Counselors and clients alike may erroneously view giving a negative test result as the finale of the testing and counseling process. In response, disclosure sessions may end prematurely and counselors may miss opportunities to help. This issue of the FOCUS Supplement discusses the negative test disclosure session. It reviews the purpose of the session in order to re-focus attention on primary prevention efforts. It also explores factors that can hinder counselors and clients from making full use of the disclosure session and presents strategies that can help counselors use the session to its fullest.

Publicly funded counseling and testing programs exist to prevent HIV infection, not simply to provide mass testing. But, the test itself is not a means to prevention; the counseling that accompanies it is. This fact is more important than ever following the recent federal approval and introduction of an HIV antibody test that consumers can buy and use in their homes. This product provides no counseling to those who test negative unless a customer requests counseling after hearing a recorded message of his or her result.

The negative disclosure session—required by the State Office of AIDS Testing Program to last at least 15 minutes—is intended as a time to challenge client rationalizations, respond to client despair, counter client beliefs about the inevitability of becoming infected in the future, and support clients in their beliefs that they deserve to take care of themselves and assert their needs. The disclosure session is also a time to return to material carried over from the risk assessment session and to deal with any new material that may arise.

Factors that Limit the Counseling Session

Many factors lead either clients or counselors to end negative disclosure sessions prematurely, once the results are given but before substantive counseling. Being aware of these factors, counselors can respond to them.

For many clients, a test result may be all that he or she is seeking. The idea of test counseling may have no meaning to him or her. It is up to the program staff—from the time a client calls to get information about testing until the completion of the disclosure session—to be clear about what the counseling entails, at what points it occurs, and what its purpose is. A client’s expectations about what the test result will be and feelings about what it actually is can influence his or her willingness to participate in counseling during the disclosure session, especially regarding topics that go beyond the subject of the test result itself. The client may experience a negative result in a variety of ways, for example, as a confirmation of his or her expectations, as a shock, or with resignation. In these instances, counseling interventions should acknowledge the client’s response and encourage the client to share more about feelings. This approach can help create the emotional and mental focus necessary to address risk issues.

The client may seek to end the session prematurely as a way to avoid dealing with his or her concerns. Ending the session may offer a sense of completion and closure to the counseling and testing process—and all the uncomfortable feelings that this process may evoke. For instance, if a client can end the session before discussing risks, he or she may be able to avoid acknowledging risks or concerns about risks. Counselors may also end a session prematurely. This happens most often because of time pressures. Inadequate staffing and a high volume of clients places demands upon busy staff. This is particularly true if counselors view...
In approaching a disclosure session in which the test result is negative, counselors need to apply some of the following basic counseling concepts and skills:

1. Work with the client and use techniques such as detachment to let go of distractions or concerns about previous clients, clients who are waiting, or other matters.

2. Use the full appointment time you have as long as the session can be productive. Do not simply create reasons to continue, but follow the theme of conversation and use interventions targeted to help the client move forward.

3. Do not view the negative test result in isolation; view it in the larger context of the client’s risk picture. Remember that some clients may be ambivalent about the result. Take the time to see how a client is integrating the test result; the extent to which he or she understands the result and its implications; how he or she feels about it; what he or she plans to do as a result of this information; and what support the client has to help him or her make or sustain behavior change, to cope emotionally, or to meet other relevant needs.

4. Use the Stages of Behavior Change Model to gauge a client’s commitment to behavior change and the most appropriate interventions to help him or her.

5. Take the time to work through with the client what he or she needs to think about or do next. While maintaining appropriate counseling boundaries, work with the client to prepare him or her to move forward.

6. Wherever a client is—whatever risk he or she faces, whatever attitude he or she has toward behavior change—there is probably some intervention that can help. Whether it be positive reinforcement, talking about a behavior or an activity he or she is planning to undertake, role playing, or planting ideas for further thought, there is something a counselor can do to support his or her client.

After disclosing a test result, it may be useful for the counselor to make a simple statement that suggests a framework for the balance of the session.

Sharing the news of a negative test can be difficult, especially when a client has a partner who is infected with HIV, has many friends who are infected, or is feeling guilty about testing negative. Counselors must stay clearly focused on the purpose of a session—to provide risk reduction counseling—and, on a personal level, remind themselves that they did not create the risks their clients face nor can they protect clients from future behaviors. Test counselors must recognize their role as part of a much larger process clients must undertake for themselves.

After disclosing a test result, it may be useful for the counselor to make a simple statement that suggests a framework for the balance of the session. For instance, the counselor might say, “Now that you know your test result, we can spend time talking about where you can go from here.” Such a statement tells the client that there is a reason to continue the process beyond the result-giving.

Regardless of a client’s reaction to receiving a negative result, the counselor needs to apply some of the following basic counseling concepts and skills:

1. Work with the client and use techniques such as detachment to let go of distractions or concerns about previous clients, clients who are waiting, or other matters.

2. Use the full appointment time you have as long as the session can be productive. Do not simply create reasons to continue, but follow the theme of conversation and use interventions targeted to help the client move forward.

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must ask him or herself several questions. For example, what role does the negative test result play in the context of this client’s behavior? Where is the client on the continuum of behavior change with regard to one or more risk or risk-related issues? What interventions can further assist this client?

Use information from data collection forms and counselor notes that were taken as part of the risk assessment session as a springboard to understanding what brought the client to this point, where the intervention in the risk assessment ended, and in which direction the session might now go. For example, if a client received information on integrating safer sex techniques into his or her practices during the risk assessment session, the counselor in the negative test disclosure session might ask what he or she has done to make a change. If this client has not taken action, the counselor might ask the client about his or her reactions to the discussion during the risk assessment session.

In the negative disclosure session, counselors can help clients assess the “next steps.” These might include retesting if the client is in a “window period of infection,” continuing safer practices in order to stay uninfected, or making or maintaining other changes important to overall health and emotional well-being. A client who is committed to safer sex techniques, for example, may need help in planning when to speak with and what to say to a sex partner about using latex barriers. Someone who has engaged in safer sex in the past but who has returned to unsafe sex may be ready to attempt to return to safer practices and may need validation, support, and follow-up resources to do so.

Conceptual frameworks for understanding the behavior change process, for example, the Stages of Behavior Change model, can be useful in assessing a client’s next steps. Recognize that resistance from clients to continue the disclosure session may arise at any point during the session. For instance, after receiving a negative result, a client might engage in a discussion about behavior change, but abruptly end this, saying, “This is useful, but I really don’t have any more time for this.” When this happens, the counselor needs to be able to assess whether the client is willing to engage in further discussion or whether he or she should summarize the issues and future steps that counselor and client have discussed and end the session. For example, it may be an opportune time to remind the client of contradictions, if any, between the client’s desire to end the session and his or her goals and concerns.

Another client might say that the negative test result is evidence of immunity to HIV infection. In response, the counselor may initiate a discussion about the probabilities and possibilities that certain behaviors with an HIV-infected partner could result in HIV infection.

Finally, helping clients to “give voice to” their feelings or thoughts is essential. Clients who test negative may have feelings they cannot discuss. Failing to express these may impair the client’s ability to initiate or sustain behavior change.

If the client can express an emotional response, especially one that is difficult for him or her, this can move him or her from feeling isolated to wanting to get support. Such support can validate a client’s feelings and help him or her integrate risk reduction information.

If a client cannot immediately express an emotional response, it is important for the counselor to acknowledge that doing so can be a difficult process. Explain that there are settings—such as the test-counseling session—designed to help people share their thoughts, feelings, and concerns regarding test results or the risks of HIV infection. Recognizing and accepting this can relieve the overwhelming feelings a client may have and give him or her a sense that there is someone else who understands. By making the counseling session a safe environment for clients to discuss thoughts and feelings, counselors provide a mental “anchor” that can have both immediate and long-term benefits.
One Counselor’s Experience
JD Benson, MFCC

I’ve seen firsthand the potential of the HIV-negative disclosure session and experienced the temptation not to make full use of the session. Two examples—one dating back to 1985 when I first interviewed for a job as a test counselor—demonstrate client and counselor resistance. Fortunately, these examples also show how counselors can respond to both types of resistance.

During my interview to be a test counselor, my supervisor asked me to perform role plays of counseling sessions. In one role play, I took the role of a counselor working with a client who, immediately upon receiving a test result, planned to leave the counseling session.

In the role play, as the client stood to walk out, I was stunned and confused. I thought to myself, “He’s already up and leaving. I don’t feel right about this.” In what felt like a brave moment, I said to him, “Wait a moment.” I reached out with my hand and put it up in a gentle gesture of “stop” as he started to walk past me.

I continued by saying, “There are some things we should discuss before you leave.”

The client discounted me, saying, “Who cares, I’m done.” I replied, “I care. I think it’s important that we discuss what you’re thinking and feeling and what you’re going to do now that you have this test result.” Sensing hesitation from the client and seeing this as a positive sign, I invited him to sit down to talk. And he did.

My intervention engaged this client, allowing us to continue the counseling process. The experience served me well in a number of real-life situations later on, helping me to be thoughtful, to be brave, and, in an even-keeled way, to express authentic concern.

In a negative disclosure session more recently, the client was a gay man in his late twenties, a man who had engaged in safer sex over a number of years. He had tested negative previously and was testing again because he wanted to make changes in his sexual behaviors. He and his partner had been together for more than six months and decided if they both tested negative, they would forego using condoms during anal sex.

With the opening and result disclosure segments of the session behind us, the client thanked me and rose to leave. I asked, “Would you mind talking a bit further? I understand that you know a great deal about HIV, but I think there is more for us to discuss.” In saying this, I demonstrated that I agreed with him in his belief that he was knowledgeable about his HIV infection risks, but I made clear that there were issues other than HIV transmission modes about which he might want to think. The client sat down again and appeared willing to go along with my understanding while at the same time, holding onto the statement he had made about wanting to leave.

I asked the client how he and his partner talk with each other about important issues. I did this because building and maintaining strong communication skills is vital to attaining the no-risk scenario this client had said he was seeking. The client said that he and his partner were open in their communication, and he described some of the issues they had dealt with in what seemed like a romantic and loving relationship. He took pride in the fact that the relationship was built on a strong foundation and that they had both come to a point where they wanted a long-term, committed, monogamous relationship. I validated his efforts and attitudes.

I saw an opportunity to reinforce the value of strong communication in the relationship. I did not suggest, for example, that his or his partner’s needs would change but that, from a neutral yet caring place, we could wonder together how he might address a change should one occur.

This discussion continued briefly with interventions that validated his thinking process; supported his pursuit of a relationship that he clearly saw as good and meaningful; and, through open-ended questions, gave him an opportunity to explore aloud how he and his partner had gotten this far together and how they might continue a positive, mutually loving dialogue. The client was able to begin to imagine what he might need to say or do if his needs did change.

In the end, I had the sense that I had developed a good rapport with the client, and that my supportive posture had helped build the trust necessary to get through the difficult conversation we had. And I was left with the feeling that the experience would help him maintain good communications with his partner.

I will never know with certainty the outcome for this client. But, I was clear at the end of this session that I had used the opportunity to support the client as he continued in his process of changing his sexual behavior, while maintaining his own HIV prevention goals.
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