A central task for the HIV test counselor is to establish the issues to address in the session, what order and how much time to spend on any one issue, how much work on a given issue is appropriate, and what issues clients might best deal with outside of the session. By maintaining a client-centered focus, counselors can determine priorities by assessing the complex picture of the individual client rather than using the same interventions with every client.

As they try to clarify priorities, counselors may be overwhelmed by the challenges clients face. Alternately, counselors may fail to see beyond the apparent lack of problem areas in a client’s profile. In either instance, counselors may have difficulty determining priorities within the session and therefore miss an opportunity to support clients in making or sustaining behavior change. This article explores priority-setting in the session and identifies obstacles that may impede this process.

**Purposes and Goals of HIV Counseling**

The purpose of HIV counseling and testing is to help clients with both primary and secondary prevention goals. Counselors seek to help clients stay uninfected or, in the case of clients already infected with HIV, prevent the spread of infection to others and help clients avoid reinfection or infection with other sexually transmitted diseases. The counseling session itself has two main objectives. First, it aims to uncover ongoing risk factors and shed light on the connections among these factors, while assisting clients in making or maintaining changes. Second, because testing can be an emotionally challenging process, counselors work to support clients through this experience.

It is crucial that counselors understand these goals in order to help clients define counseling priorities. Program managers and supervisors should offer counselors guidance—individually or in team meetings—about the larger context of HIV prevention efforts. Managers and supervisors should also provide guidance to clients through literature or videos that explain program goals and procedures. These efforts can help clients form appropriate expectations. Finally, program managers must take the lead in helping both staff and clients adapt to changes in program priorities.

To meet all of these objectives, counselors must set specific priorities for each session. Through an assessment of a client’s risk activities and attitudes, behaviors, or situations that are factors in continued risk-taking, a counselor can organize the session to meet a client’s particular needs. During an assessment, it is important for a counselor to maintain a neutral stance and work to avoid making assumptions about a client’s risks and life issues. Counselors must take the time—even in the context of a brief counseling session—to gather the information most specific and relevant to each client.

The assessment should focus on current and ongoing HIV-related risk behaviors, such as unprotected sex or unsafe needle-sharing. Counselors should assess past experiences that may have put a client at risk for HIV transmission, for example, a blood transfusion in the United States prior to 1985. Beyond these risks, counselors should assess secondary risk factors—“contextual issues” such as social, economic, health, cultural, psychological, or other concerns that mitigate or exacerbate primary risk behaviors. Examples of secondary risk factors include homelessness, economic dependence on abusive partners, and addictive behaviors, such as sexually compulsive
behavior or substance abuse. A client's sense of his or her ability to make or sustain change and his or her emotional state or other personality factors are also significant.

When a counselor begins a session by asking, "What brings you in for counseling and testing at this time?" the client's response begins the assessment. The client's description of risk behaviors, his or her attitude toward them, and the context in which risk occurs all provide the counselor with information to use in setting priorities for the session. The counselor can also assess factors such as the client's level of commitment to reducing or eliminating risk in the future; the role of alcohol or other drugs in risk-taking; the client's knowledge-base regarding HIV disease; and the value the client places on him or herself, others, and other activities.

Finally, counselors should assess how motivated the client is to make a particular change and, using the "Stages of Behavior Change" model, determine where the client is on the continuum of behavior change:

1. not thinking about change; thinking about it; ready for action; taking action; or maintaining change. This information is important to knowing what intervention will be most useful.

When a client is in a "not thinking about change" stage, counselors should learn what is important to the client. This understanding may enable the counselor to work to identify a motivation for changing behavior or emotional state in the client's life.

Languages: Questions for Determining Risk Reduction Priorities

In assessing the priorities for each test counseling session, counselors seek a sense of what a client will need from the session. By asking themselves several questions about their clients, counselors can determine areas of concentration. For instance, counselors might focus on providing support or empowerment, addressing contradictions, offering information, or making linkages or referrals to other services. The following list of questions comprises a useful guide for to this process.

1. What are the client's HIV risk behaviors?

2. What are the contextual factors—including social, psychological, health, cultural, or economic concerns—that support the client in continuing risky behavior? For instance, is the client economically dependent on a partner, and hence feeling unable to insist on safer sex with this person? Does the client have a low sense of self-esteem and therefore feel he or she must engage in any behavior that a partner requests?

3. How does the client view these contextual factors, and in what ways are they relevant to the test counseling session?

4. Is there congruence between how the client sees these contextual factors and how the counselor evaluates them? For example, if the counselor has concerns about a client's risks, does the client share this concern?

5. What value does the client give to the attitudes and behaviors at issue?

6. At what stage is the client in conceiving of change: not thinking about change, thinking about it, ready for action, in an action phase, or in a maintenance stage?

7. What does the client need to assist him or her in taking a next step on the continuum of behavior change outlined in question 6? For instance, if the client is at a stage of thinking about engaging in safer sex, what prevents him or her from moving to the "ready for action" stage? Does this client need positive reinforcement to take this step? If a client with a substance abuse history has abstained from using alcohol for the past six months and is at the maintenance stage of change with this behavior, does the client appear able to remain sober, or does he or she need more social support?

8. Which of these needs can be addressed, and to what degree can this be done in the counseling session?

9. In what other venue can the client's needs be addressed? For instance, what other resources, either within or outside the counselor's agency, can respond to the client's needs?
be addressed above all others. To respond, counselors should take advantage of skills that enable them to maintain objectivity and facilitate decision-making. For example, by balancing empathy and detachment, counselors can provide clients with the support and space they need to gain clarity.2

A client’s difficulty in evaluating risks may reveal itself in a variety of ways. For example, it may appear as an emotional response such as anxiety, sadness, or anger or as a veiled emotional response expressed as confusion. To deal with the anxiety related to testing, clients may engage in certain behaviors, for example, using alcohol or other drugs, or they may disclose plans to hurt themselves or others.

Clients reveal new information throughout a session, thereby subjecting priorities to continual change. While a counselor may have an idea of the possible sequence of the session, he or she must follow the client’s lead in setting the course and making adjustments to it. For instance, a client may be unwilling to address a particular issue no matter how important a counselor deems it to be. At such a point, the counselor should move on to other issues. Sometimes the counselor may revisit the issue directly or indirectly later in the session.

Obstacles to Assessment

A variety of obstacles may impede the assessment of priorities or interfere with the focus on agreed-upon priorities. These obstacles may be related to the client or the counselor and may include feeling “underwhelmed,” that is, dismissing a client’s concerns because they seem unrelated to risk; overwhelmed; resistant; or anxious about time.

Counseling and testing programs continue to have a sizable percentage of clients who have not been at risk for HIV infection and who do not currently engage in risk behaviors.3 Counselors must avoid becoming complacent about such low- or no-risk clients. While counseling and testing priorities focus on dealing directly with HIV risks, each client has a need that must be assessed and addressed.

Some of these clients use testing services repeatedly and may be seeking more than a test result can deliver. For example, a client may be prone to a fear of HIV that is disproportionate to his or her level of risk. In such cases, clients may need counseling around coping skills, anxiety management, or other life issues. It is important for the counselor to ensure that these issues—apparently unrelated to actual HIV transmission—become a priority in the session, leading ideally to a referral for services in a different setting.

Counselors can test their response to such potentially “underwhelming” sessions. By taking on the role of “observer” in a series of counseling work shifts, a counselor can note the time he or she spends with different clients based on the risks and secondary issues that clients identify. This self-assessment can offer useful information that may lead to adjustments in counseling attitude or approach.

Sometimes both counselors and clients feel overwhelmed. Part of the counselor’s process of maturing in his or her work involves understanding the events that might throw him or her off course in a session. For instance, a counselor may become overwhelmed in response to the client who presents a multitude of concerns and this may make it difficult to set priorities.

Knowing about what it is that “triggers” him or her to feel overwhelmed, a counselor can minimize the effects of this obstacle. In some cases, for example, too many ideas or feelings may occur, short-circuiting both the client’s and the counselor’s ability to think clearly. In response to his or her own overwhelming feelings, the counselor can intervene in working with a client to interrupt a thought process that is counterproductive. The counselor can use powers of self-observation

References


2. For more on detachment, refer to the September 1995 issue of the FOCUS Supplement on HIV Antibody Test Counseling, Volume 10, Number 10.

3. For more on low- and no-risk clients, see the December 1993 issue of the FOCUS Supplement on HIV Antibody Test Counseling, Volume 8, Number 1. This issue reported on a counseling and testing site in Seattle dedicated to low and no-risk clients. After nearly three years in existence, the clinic continues to be successful and largely self-supporting—generally, clients now pay a standard fee. The site has disclosed only three positive test results, which occurred in the first months of the program.

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Using the priority-setting process, counselors can model life skills for clients.

For other clients, trust and respect may be less significant in creating a power imbalance than their sense that the counselor and agency have something—whether it be a test result or a safe environment in which to be heard—that they want to access. To varying degrees in each of these situations, counselors have a special opportunity to model effective behaviors for clients: to teach or demonstrate ways of communicating, processing information, and drawing conclusions.

A key modeling opportunity relates to prioritizing as a crucial life skill. Counselors can help clients face the reality that no one can deal with all of his or her concerns at once and learn how to use prioritizing to deal with the decisions posed by life. By identifying the issues that are most pressing to clients and those that are most relevant to HIV infection and other health risks, counselors can model the efficacy of priority-setting, of calm, careful, and thoughtful deliberation.

Whether or not the counselor makes the modeling process explicit to the client should depend on whether the counselor believes the client is receptive to building these skills. A technique or process that the counselor models for the client can be absorbed and remembered by the client without the counselor drawing direct attention to it. Since the counselor may even unintentionally act as a model, it is important for the counselor to be conscious of this role, to understand its significance, and to use it appropriately.

Conclusion

Establishing priorities is a process the counselor engages in with the client. Regardless of whether the counselor explicitly expresses this process, the counselor follows the lead of the client but determines the course of the counseling session. As the session proceeds, priorities may change and the counselor-client relationship must allow for shifts based on risk, context, motivation, and the client’s receptivity to change. While there is no formula for every session, this process requires the counselor first and foremost to maintain objectivity in setting or following a path and to keep the session on a useful path. Structuring the counseling session in this way is crucial to its success.

and self-knowledge to step back from overwhelming feelings and correct the course of the session.

For example, in response to a simple observation such as, “I’m struck by all the different issues you’re facing; they seem overwhelming,” both counselor and client may regroup. It may be useful to visualize literally taking a “step back” from the avalanche of issues. The counselor can make a comment that validates the number and power of the issues the client is facing. It may also be appropriate to follow such a comment with a question, such as, “What do you think is the one issue we should address now?” Whatever the client’s response, it can be helpful in giving the counselor needed perspective on how to adjust the course of the session.

On other occasions, a client’s emotional expressions can pull the counselor in a particular direction even if the counselor objectively knows there is a better direction to pursue. It is not uncommon to hear counselors say that a client’s anger, tears, or sadness felt like “too much” to witness. As a response, the counselor who is particularly ill at ease may stop feeling in control of the counseling session, ending the session prematurely or abruptly changing the focus. Counselors need to acknowledge when there is “too much” to constructively handle in a session.

They must also seek to understand their own sensitivities to different types of client issues and ask, “Is my comfort zone too narrow?” “Will I be prematurely ending a discussion that the client needs to pursue?” Too narrow a comfort zone with a client’s thoughts or feelings may suggest an inappropriate level of desire to “fix” the situation for the client. This sense of responsibility can inhibit a counselor’s willingness to uncover certain issues or to include them among priorities.

The Counselor as Model

Counselors often underestimate the impact they can have on clients. Many clients see counselors as embodying a powerful position because of the authority of their role and the context in which counselors operate—for instance within a health center, community agency, or some other public venue. These factors may inspire trust and respect in clients.

Using the priority-setting process, counselors can model life skills for clients.
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