The HIV testing and counseling process often evokes strong emotional reactions from clients. Among these responses is anger, for instance, about the toll the epidemic has taken in their lives or about the dangers of HIV-related risk behaviors. In fact, expressions of anger can be especially valuable to the test counseling process. But, when anger escalates into rage or threats of violence, healthy expression becomes harmful and potentially dangerous.

This issue of the FOCUS Supplement offers guidance in distinguishing appropriate expressions of a client's anger from potentially dangerous situations that arise out of rage. It also offers counsel on how to prevent and how to respond to volatile situations when they occur and how to prevent such situations.

Identifying Anger

Assessing and responding to a client's feelings of anger can be challenging. The complexity of anger itself, the nature of the HIV test counseling process, and cultural influences all confound counseling in this context.

HIV test counselors must differentiate between anger, which is therapeutic, and rage, which impedes counseling. For the purpose of this article, the primary difference between anger and rage is that, while therapeutic anger is an expression of a client's internal process, rageful or violent anger is usually acted out in some form of external behavior. In addition, anger is rarely a discrete emotion. Generally accompanied by other emotions—such as frustration, fear, sadness, or hurt—anger can also mask these responses. Finally, anger, like other emotions, is cumulative, building over time until some event triggers a reaction. It is impossible to predict what event might trigger a client's anger or rageful reaction.

HIV testing and counseling can evoke anger because sites impose a set of structures and rules that clients may find frustrating. In addition, clients often arrive at test sites fearing their results and sometimes must sit for long periods in waiting rooms surrounded by strangers. Cultural factors also affect the expression of anger. Most people in Western cultures, for instance, have difficulty expressing anger in healthy, constructive ways, suppressing it until they can no longer control its expression.

Allowing the Expression of Anger

Test counselors have a responsibility in counseling sessions to facilitate the healthy expression of emotions, including anger. At the same time, test counseling sessions do not offer adequate time to thoroughly explore a client's anger. What counseling sessions can provide is a significant step for clients to begin talking about their anger. Beyond that, counselors can refer clients to other resources for dealing with the range of emotions they are experiencing.

Agitation and anger most often arise in the HIV test counseling session when clients receive information that conflicts with what they want or expect to hear. For instance, clients may receive a positive test result, or, more often, they may hear from counselors that behaviors they have engaged in or wish to engage in put them at risk for HIV infection.

Clients may perceive counselors as the proverbial “messengers” bearing unpleasant information and hold them responsible for the bad news. Aware of this possibility, counselors can learn to depersonalize apparent attacks and to maintain a neutral, non-argumentative, non-defensive, and above all non-judgmental stance. Failing to respond in this way can lead to
a circular conversation that never deals directly with more important concerns and often escalates a client's anger.

It is important to note that counselors may find themselves judging clients who express their anger and that these judgments can impede counseling. Counselors must be aware of their own attitudes about anger and work to avoid allowing prejudices or opinions to interfere with counseling.

The goal of client-centered counseling is to help clients acknowledge their emotions and take responsibility for their reactions. An effective intervention to depersonalize attacks and to help clients constructively express their anger is to calmly acknowledge and reflect back a client's feelings using simple, direct observations. Making open-ended statements that encourage self-discovery can facilitate this process. For instance, state, "It sounds like what I'm saying is making you angry, and that's not my intention. Can you tell me more about what you're feeling right now?"

It is usually not effective for counselors to dispute clients' beliefs or interpretations, presume to know what clients are feeling, or tell clients what they "should" be feeling. When clients continue to challenge information that counselors present or begin to respond belligerently, counselors can reaffirm that their intention is to provide information that will help clients to make self-supportive choices.

Recognizing and Diffusing Volatile Situations

Volatile, out-of-control situations—where anger becomes rageful, threatening, or violent—are not common, but it is important to be prepared for them. Several precipitating factors can lead a client to become violent. These include: a perceived loss of power; a need to maintain or correct a fragile self-esteem; fear and uncertainty; feelings of failure; feelings of persecution; a need for attention; frustration; psychoactive substances; and, hopelessness, despair, or suicidality. Research and experience indicate that clients who are likely to have violent outbursts will almost always indicate this in some way beforehand. The following characteristics may signal such an outburst.

- Impatience, rudeness, or verbal abuse of staff or other clients, including insults about staff or the test site; inquiries about a specific staff member and demands to speak with a particular counselor without having made a prior arrangement.
- Agitated movements, pacing, and extreme fidgeting.
- Loud conversation with others; repeated attempts to engage strangers in conversation or to get the attention of others.
- Extreme isolation and aloofness; non-responsiveness to direct questions.
- Non-compliance with instructions from staff or with conventional rules of conduct; attempts to enter offices or restricted areas.
- Evidence of substance use.

Counselors should never enter a counseling session when it does not feel safe to do so. If a counselor has any doubts about being able to handle a client, he or she should speak to a site supervisor.

By their nature, violent and threatening situations escalate. The "Verbal Escalation Continuum," developed by the National Crisis Prevention Institute, defines five stages of this process and suggests ways to respond to each stage.

Questioning. During the first stage, a client engages in rational information-seeking while beginning to challenge rules and authority. At this point, the client is testing the environment to determine weaknesses and how to exploit them. The counselor's appropriate response is to provide answers to questions, set clear limits, and advise the client of the consequences of inappropriate actions.

Refusal. This stage is characterized by a client's direct challenge to rules and authority, and a demonstrated decrease in rational thinking. In response, the counselor should assume a more directive stance, including instructing the client about appropriate behavior, reinforcing limits, and reaffirming the consequences of the client's inappropriate actions. It is also a time to inform a supervisor about the situation.

Release. This stage includes acting out behaviors, such as rageful outbursts, verbal abuse, and swearing. To de-escalate the situation, the counselor should calmly but forcefully advise the client that his or her behavior is unacceptable, and attempt to calm him or her by making brief, direct, and concrete statements. If the behavior

**References**


3. For information about crisis training, contact the National Crisis Prevention Institute, Inc., at 3315-K North 124th Street, Brookfield, WI 53005; 800-558-8976.
Some of the most important elements of the HIV counseling session are established before the client arrives. This includes creating a safe environment in which counseling can occur. Safety can have subjective and relative meanings, and in the context of test counseling, it refers both to the physical environment of the counseling room and the emotional environment that the counselor and the site foster. When establishing safe environments, consider the following:

**Physical Setting.** This includes the layout of the test site’s public and restricted areas and the traffic flow through the site.

**Policies and Procedures.** These include procedures for service delivery, policies regarding the refusal of services, and the scope of each staff person’s responsibilities for diffusing a volatile situation.

**Emergency Response Plan.** This includes crisis intervention procedures, staff training in and preparedness for non-violent crisis interventions, practice of emergency procedures, and development of emergency response teams.
Physical Setting

Basic requirements ensure that a physical setting is safe for both counselor and client. For example, counseling should occur in a private room that is large enough for at least two chairs and a desk, free from clutter, allows the counselor unobstructed access to the door, and makes it difficult for the client to block the exit. Each office should be equipped with a telephone, intercom, or “safety button.” Desks should be clear of staplers, hole punches, paperweights, or other small, heavy objects and, in medical rooms, equipment should be stored in locked cabinets. Counselors should note the presence of desk lamps, large books, and three-ring binders that might be used as weapons. Keep these out of the reach of clients.

Make sure that clients have access only to public areas except when accompanied by staff. Secure and lock all doors when possible. Mark restricted areas and exits, and mark and make sure emergency lights and fire extinguishers are operational. Clearly designate client waiting areas and make sure they are large enough for clients to be comfortable. Clients should not be waiting in doorways or hallways, and client traffic flow should not intrude upon staff areas.

Policies and Procedures

Every staff person—paid or volunteer—should be familiar with the responsibilities of staff and policies and procedures that pertain to service delivery. Client disputes can often be avoided when staff adhere without exception to policies. If a staff person—whether a manager, line-staff counselor, or test-site clerk—complies with one client’s request for special attention, this may establish a precedent that can undermine the entire agency’s effectiveness.

Prominently post clear statements of site policies so that clients are aware, for example, of the circumstances under which counselors may deny services and when counselors must notify supervisors. For instance, counselors and clients should know that if a client threatens another person, it is the counselor’s responsibility to immediately notify a supervisor and defer responsibility to that supervisor or appropriate authority.

Response Plans and Teams

Every agency should have an established Emergency Response Plan that outlines crisis protocols and identifies Emergency Response Teams. Staff should receive regular trainings in crisis intervention approaches and how to deal with assaultive behaviors. Planned responses reduce confusion in emergencies and protect everyone’s safety.

Response Teams provide the best chance of successfully resolving difficult counseling situations. Multidisciplinary teams that involve security staff, counselors, and administrative staff are most effective. Teamwork increases staff confidence, projects a unified front to clients, and allows each team member to focus on a particular aspect of the response.

Team scenarios generally involve a “two-on-one” response, for example, one person is with the client in a counseling room with the door open and another person is positioned at the door. Other staff may also be involved, for instance, a third person might be summoning law-enforcement authorities. The team should designate one person to speak to the client at any given time to avoid “ganging up” on a client. Response plans should not involve trapping or restraining clients unless there are no other options.

Staff members have a responsibility to support each other in recognizing and diffusing potentially hostile situations. If a counselor becomes aware that a colleague has spent an unusually long period of time with a client, or if there is a loud verbal exchange coming from within an office, it is important to investigate the situation. Knocking on the door and briefly interrupting the session can provide the counselor in the counseling session with an opportunity to indicate a need for assistance while conveying to a potentially threatening client the proximity of others.

Develop clear and comfortable protocols for communicating dangerous situations. Establish code words or phrases that counselors can use when communicating by telephone or intercom to indicate the need to activate a response plan without conveying this to the client. If an office is equipped with buttons or buzzers to activate in emergencies, make sure that counselors are aware of the location of these and have practiced using them.

In addition to training in non-violent crisis intervention, counselors should be trained in various forms of self-defense and the management of assaultive behaviors and should know the names and telephone extensions of key staff responsible for dealing with crises. If a site has no formalized response plan, counselors should speak to a supervisor about establishing one.
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