An Evaluation of HIV Test Counseling

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Test counseling sessions often fail to cover essential information and are performed far too quickly, according to a study at one state-funded counseling and testing program. The results of this study provide perhaps the closest look at the nature of test site counseling and its limitations, and they provide an invaluable opportunity to assess how counseling can best be provided in the future.

In the survey, conducted in 1991 and 1992, evaluators monitored 12 counselors in 17 pre-test counseling sessions and 33 post-test sessions. The survey included both anonymous and confidential testing in a variety of work settings. Pre-test monitoring was scheduled with counselors, while post-test monitoring was done without advance notice. Counselors who were studied worked full-time and had various levels of experience. In all cases, they were assured that the review would not affect their employment records. Researchers based their evaluations on objectives set out in the California Department of Health Services, Office of AIDS three-day antibody test counselor training manual.

Pre-Test Counseling

Evaluators reported the following observations from their pre-test study: counselors failed to explain the purpose of the counseling session; they infrequently discussed anonymity and confidentiality; they universally excluded a discussion of information related to injection drug use and generally failed to adequately explain safer sex techniques; they appeared to lack up-to-date information; and they often missed cues or hints from clients related to other concerns and risks such as substance use. Counselors also did not explain the meaning of a positive test result or examine the coping skills clients would need while awaiting results.

Among positive attributes, evaluators reported that counselors exhibited skill in determining clients’ reasons for testing; they were explicit in explaining methods of transmission through sexual behavior; and they clearly demonstrated concern and care for clients.

Post-Test Counseling

The post-test counseling evaluation found that the mean counseling time was seven minutes, with an average of three clients waiting to be seen when sessions began. Clients in all of these sessions were antibody negative.

The study’s researchers also made unannounced spot observations of 37 sessions that were not otherwise evaluated and in which counselors were not aware that the length of sessions was being monitored. These sessions averaged less than three minutes each, with two clients waiting to be seen when sessions began. The antibody status of these clients was not known.

Evaluators observed the following patterns during post-test counseling. Counselors seemed less willing to constructively confront issues such as clients’ conceptions of safe sexual practices. Counselors often generalized information related to repeat testing and recommended that clients retest every six months if they are sexually active. They asked only one-third of the time if clients had questions, and made statements acknowledging or validating clients’ feelings even less frequently.

Sessions appeared to be directed by counselors rather than by clients. In only half the sessions did the counselor follow the client’s lead as to when to disclose results; similarly, the counselor failed 50 percent of the time to allow the client to influence the direction of the session after disclosure.

Among positive attributes, the post-test evaluation showed that counselors generally provided accurate and timely information in a professional manner. Evaluators found that there was a high level of commitment among counselors and that counselors appropriately incorporated empathy, humor, and care into counseling sessions.

Interpreting the Results

According to several test counselors, trainers, and supervisors, the results provide a disturbing general picture of the counseling process. The survey appears to show either that counselors fail to understand the nature and objectives of test site counseling, that they lack needed skills or interest, or that they lack confidence in their skills. Those who reviewed the findings suggest that the problems identified by this study are probably not uncommon at test sites across California and the nation. It is important to note that since this study evaluated counseling with an aim to defining and improving shortcomings, it does not highlight cases of exemplary counseling. It is also important to note that the study was small and focused on a single testing program.

The survey reveals that some counselors fall far short of meeting even the most basic counseling objectives. For instance, failure to address anonymity or confidentiality, or the purpose of the session leaves clients without an understanding of the nature of the client-counselor relationship or the context in which counseling is offered. Similarly, the paucity of risk reduction information shows that counselors are ignoring a primary objective of test counseling.

The failure to discuss specific behaviors, especially injection drug use, may be the result of the inability or unwillingness of counselors to explore clients’ lives. An example of this, and one of the most alarming findings according to those who have reviewed the survey, is that counselors often fail to pursue leads from clients who provide clues and even ask questions about their risks. One survey researcher reported that during one session, the client asked the researcher about the relevance of a risk behavior after the counselor failed to address it.

In several cases, the survey presents findings that may appear contradictory. For instance, it states that counselors appear to be empathic and caring, yet it also states that clients’ feelings often are not validated or acknowledged. The researchers report that this may indicate counselors are concerned about clients but are not confident enough about themselves and their skills to explore and offer support for feelings. The tendency to stay on a definite and inflexible course in counseling is often based on fears that counselors will be “wrong” if they move off this course, and that they will be unable to ask appropriate questions or provide adequate direction if they do so.
The shortcomings uncovered by the survey relate not only to the performance of counselors, but also to the role of supervisors, the limitations of the counseling session, and the often unrealistic expectations placed on counselors. In addition, some clients—focused on receiving their test results—are unresponsive to test counseling and counselors. These clients may remain unresponsive even when counselors employ a range of tools to work with them.

The study’s catalogue of positive characteristics provides some balance to the shortcomings it identifies. Counselors’ empathy and care for clients, and their commitment to the work are considered by many clients as the most important elements of test counseling. These characteristics allow clients to be comfortable and are necessary to perform effective counseling.

The Supervisor’s Role

Researchers and those who reviewed the results reported that supervisors often do not ensure that counselors understood their role in post-test counseling, nor do they support counselors in doing the best job possible. For instance, counselors often shorten test sessions, because they fear negative reactions from supervisors for keeping other clients waiting. According to counselors and trainers interviewed for this article, supervisors are sometimes critical of counselors who spend more than 10 minutes in post-test counseling and fault counselors for not meeting client volume quotas.

Counselors also criticize some supervisors for providing little opportunity or motivation for counselors to pursue ongoing education, and some supervisors do not evaluate counselors’ performance or offer feedback regarding their work.

Solutions

Results of this survey provide an extraordinary opportunity to assess the state of counseling, as well as its objectives, and to make changes to improve effectiveness. Based on survey findings, those interviewed offer the following recommendations:

- **Review Counseling Objectives.** In some cases, and perhaps inadvertently, counselors or supervisors may have developed formats for test counseling sessions that have strayed from the objectives set forth in the state’s manual for antibody test counselors. Reviewing the objectives gives test site staff a chance to assess the value of these goals, and determine the rationales and priorities of various objectives as well as alternatives that may be useful at individual sites.

- **Discuss and Validate Client Feelings.** Counselors may fail to validate clients’ feelings because they may not be comfortable or confident conducting feeling-based conversations. It is important that counselors understand the opportunity the test session presents to freely discuss feelings as well as a range of topics that clients may not feel free discussing anywhere else. Discussions of feelings are essential to help clients make and sustain behavior change.

- **Practice Listening and Responding.** Listening begins with being observant and encouraging clients to speak freely, but its ultimate aim is to obtain knowledge about client needs that can be used to direct counselors’ assessments and interventions. By carefully listening, counselors can detect subtle clues related to the concerns and risks of clients, and respond to these with appropriate interventions.

- **Emphasize the Value of Post-Test Counseling.** By explaining in the pre-test session the nature of post-test counseling—that it is about more than just receiving test result—clients may begin to see it as a time to discuss their responses to the results and to further assess their risks.

- **Expanded Sessions.** Effective counseling requires time to explain the purpose of the session, become comfortable with the client-counselor relationship, assess clients’ risks, and provide information and support the concerns that may arise. Counselors may believe they have spent an exorbitant length of time with a client, when in fact the session has lasted 10 to 15 minutes. To respond to this misperception, counselors should pay attention to the actual time spent in sessions.

- **Provide Supervisory Support.** Whether counseling is effective is determined largely by the quality of support counselors receive from supervisors. Toward that end, it is important that supervisors have counseling experience and supervisory skills, and that they make counseling a priority by monitoring counseling sessions and regularly evaluating counselor performance.

- **Participate in Training.** Ongoing training is vital to maintaining knowledge and counseling skills. Specialized trainings in areas such as substance abuse, cultural competence, risk assessment, intervention, and referral can improve counselors’ confidence and abilities to address client issues. Because many topics are not fully covered in the original three-day training for counselors, the state has initiated continuing education trainings to improve and maintain these skills.

- **Avoid Burnout.** The effect of counselor burnout on clients, individual counselors, and the entire counseling team cannot be overestimated. To deal with burnout, it is important to recognize the importance of staff morale and communication between staff and supervisors, that they discuss frustrations, and offer employee support groups. When individual counselors exhibit symptoms, such as disinterest in work, consistent tardiness, inattentiveness to client needs, or failure to validate client feelings, supervisors should consider several options. They should determine which parts of the job are most stressful and try to change or give the counselor a break from these parts, consider offering a work sabbatical, or talk to the counselor about the benefits of changing jobs.

**Conclusion**

While it is important that the problems identified by the study should not be seen as acceptable, the study is most valuable for the opportunities it offers to enhance counseling. With this data, counselors and supervisors can assess the possibilities for and goals of test counseling and determine how to attain them.