



Protocol for HIV Counselling for MSM

A guide to HIV counselling

provided at Voluntary Testing and Counselling Centres

Introduction

The primary purpose of pre-test counselling is to provide the client with information about HIV transmission, prevention, and the personal and medical benefits of learning ones serostatus. The patient should be counselled using frank, non-judgmental language, in a private setting, in which the client is comfortable asking questions and discussing behaviours.

Post-test counselling provides the opportunity to clarify information and to further promote HIV risk reduction behaviour and good health practices. In addition, post-test counselling provides an opportunity to discuss the client's personal HIV prevention strategy. The benefits of obtaining HIV-related primary care can be explained, if the client tests positive. Moreover, the client can learn about the options to notify partners.

The following protocol outlines components of the pre- and post-test counselling sessions. Since this protocol draws heavily upon the expertise of experienced counsellors, many of the recommended approaches may be familiar to those who have been involved in HIV counselling. Practitioners should adapt this protocol to the individual client. Conducting an individual risk assessment in the pre-test session may be of limited use for clients who do not know or are not ready to discuss personal risk factors. On the other hand, individual risk assessment in pre-test counselling may help the client to clearly understand his or her risk and encourage the client to adopt risk-reducing behaviours.

Counsellors should have also read the handbook on Guidelines For Counselling as a precursor to this handbook.

Further the Agency should check thoroughly into what services are available in the city/town in which it is based. This includes any HIV testing service, government or private, and

- *their quality, confidentiality, and appropriateness*
- *whether these testing services anonymous or confidential*
- *whether they discriminate against, and stigmatise, men who have sex with men, hijras and kothis*
- *whether they have adequate and appropriate counselling services*
- *what treatment services are available and their costs*
- *what support services and self-help groups are available*

Other services should also be investigated included, drug and alcohol abuse treatment centres and psychiatric and psychotherapeutic treatment. Local legal and human rights services should also be accessed.

The Agency should have available a range of appropriate referrals contact numbers, and an appropriate healthy-living chart that outlines the dietary and medical needs of someone living with HIV.

The Agency should also be networked with Positive Groups in the city, state and country. Advocacy work may also be required in terms of the needs of hijras, kothis, gay-identified men, and other men who have sex with men in relation to all these services.

Pre-Test Counselling

I. Opening the counselling session

- A. The Counsellor should create an environment that is both friendly and supportive to the client. The relationship between Counsellor and Client is outlined in the Guidelines for Counselling Handbook.
- B. Explain to the client that the discussion will explore personal issues and risks, and that explicit language may be used.
- C. Explain that this discussion will be kept strictly confidential.
- D. Encourage the client to discuss his knowledge of, and his concerns about, HIV/AIDS; set a supportive, nonjudgmental atmosphere in which

the client will feel comfortable.

E. Ask the client about any history of HIV counselling and testing.

1. If the client has never been tested, proceed with a discussion of HIV transmission and prevention.
2. Explain that anonymous HIV testing is available and that you will explain the difference between anonymous and confidential counselling and testing.
3. If the client has tested negative, and has an ongoing or identified risk, proceed with counselling to repeat HIV testing. If the test was within the past 6 months, and there is no identified risk since testing, offer the client the option of counselling and retesting if the client wishes.
4. If the client has tested HIV positive, determine whether the client is receiving appropriate medical care and support services. If the client is not receiving care, then offer what is practicable and available in the current situation in your city. Ensure that the client can have access to support services and an appropriate self-help group.

II. HIV transmission and prevention

A. Provide basic information on HIV and AIDS

Ask what the client knows about HIV, the virus that causes AIDS. Explain that HIV causes acquired immune deficiency syndrome, most commonly known as AIDS. HIV infection causes a breakdown in the body's immune system. When the immune system is weakened, the body cannot fight off infections. The most serious consequence of HIV infection is AIDS. A person with AIDS gets illnesses which are little or no threat to someone with a healthy immune system. It can take as long as ten years, or perhaps longer, for a person with HIV infection to develop full-blown AIDS; it is still unknown whether all persons with HIV infection will eventually get AIDS. Most people who are infected with HIV do not appear ill and may be unaware of their infection. An asymptomatic infected person can un-

knowingly transmit HIV to others. HIV antibody testing is recommended because it is difficult to know if the patient was ever exposed to HIV. Knowing one's HIV status can help plan a health strategy for the client, even in a medically poor environment.

B. Transmission and prevention information

1. Explain that HIV is transmitted when an infected person engages in specific behaviours with an uninfected person. Anyone who is infected can infect other people by:
 - having sexual intercourse (vaginal or anal) without a condom, or incorrectly using a condom;
 - having oral sex (vaginal or penile), particularly in the presence of genital or oral sores/lesions, bleeding gums, or menstrual blood;
 - sharing needles, works, cookers and other drug-injecting paraphernalia;
 - passing it on to babies during pregnancy, birth, and through breastfeeding.
2. Explain that having multiple sexual partners may increase the potential for exposure to HIV and other sexually transmitted diseases. *However, exposure to one infected partner can also result in HIV infection.*
3. Explain that the risk of HIV infection through sexual intercourse can be reduced by using full-size latex condoms for anal and vaginal sexual intercourse. Explain the risks regarding oral sex and recommend condoms for this practice.

In addition, condoms can help prevent sexually transmitted diseases (STDs).

No barrier method, including condoms, can guarantee 100 percent protection, as product failure or incorrect use may occur. Counselling regarding condom use must emphasise the need for consistency in use,

proper application, and the need for the condom to remain intact. The latter may be facilitated through the use of a water-based lubricant. Such counselling should include a demonstration of condom use.

Condoms can deteriorate over time and under adverse conditions. Counsel clients to observe expiration dates, avoid extreme heat, and avoid exposing condoms to petroleum-based lubricants, which may cause deterioration of latex condoms that results in breakage. Advise clients that condoms should never be reused. Counsel clients on proper use of condoms including withdrawal from penetration, i.e. holding on to the rim of the condom while withdrawing whether or not ejaculation occurred. This prevents the condom from slipping and semen or pre-ejaculatory fluid from spilling out.

4. Explain that the risk of HIV infection through injecting drugs can be eliminated by avoiding drug use. Risk can be reduced by not sharing or by properly cleaning shared needles, works, cookers or other drug paraphernalia. Do not reuse cotton or water. Drug-injecting equipment can be cleaned with bleach (flush needle and syringe two times with bleach, then with water). All injecting equipment must be cleaned before each use. Needle drug users (intravenous or skin-popping) should be advised that needles and syringes sold on the street as safe should be cleaned.

As with sexual contacts, the likelihood of being exposed to an HIV-infected needle-sharing partner increases with the number of partners. Since the HIV infection status of an individual cannot be determined by appearance, sharing needles or works with anyone is risky.

5. Explain that HIV infection cannot be spread by casual contact including:
 - shaking hands;
 - eating or drinking from common utensils;
 - sneezing or coughing;
 - using public toilets;
 - being around an infected person.

While HIV has been isolated from tears, saliva and urine, there is no

documentation of HIV transmission from any of these body fluids.

Dry kissing, except in the presence of open sores or lesions on the mouth, is considered safe. Deep kissing poses a small risk if sores, lesions, or blood are present in the mouth. It may be difficult or impossible to ascertain whether blood is present (e.g., toothbrushing almost always causes gums to bleed).

Counselling should emphasise that there is no evidence of transmission through casual contact..

III. Discussing the HIV test

A. Explain to the client

that all sexually active or needle drug-using persons are encouraged to be tested for HIV. HIV antibody testing is the only way to tell if a person is infected. In addition, there can be personal and medical benefits to knowing one's HIV antibody status.

B. Tell the client the benefits of being tested:

1. If the test result is negative and the client has not engaged in a high risk behaviour for more than six months, it means that the client is probably not infected with HIV. Discuss retesting, if appropriate.
2. If not infected, the client can take precautions to prevent infection by following basic risk reduction steps (repeat the ways in which infection occurs and can be prevented).
3. If the test result is positive, it means the client is infected with HIV. It is important to know this, so that the client can take steps to receive support, medical evaluation, access treatment (if locally available), and develop a healthy-living plan.

If the client is married with a wife who is pregnant, and/or a parent of young children:

4. The children need special medical care which includes:
 - frequent checkups and a clinical evaluation to determine whether HIV infection is present;

- special immunisations (e.g., inactivated polio vaccine), if HIV antibody positive or infected;
- regular monitoring if infected and treatment as appropriate.

C. Review psychological and emotional consequences of receiving the test result

Inform the client that anxiety about the HIV test result is a common feeling. Assure the client that you will assist with identifying psychological and emotional support services if needed.

D. Review HIV antibody test and procedure

1. Explain that the HIV antibody test is a blood test. It can show if the person is infected with HIV; it does not show if the person has AIDS. There is no blood test that tells if a person has AIDS.
2. Tell the client that it takes about three weeks to get test results back. Results are given at the post test session and are only given in person.

IV. HIV counselling and testing options

Explain the difference between confidential and anonymous counselling and testing.

1. **Confidential:** Explain that the advantage of confidential counselling and testing done in a medical setting is that necessary medical care and services can be provided or arranged. HIV counselling and testing information, including the test result, is recorded in the patient's medical record. Blood specimens and test results are identified to the laboratory only by a code number, not by name.
2. **Anonymous:** No personally identifying information is asked at any time. Records and blood specimens are identified by code numbers.

V. Discrimination

Advise the client to be careful of telling other people about having been tested for HIV. People have been discriminated against because of disclosure of HIV-related information. Discrimination may result in termination of employment, loss of housing, or have other negative (including family) consequences.

Post-test counselling - seronegative

I. Test result

The patient should receive the HIV antibody test result in person.

- A. Begin post-test counselling by providing the test result.
- B. Show the client the lab slip with the recorded test result.
- C. Give the client time to react to the test result and encourage the client to express feelings and concerns.
- D. Address the client's immediate concerns.

II. Meaning of negative test result

A negative HIV test result almost always means that the patient is not

infected. Explain that:

- A. If the client has not engaged in risk behaviour in the past six months, the client is most likely not infected with HIV either because he or she was not exposed to HIV, or the client was exposed to HIV but did not become infected.
- B. If the client has engaged in risk behaviour in the past six months, the client may be infected with HIV but may not yet have produced antibodies. People usually produce antibodies within 6-12 weeks after infection. Some people take longer (6 months or more) and a very small number of infected people may never produce antibodies to HIV. Discuss retesting for HIV antibodies, when appropriate, based upon the client's risk history.
- C. Explain that a negative test result does not mean that the patient is immune to infection. Exposure to HIV always presents a risk for infection.

III. Risk reduction

Help the client to understand the negative test result in relation to personal risk.

A. Sexual risk behaviour

If appropriate, offer to also give the client's partner(s) risk reduction counselling.

The sexual or drug use history of one's partner is often not reliably ascertained. Therefore, clients should be counselled to avoid sexual intercourse without a condom unless they are certain of their partner's behavioural risk history and HIV serostatus. The only way to be certain that neither partner is infected is if both partners are tested, are negative, and have not engaged in risk behaviour.

Talk about sexual behaviours that may put people at risk (if they are uncertain about their partner's risk history and HIV serostatus). Explain the issues of high risk and low risk.

1. anal intercourse without the male partner using full-size latex condoms;
2. vaginal intercourse without using full-size latex condoms;
3. oral-penile sex, particularly in the presence of genital or oral sores, lesions, or bleeding gums.
4. oral-vaginal sex, particularly in the presence of genital or oral sores, lesions, bleeding gums, or menstrual blood.

B. Drug use risk behaviour

The discussion of needle drug use behaviour (intravenous and skin-popping) is appropriate when counselling patients who use drugs, or are suspected of using drugs.

1. Explain that not using drugs can greatly reduce the potential for acquiring HIV.
2. Although abstinence from all drugs should be strongly encouraged, all drug users should be made aware of the importance of:
 - not sharing needles, works, cookers and other drug-injecting paraphernalia;
 - cleaning all injecting equipment before each use (flush needle and syringe two times with bleach, then with water).
3. Encourage the client to enrol or stay in a drug treatment program.

C. Other drug use behaviour

Explain that the use of any of the following substances may put the patient at risk because it makes it more difficult to practice safer sex:

- alcohol,
- marijuana,

- barbiturates/other sedatives (downers),
- amphetamines/other stimulants (uppers),
- hallucinogens,
- cocaine, crack,
- heroin.

Several factors implicate the emergence of cocaine use, both by injection and smoking, as a risk factor for HIV. Studies show that, compared to heroin, needle-sharing in cocaine injection is more strongly related to HIV infection, possibly due to more frequent injections in cocaine use. Those who smoke cocaine in the form of “crack” may also risk HIV infection due to unsafe sexual practices, including the exchange of sex for drugs. Crack users may also inject cocaine and/or heroin to counteract the extreme effects (highs and lows) of crack.

IV. Individual prevention strategy

- A. Help the client to develop a strategy to reduce personal risk of exposure to HIV.
- B. Help the client prepare to use the prevention strategy. Discuss any difficulties anticipated in carrying it out.
- C. Provide information about the proper use of condoms. Advise the patient never to reuse a condom.
- D. If the last risk for HIV was within six months, encourage the client to be retested.
- E. Encourage the patient to discuss testing with sexual or needle-sharing partner(s) who are at risk for HIV. Explain the importance of partner(s)

knowing their HIV serostatus.

If both the patient and the partner are negative and without past or current risk, there is no risk of HIV transmission between them.

V. Providing literature

Provide written information (if the client is literate) that describes the way HIV is transmitted and how to prevent HIV infection. Include materials on sexual risk reduction for all patients, drug use risk reduction when appropriate (i.e., handouts on cleaning needles and works), and information on HIV counselling and testing programs.

Post-test counselling - seropositive

Learning of a positive HIV test result is extremely stressful. Be prepared to work with an anxious or distressed client. Providers in agency settings should be familiar with the agency's policy for getting immediate help for patients in crisis.

I. Test Result

The patient should receive the HIV antibody test result in person.

- A. Begin post-test counselling by providing the test result.
- B. Show the client the lab slip with the recorded test result.
- C. Give the client time to react to the test result and encourage the patient

to express feelings and concerns.

D. Address the client's immediate concerns.

II. Helping the patient cope with the test result

A. Set a supportive and encouraging tone.

B. Be prepared to deal with the client's emotions which may include: disbelief, anxiety, anger, guilt, depression, apathy, and fear of death. If the patient becomes distressed:

- stay with the client and respond to the situation; listen to the client's concerns;
- help sort out the issues;
- help identify coping mechanisms used in other crisis situations;
- offer to assist the client in contacting crisis support services and provide a confidential place for the patient to use the telephone.

C. Discuss the client's feelings about the test result and how the client anticipates handling this information during the next 48 hours and over time.

D. Remind the client about support systems identified in the pre test session. Ask who the client can talk to about the test result, such as a family member, friend, or other person. If the client identifies someone, discuss how the client might tell that person and what the reaction might be.

E. Provide the client with referrals for emotional support.

III. Meaning of positive test result

The test showed that antibody to HIV was present.

A. A positive HIV test result means:

1. the client is infected with HIV and antibodies to the virus were produced;
 2. the client has active virus and can infect others.
- B. A positive test result does not mean the patient has AIDS.

IV. Medical follow-up

- A. Explain the importance of getting into medical care as soon as possible.
1. Laboratory tests can tell how the immune system is functioning and show if HIV related infections or cancers are present.
 2. Treatments are available that may slow the progression of HIV disease and prevent some infections.
- B. Explain that a medical evaluation would include:
1. medical and personal history;
 2. physical examination;
 3. tests of immune system functioning;
 4. tests for other infections such as sexually transmitted diseases and tuberculosis.
- C. Emphasise the importance of following good health care practices.
- D. Stress that it is important to stay in a medical treatment program to get regular medical checks and information about new medical treatments.
- E. Explain that a positive test result may mean that partners and children

could be infected with HIV.

If this is the client's first HIV test, the client should be encouraged to refer partners and children for HIV antibody testing and medical evaluations. Provide the client with medical and counselling referrals for partners and children.

If the client is married and his wife is pregnant or has recently delivered, then she will need to be informed that:

- 1. all babies are born with their mother's antibodies; therefore, if the mother has antibodies to HIV, her baby will test HIV antibody positive at birth;*
- 2. the mother's infection does not necessarily mean that the baby is infected with HIV; research studies suggest that approximately 30-50 percent of babies born to infected women are infected themselves;*
- 3. if the baby is not infected, the baby should test negative by 18-24 months of age;*
- 4. if the baby is infected, it is possible that the baby will test positive at birth, test negative for a period of time, and then test positive again, after the production of the baby's own antibodies;*
- 5. it is important for the baby to receive regular medical care from a physician who is knowledgeable about HIV, and that the physician providing care to the baby be aware of the mother's infection so that the health status of the infant can be closely monitored;*
- 6. women who are breastfeeding, or planning to breastfeed, should discuss the risk of possible HIV transmission with a physician who is knowledgeable about HIV.*
- 7. If the client is considering future children he should consult a physician who is knowledgeable about HIV to review reproductive options.*

V. Transmission reduction

Emphasise that although the client may not have any signs or symptoms of HIV infection, the client can transmit infection by:

- having sex without a condom, or incorrectly using a condom;
- sharing intravenous needles, works, and other drug paraphernalia;

Stress that HIV is *not* spread through casual, household transmission. *Discuss risk reduction strategies*, based on a review of the client's sexual and/or drug use behaviours. Explain that the steps below may keep the client from getting other infections and from passing HIV infection on to others. Offer to explain the following risk reduction strategies to both the client and any partners.

A. Sexual risk reduction

1. HIV transmission can be prevented by not having vaginal, oral, or anal sex.
2. The risk of HIV transmission can be reduced during anal-, vaginal-, and oral-penile sex by preventing contact with body fluids (semen, blood, and vaginal secretions) through the male partner's use of full-size latex condoms every time they have sex. *Condoms reduce but do not eliminate risk*. Demonstrate how to properly use condoms. Advise the patient never to reuse a condom.
3. The risk of HIV transmission from partner to partner during oral sex (penile or vaginal) increases when oral or genital sores/lesions are present.
4. For married clients, discuss birth control methods. Provide informa-

tion about the increased risk of infection (e.g., pelvic inflammatory disease) associated with using an IUD. Remind the client that some birth control devices, such as the contraceptive pill, offer no protection against the transmission of diseases, including HIV. The effectiveness of diaphragms or cervical caps as barriers to HIV has not been demonstrated.

B. Drug use risk reduction

The discussion of needle drug use behaviour (intravenous and skin-popping) is appropriate when counselling patients who use drugs, or are suspected of using drugs. Explain that:

1. HIV transmission can be prevented by not sharing drug-injecting equipment.
2. Stress the importance of cleaning all injecting equipment before each use (flush needles and syringes two times with bleach, then with water).

Encourage the drug-using client to abstain from drug use and to enrol or stay in a drug treatment programme.

Explain to the patient that use of the following substances may put HIV negative partner(s) at risk, if the patient or partner is unable to adhere to safer sex behaviours:

- alcohol,
- marijuana,
- barbiturates/other sedatives (downers),
- amphetamines/other stimulants (uppers),
- hallucinogens,
- cocaine, crack,
- heroin.

Several factors implicate the emergence of cocaine use, both by injection and smoking, as a risk factor for HIV. Studies show that, compared to heroin, needle-sharing in cocaine injection is more strongly related to HIV infection, possibly due to more frequent injections in cocaine use. Those who smoke cocaine in the form of “crack” may also risk HIV infection due to unsafe sexual practices, including the exchange of sex for drugs.

Crack users may also inject cocaine and/or heroin to counteract the extreme effects (highs and lows) of crack.

C. Additional risk reduction

Clients testing HIV positive should be advised:

1. not to donate blood or blood products, organs, tissue, breast milk, or sperm;
2. not to share toothbrushes, razors, or other items that could become contaminated with blood; this measure is recommended even though these items have not been shown to transmit HIV;
3. to clean and disinfect surfaces on which blood or other body fluids which may contain blood have spilled (a solution of 1/4 cup bleach to one gallon of water is effective).

D. Individual risk reduction strategy

1. Discuss options and strategies to reduce the risk of HIV transmission to partners.
2. Discuss any difficulties the client anticipates in carrying out the risk reduction plan.
3. Offer to help practice how the client will handle difficult situations.

VI. Individual follow-up plan

A. Medical and support services

1. Provide or refer the seropositive client for medical care.

2. Provide or refer the patient for needed support services, i.e. a local Positive Support Group.
3. Provide or refer the seropositive client who abuses alcohol or drugs to an alcohol or drug treatment programme.

Offer to assist the client with calling service providers; provide a confidential place for the client to use the telephone.

B. Partner notification

The client who tests positive for HIV should be encouraged to directly notify partner(s).

1. Ask if the client discussed the risk of HIV exposure and testing with partner(s).
2. Encourage the client to directly notify partner(s) and help develop a notification plan. Offer to practice how the client might tell the partner(s).
3. If possible, offer to provide counselling and testing for the partner(s). Otherwise encourage the client to refer partner(s) for HIV counselling and testing. Give the client written information about HIV counselling and testing programs if he or she is literate.
4. Explain why it is important for partner(s) to know their HIV status:
 - if positive, referral for medical evaluation and treatment is available;
 - early treatment may slow down HIV disease and prevent the onset of some infections.

VII. Providing Literature

Provide written information that discusses HIV infection and describes the ways HIV is transmitted and how it can be prevented. Include materi-

als on sexual risk reduction and drug use risk reduction when appropriate (i.e. handouts on cleaning needles and works). The client should be literate.

VIII. Discrimination

Advise the client to be careful of telling other people about having tested HIV positive. People have been discriminated against because of disclosure of HIV-related information.

adapted from the New York State Health Department AIDS Institute

Summary

Before the test

A good counsellor should always discuss these things with a client:

1. All about HIV/AIDS and risks
2. Why does he want the test
3. Why does he think he is at risk
4. What the testing procedure is
5. What a negative result means
6. What a positive result means
7. Who will he tell his result to
8. Developing a personal sexual health strategy

After the test

These issues should be covered after the test

1. What the test result means
2. How does he deal with his test result
3. Safer sex and safer injecting
4. Supporting his health
5. Support systems for the client
6. Who does the client inform
7. Partner notification

Guidelines for good working practise for counsellors.

1. Do not give out your home and work number.
2. Negotiate time keeping with the service user. Always adhere to time decided by yourself and the service user. That is, do not be late for visits or stay longer than agreed. For example do not stay for three hours if you negotiated one hour. This is also to eliminate visits at ad-hoc times.
3. On **NO** terms is the counsellor to accept gifts or money.
4. It is the service user's responsibility to identify the counsellor to whoever it is deemed appropriate. It is not the counsellor's role to explain to him. The relationship between counsellor and service user must be defined at all times. For example it would be inappropriate if the service user treated the counsellor as a family member and if this happens,

then the line manager must be informed immediately. A counsellor is providing a service via his agency. This must be communicated to the service user as directly and concisely as possible. This is very important as boundaries need to be established and adhered to at all times.

5. If the service user or counsellor cannot make an agreed time, then the counsellor must contact the service user and the line manager as soon as possible. The service user will also be expected to contact the counsellor's line manager if they cannot make an appointment.
6. On no account is the counsellor to give/borrow money to/from the service user.
7. The counsellor is **NOT** to sign any document(s) on behalf of the service user. This is not the counsellor's responsibility and must be adhered to at all times.
8. The counsellor is on **NO** account to disclose any information about the service user to anyone apart from their line manager
9. The counsellor is on **NO** account to spend a night with the service user.
10. On **NO** account is the counsellor to have sex with the service user or with their family member (s), or friends. If there is an attraction of any kind, then inform the line manager **immediately**.
11. On **NO** account is the counsellor to use illegal drugs immediately prior to and whilst with the service user. If the service user uses illegal drugs, then inform your line manager **immediately**.
12. The counsellor is **NOT** to use alcohol immediately prior to and whilst with the service user.
13. If any of these guidelines are broken by the counsellor, then disciplinary action may be taken which could result in a termination of contract.

14.If you encounter physical or verbal violence from a service user
PLEASE WITHDRAW IMMEDIATELY and inform your line manager immediately.

Declaration for Confidentiality

I am working for, which is an HIV/AIDS and sexual health agency working with males who have sex with males.

I understand that in the course of my work for the Agency, I may have access to information about individuals which is of a highly personal and confidential nature. Such information may include details about sexual practice, sexualities, HIV status, AIDS diagnosis, health, medical condition, treatment, and details about family and friends.

I understand that this information is strictly confidential.

I agree not to disclose any information of a personal or confidential nature to any person or organisation not connected to the Agency, nor those within the Agency who are not authorised to receive such information.

In the event of a breach of confidentiality, I understand that disciplinary action may be taken against me.

Date:

Print Name:

Signature:

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