to positive
- Ask about sexual partner(s).
- Ask about needle sharing, and other drug and alcohol related activity
- Ask about the number of partners in the past year.
- Ask about how often and what type of protection (if any) was used during sex.

5. Discuss strategies to reduce or avoid HIV risk behavior

- Until confirmatory result is back, encourage clients to act as if they are positive
- What does this mean for the client?
- What behaviors would they want to change, if any?
- What is realistic for this client to change for the next week or two
- Ask whether the client has questions about how to reduce their HIV risk related to sex and drug or alcohol use.

6. Assess the client's emotional state and feelings

- Does the client seem anxious, relaxed or indifferent about this test result?
- Check in: "How are doing with all of this"?
- "What would be most helpful to you right now"?
- Ask if they have anyone that they can share this information with. If not, do they want # to HIV hotlines or counselors?
- Give them a card with your clinic phone # and write your name on the card for direct contact. Tell them to call if they have any questions.

Note: The client may need reassurance that the process and results will be kept confidential. This is especially important if the initial test and confirmatory test is being done in a tribal or IHS clinic. It is helpful to have more than one option for the confirmatory test as the client may want the confirmatory test done outside the tribal or IHS facility, especially if the client has a relative working at the facility.

7. Explore information and thoughts

- Assess the client's understanding of the test result again and clarify misconceptions.
- You may need to repeat the information again
- Review the possibility of the confirmatory coming back negative about it probably being negative, and the possibility that it may be positive.
- Ask about other information that might be helpful while waiting for the confirmatory results.
- Explain that you will be drawing blood today for the confirmatory test, and the result will take one week (whatever your clinic turnaround time is).

8. Identify sources of support

- Assess the strength of the social support for this client
- Explore plans for and consequences of disclosure to others
- “Who knows that you are here today?”
- Help client decide who they might want to talk to about this
- Do you have a spiritual adviser you would be comfortable speaking with?
- Let them know what your/your staff availability is if they want to call you or your clinic again.

9. Review strategies for coping with the result- short and long term

- Explore how they have handled stressful situations in the past- what are their coping mechanisms- talking to people, seeking spiritual counsel, being in nature, etc.
- Assess what the rest of their day/night looks like: “What is your plan for later today after leaving here? Where are you going to go, how are you getting there, etc.
- “How are you feeling about this week while you are waiting for your confirmatory result?”
- Explain your availability during the waiting time, if applicable.
- Ask what they will do if they are feeling anxious.
- Assess who is in their support system that can be helpful during the wait.
- Give out support numbers (AIDS hotline, suicide prevention, etc.)

10. Provide referrals and closure:

- Provide reassurance and grounding to the client before they leave the session.
- Provide any referrals for support while waiting for results
- Provide other referrals related to HIV medical care and emotional support as needed.

Note: Take care with referrals for Native clients. While Native clients may be more comfortable in an environment with Native focused literature and materials, they not be comfortable accessing services in their own community because of concerns over confidentiality. Have a variety of options available, if this is the case. If you are not sure how they feel about this, ask.

11. Draw blood for the confirmatory test

- Emphasize how important it is to come back for the confirmatory result.
- Make an appointment for the result (if possible with you for continuity).

Prevention Counseling Observation & Coaching Tool

Site: _____

Date: _____

Staff Name: _____

Evaluator: _____

Instructions for Staff Members

The goal of this exercise is to assess the skill level of staff in the delivery of a prevention counseling session to a client. It is also an opportunity to assess the use of some very basic counseling concepts and skills that should be employed during a prevention counseling session.

An evaluator will observe a session between a client and a staff member (nurse, clinician, counselor) with the patient's consent. The evaluator will use the "Prevention Counseling Observation Tool" attached to assess staff performance related to the concepts listed on the tool. Feedback will be provided to the staff member at the close of the session. Feedback should include the positive elements of the session as well as comments on specific areas that may need to be strengthened.

The performance appraisal is observed and assessed with a **NO**, **YES** or **PARTIALLY** response:

NO: This rating applies to a counseling step, skill or concept that was not demonstrated.

YES: This rating applies to a counseling, skill or concept that was demonstrated.

PARTIALLY: This rating applies to a counseling step, skill, or concept that was observed, but could be improved.

N/A= Not Applicable: This rating applies to a limited number of behaviors within the counseling steps, when they are inappropriate to attempt, are unnecessary, or do not apply to the counseling session's progress.

Step 1: Introduction

- | | | | | |
|--|-----|----|-----------|-----|
| • Introduce him/herself and role and purpose of session | YES | NO | PARTIALLY | N/A |
| • Identify client's reason for visit | YES | NO | PARTIALLY | N/A |
| • Identify client's primary needs and concerns for visit | YES | NO | PARTIALLY | N/A |

Step 2: Help Client Identify Personal Risk Behaviors and Circumstances

- | | | | | |
|---|-----|----|-----------|-----|
| • Obtain/update client sexual history | YES | NO | PARTIALLY | N/A |
| • Identify client risk factors for potential needs related to: | | | | |
| ○ Unintended Pregnancy | YES | NO | PARTIALLY | N/A |
| ○ Acquiring an STD/HIV | YES | NO | PARTIALLY | N/A |
| • Discuss the ABCs of Client Centered Disease Prevention | YES | NO | PARTIALLY | N/A |
| • Identify the circumstances that lead the client to engage in behaviors that put them at risk for: (i.e., with whom, where, how and when risk behaviors occur) | | | | |
| ○ Unintended Pregnancy | YES | NO | PARTIALLY | N/A |
| ○ Acquiring an STD/HIV | YES | NO | PARTIALLY | |
| • Provided client with information as needed on: | | | | |
| ○ Birth Control | YES | NO | PARTIALLY | N/A |
| ○ STDs | YES | NO | PARTIALLY | N/A |
| ○ HIV | YES | NO | PARTIALLY | N/A |

Step 3: Help Client Identify Goal Behaviors to Prevent Unintended Pregnancy and STDs/HIV

- | | | | | |
|--|-----|----|-----------|-----|
| • Identify and support client's previous risk reduction efforts to | | | | |
| ○ Avoid unintended pregnancy | YES | NO | PARTIALLY | N/A |
| ○ Avoid acquiring STDs/HIV | YES | NO | PARTIALLY | N/A |
| • Identify and explore ways client can reduce their risk of: | | | | |
| ○ Unintended Pregnancy | YES | NO | PARTIALLY | N/A |
| ○ Acquiring STDs/HIV | YES | NO | PARTIALLY | N/A |

Step 4: Develop Client Risk Reduction Plan to Achieve Goals

- | | | | | |
|---|-----|----|-----------|-----|
| • Help the client develop specific and concrete steps to reduce their risk of: | | | | |
| ○ Unintended Pregnancy | YES | NO | PARTIALLY | N/A |
| ○ Acquiring STDs/HIV | YES | NO | PARTIALLY | N/A |
| • Confirm with client that the steps are reasonable and acceptable as they relate to: | | | | |
| ○ Unintended Pregnancy | YES | NO | PARTIALLY | N/A |
| ○ STDs/HIV | YES | NO | PARTIALLY | N/A |
| • Offered the following services to client as appropriate: | | | | |
| ○ Birth Control | YES | NO | PARTIALLY | N/A |
| ○ STD Testing | YES | NO | PARTIALLY | N/A |
| ○ HIV Testing | YES | NO | PARTIALLY | N/A |

Step 5: Make Follow-up Appointment and Referrals as Needed

- | | | | | |
|---------------------|-----|----|-----------|-----|
| • Assessed need for | | | | |
| ○ Follow-up Appt. | YES | NO | PARTIALLY | N/A |
| ○ Referrals | YES | NO | PARTIALLY | N/A |

Step 6: Summarize and Close Session

- | | | | | |
|--|-----|----|-----------|-----|
| • Summarize and close session | YES | NO | PARTIALLY | N/A |
| • Reviewed/Updated client contact information (may occur at beginning or end of session) | | | | |
| | YES | NO | PARTIALLY | N/A |

Demonstrated Knowledge of Native Culture

- Allowed sufficient time for answers YES NO PARTIALLY N/A
- Modified explicit language when appropriate YES NO PARTIALLY N/A
- Emphasized importance of risk reduction behaviors to community, rather than to self YES NO PARTIALLY N/A

Demonstration of Counseling Skills and Concepts

- Offering options, not directives YES NO PARTIALLY N/A
- Open ended questioning YES NO PARTIALLY N/A
- Giving Information Simply YES NO PARTIALLY N/A
- Attending YES NO PARTIALLY N/A
- Focus on Feelings YES NO PARTIALLY N/A
- Setting boundaries YES NO PARTIALLY N/A
- Manage own discomfort YES NO PARTIALLY N/A

HIV Counseling and Testing

- Client was offered HIV Prevention Counseling YES NO PARTIALLY N/A
- Client was offered HIV Testing YES NO PARTIALLY N/A

Evaluator's General Comments:

Areas of Strength:

Recommended Area(s) of Improvement:

Other Comments:

Were comments discussed with staff member YES NO

How to Make an Effective Referral

- **Create a one-page listing of local agencies that you know and trust.** Try to update this list every six months so that it is current. Try to give clients options on this list. Native clients may not feel comfortable accessing services locally, because of concerns about confidentiality. Be sure to ask. This list might include information about safer sex groups, recovery groups, and HIV hotlines.
- **Stress the importance of a referral appointment.** Explain how the referral can help the client. If the client just learned they have HIV, they may be in shock and need more assistance. Help them to understand the importance of medical follow up and emotional and spiritual support.
- **Personalize the referral.** Explain as much as you can about what to expect at the appointment. Give the client a clear idea of what will happen, who she will see, etc. Clients who speak languages other than English will need to know which agencies have staff that is bilingual. Review what questions will be asked and how long it will take. (E.g. “The first medical appointment after testing positive can take ____ because they are ____.”)
- **Relieve the client's anxiety.** Take the time to accept the person's fears, ask if there's anything that they are particularly concerned about. Encourage the person to call if there are any questions or further concerns that should arise.
- **Explain what costs the client can expect.** This requires keeping your referral files up to date about fees and whether Medicare patients are accepted.
- **Explain how to prepare for the referral visit (if appropriate).** Review any documents needed for the visit, special preparations needed, etc. Will they need to find childcare, transportation? Also tell clients what to say when they arrive for the referral appointment (I was referred to you by...).
- **Protect the client's confidentiality.** Ask the client's permission to send medical records, etc. if needed. Only send information that is necessary to the referral problem and nothing more.
- **Repeat the referral information or provide written information.** Write down the address, phone number and contact person's name. Write it down and ask the client to repeat it to you. If having a written referral might threaten a client's safety (i.e. domestic violence), make sure you give them easy to remember information.
- **Document the referral in the client's record.** Client was referred to...
- **Ask client for feedback about the referral.** Sometimes we inadvertently send clients to places that have just recently changed services and the referral agency is different than what we have described to clients. Make sure you tell clients to come back if there is any problem with the referral you gave.

- **Follow-up on referrals given.** Ask the client about the referral when they come back for their next visit. If you don't ask follow up questions on the client's next visit, you may never get feedback.. HIV organizations get funded and lose funding regularly so it is really important to do this follow up with clients.

Note: Identify staff who can call referrals every six months to make sure they are current. If the task is shared, it doesn't take a lot of time. It is worth it not to send clients to a bad referral which will reflect poorly on you or your agency.

About Making Client Referrals

Agencies/clinics should explore the possibility of utilizing client or patient advocates that can assist clients with referrals. This assistance may include helping them to follow up on their referrals, providing transportation, helping clients to navigate multiple provider systems, or providing reminders. This can be invaluable, especially for clients who are not familiar with Western medical systems.

Making needed and appropriate referrals for clients, particularly those who are HIV positive, is an essential component of HIV prevention services. As applicable to their individual needs, clients should have access to medical, prevention and social support services. Additionally, these services should be gender, culturally, linguistically and age appropriate

HIV referral services can include:

- Medical care and treatment
- Case management services
- Partner counseling and referral
- Family planning/pregnancy testing/reproductive health services
- Substance abuse prevention and treatment
- Mental health services, case management
- Traditional services
- Peer counseling and support
- STD screening and treatment

Key elements of the referral include:

- Evaluating and prioritizing the client's needs
- Evaluating the appropriateness of the referral
- Planning the referral
- Facilitating access to the referral service(s)
- Documenting, tracking and following up to ensure that the client has accessed the needed service(s).

It is essential that providers have a working knowledge of the referral resources in their community and develop collaborative relationships with organizations that are able to offer client support services. If you refer your Native clients to non-Native services, make sure the staff at these agencies are "Native friendly," willing and appropriate for working with Native clients. Most health providers are well acquainted with the resources in their community.