Counseling and Testing for Couples

In several locations throughout the United States, couples can now receive HIV antibody counseling and testing together. Since the early days of HIV antibody testing, some couples have chosen to come to a test site together to get individual counseling and testing. What makes “couples” test counseling different is that couples in some locations can now receive their pre- and post-test counseling—including their test results—in the same room, at the same time.

This issue of PERSPECTIVES explores the evidence for couples counseling and testing—why it is effective and how it is being adapted for gay male couples in the United States. It will also discuss the skills required of the couples test counselor, the advantages of counseling couples together, and ways to avoid the potential pitfalls of a joint session.

What Are the Advantages of Couples Testing?

Couples counseling—which the Centers for Disease Control and Prevention (CDC) calls a “high-leverage HIV prevention intervention”—has been used since the early 1990s. The model comes from Africa, where researchers have proven Couples Voluntary Counseling and Testing (CVCT) to be effective for heterosexual couples. Studies in Zambia and Rwanda with serodiscordant couples, in particular, suggest that the intervention could reduce HIV transmission rates within the couples from approximately 20 to 25 percent per year to 3 to 7 percent per year.

There are many advantages to testing couples together. Couples can affirm their commitment to their relationship and can support each other during the testing process. Results disclosure to a partner, which many people find challenging, occurs immediately and within the supportive context of the counseling environment. This encourages couples to discuss the test results and allows them to receive risk reduction counseling together. This makes sense, since in many couples the primary HIV risk for one partner is unprotected sex with the other partner. According to the World Health Organization, “People in couples who test together and mutually disclose their HIV status are more likely than those testing alone to adopt behavior to protect their partner.”

Often, this means an increase in condom use within serodiscordant couples.
In serodiscordant pairs, couples testing and counseling may be especially powerful when combined with “test and treat” interventions. Counselors can immediately link the HIV-positive partner to antiretroviral therapy, which is strongly associated with reduced risk of HIV transmission. In many places, the HIV-negative partner may also have access to treatment (pre-exposure prophylaxis or PrEP) in order to reduce the probability of infection.

What About Men Who Have Sex with Men?

Although most of the data for couples test counseling comes from heterosexual couples studies, targeting an intervention toward men in couples makes sense. First, in 2009, men who have sex with men accounted for 61 percent of all new infections, and innovative interventions with this population are needed.

Second, according to U.S. Census data, between 2000 and 2010, there was a 52 percent jump in the number of same-sex couples. Third, as is true for heterosexual couples, acknowledging male couples as a unit validates these relationships, which demonstrates cultural competence, counters stigma, and leads to more effective intervention. Last, some researchers have suggested that testing messages targeting individual gay men do not resonate with men who are in relationships.

For partners in male couples, just as for women in straight couples, main sexual partners are a primary source of HIV infection. In one large CDC study of newly infected men who have sex with men from five U.S. metropolitan areas (San Francisco and the Greater Bay Area, Los Angeles County, New York, Miami, and Baltimore), an estimated 68 percent had contracted HIV from unprotected sex with their primary partner. Study participants had more frequent sexual contact with their primary partners, more often used condoms less often with their main partners, and used their main partners.

The “Testing Together” Experience

Recently published studies have shown that men who have sex with men are open to the couples counseling and testing intervention. The lead investigator in the CDC study, Patrick Sullivan, together with fellow Emory University researcher Rob Stephenson, has spearheaded a project called “Testing Together,” designed specifically for gay male couples. The Testing Together intervention is available in Atlanta, Chicago, Boston, Providence, and Salt Lake City, and there are plans to expand to other areas. The goals of the program include expanding testing options for men who have sex with men, opening up a space for discussing sex and HIV both within and outside relationships, and helping couples develop HIV prevention plans together.

A key part of prevention planning for many male couples is examining agreements about sex outside the relationship. According to Sullivan, approximately 90 percent of male couples said they had an understanding about whether they were allowed to have sex with outside partners. Of these, 65 percent had agreed to be monogamous, while 35 percent had agreed to allow sex with outside partners—often with some conditions attached. Yet researchers also found that many men who said they had “agreements” had not talked with their partners about these topics explicitly. One of the exciting things about the couples

### Advantages of Couples HIV Counseling and Testing

1. Environment is safe for couple to discuss risk concerns.
2. Partners hear information and message together, enhancing likelihood of a shared understanding.
3. Counselor has the opportunity to ease tension and diffuse blame.
4. Counseling messages are based on the results of both individuals.
5. Individual is not burdened with the need to disclose results and persuade partner to be tested.
6. Counseling facilitates the communication and cooperation required for risk reduction.
7. Treatment and care decisions can be made together.
8. Couple can engage in decision making for the future.

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testing intervention is that it offers an opportunity for couples to have explicit and detailed discussions and agreements.17 These discussions also address what happens if the agreement gets broken. For example, the couple can decide what they want to happen if one partner steps outside the relationship if there is an agreement for monogamy, or has anal sex with someone else if the agreement is to stick to oral sex, or doesn’t use a condom with an outside partner if the agreement is that he will. Planning for the potential of such occurrences is critical, since it makes it easier for the partner who has stepped outside the agreement to disclose the event.17

The Testing Together intervention, like other couples HIV test counseling models, is “forward focused.” This means that the intervention does not emphasize the disclosure of past HIV-related activities in front of a client’s partner. Rather, it offers an opportunity for each partner to learn his HIV status and plan to protect his own and his partner’s health based on that knowledge. Sullivan believes that this future orientation reduces the fear that some men may feel about testing with their partners.17

What Is the Process of Couples Counseling Like?

Just as for the individual counseling session, the couples HIV test counseling session is made up of several parts. At the outset of the session, the counselor explains the purpose and process of the intervention. During this introduction, the counselor seeks to set a collaborative, neutral tone in the session that will facilitate open, calm discussion.18 Part of determining that the couple is ready to receive services together is checking in with them to be sure that they agree to discuss their HIV concerns together, and are willing to receive their results together. (The Testing Together guidelines suggest that the intervention focus on couples who have been together for at least a month. However, in-depth assessment at the beginning of the session may reveal that the intervention may work for couples who have been together a shorter time if both partners feel secure about entrusting the other with such personal information.17)

To ensure that each individual voluntarily agrees to be tested, it may be helpful to separate the couple during the consent process. In order to create a safe space for the joint disclosure, couples must also agree to respect their shared confidentiality and to make disclosure decisions mutually. If either member is unwilling or unable to agree to these terms, or if the counselor believes that coercion may be involved with the decision to test together, the counselor should refer the couple for individual testing services. (Note that some sites may have special consent forms for couples test counseling and results disclosure.) This moment, when partners are separated, may be a good time to ask each partner to privately fill out any required data collection tool—for example, California’s Counseling Information Form (CIF). This ensures that the program can collect required data on past behaviors even if partners do not choose to reveal those behaviors in front of each other. Once voluntary, informed consent is obtained, the counselor and clients first discuss
the couple’s HIV risk issues and concerns, including their reasons for choosing to test as a couple. Then they discuss the meaning of HIV testing and status in the context of their relationship.

The Risk Assessment

Unlike risk assessment in an individual session, risk assessment in a couples testing session focuses on matters that each member of the couple feels comfortable discussing in front of a partner. This may mean that one or both clients will choose not to discuss matters they might be willing to discuss if they were in an individual session. The counselor and clients discuss the possibilities for risk reduction that arise from what the couple reveals.

As in the individual session, the counselor reviews each partner’s knowledge of HIV transmission, history of HIV testing, and understanding of the range of possible HIV test results. The counselor helps the couple explore what each potential result would mean in the context of the couple’s relationship, how the partners might react to each of these types of result, and the advantages and drawbacks of finding out their serostatus as a couple. The counselor continues to facilitate an exploration of the couple’s feelings about taking the test and receiving their results together, and clearly explains the disclosure process. Finally, the counselor helps the couple identify sources of support for all possible results outcomes.\(^\text{19}\)

Delivering and Discussing Results

When it is time to disclose results, the counselor confirms that both partners are ready to receive the results together. If for any reason, either partner no longer wishes to receive results together, the counselor delivers the results separately. The CDC model suggests that the counselor first disclose the HIV test results for the couple rather than for each individual:

- Seroconcordant negative: “Your results were the same. You both tested HIV-negative today.”
- Seroconcordant preliminary positive: “Your results were the same. You both tested preliminary positive.”
- Serodiscordant: “Your results today were different. One of you tested preliminary positive and one of you tested negative.”

Then the counselor pauses briefly. In the case of a serodiscordant couple, this very brief pause allows each partner to consider that either and only one of them may be living with HIV. The counselor then discloses the serodiscordant couple’s individual results. In every case, the counselor ensures that the clients understand both their own and their partner’s results, and the implications of these results for possible HIV transmission.

Making a Plan

After the counselor delivers results, the next steps depend on the couple’s results. For a couple that has tested preliminary positive or positive, linkage to medical care is the immediate priority. The counselor also offers emotional support and referrals to practical and community support services. This is another strength of the couples testing model: couples are primed to support each other in accessing care and other services, adhering to HIV treatment, and taking care of themselves in other ways.

For a couple in which both members have tested HIV-negative, the session focuses on maintaining a negative HIV status for the couple. In situations where sex may occur outside of the relationship, it is useful to explore with the partners how they plan to protect themselves and each other from HIV infection. This means negotiating the rules for sex outside the relationship—for example, “We only do hand jobs,” “We only do oral,” or “We always use condoms for anal sex with other people.” It also means that the partners agree on what to do if any
of the rules get broken.

A counselor might say, “You guys have taken a big step by testing together, and you’ve set up some ground rules that sound like they’ll work for you. Sometimes in relationships it happens that someone steps outside those rules. There’s no reason to think that will happen for you, but if it did, what would your game plan be? Would you want to know? How would you want your partner to tell you?” The counselor would ask each partner to answer individually about what he would want to know and how he would want to be told. Couples who agree to have sexual contact only with each other can also benefit from making a plan in case one or both partners step outside the relationship for sex.

For serodiscordant couples, planning focuses on a combination of treatment and prevention. The counselor can immediately link the preliminary positive or positive partner to medical care. Beginning treatment on antiretroviral therapy can not only prevent illness and damage to the immune system of the HIV-positive partner, it can also lower viral load so that the positive partner is less infectious to the negative partner. It is crucial for the partners to understand and discuss that it is not inevitable that the negative partner will seroconvert. The counselor can help the couple discuss why it is important to each of them both to maintain the health of the positive partner and to help the negative partner stay negative. Last, the counselor can help the clients develop strategies to achieve their goals for risk reduction and supporting each other’s health.

### Basic Principles of Couples Counseling

Couples HIV test counseling, like individual test counseling, is a voluntary, confidential interaction that respects the right of each client to make decisions. The goal is to reduce HIV and sexually transmitted disease transmission. Knowing one’s own serostatus and that of one’s primary partner helps both members of the couple take steps to maintain their health as a couple and each partner’s health as an individual, and helps the couple plan for their future together. By making and following risk reduction plans, couples can prevent HIV transmission into or within their relationship.

When couples learn their status together, partner notification, which is difficult for many people, happens automatically. Further, treating HIV as a couple or family health problem...
may reduce some of the HIV-related stigma that still exists in society.\textsuperscript{18,19}

**Challenges of Couples Counseling**

Couples counseling does present some special concerns—even if they are more than balanced by its advantages. Consent and confidentiality, which are key to any test counseling session, can be more difficult to ensure during the couples session; separating partners during the consent process can minimize this challenge. Consent forms should explicitly state that the client is granting the counselor permission to share HIV test results with a partner. Further, consent should state that the counselor has the discretion to inform the partners that they will be unable to access couple testing if the counselor is concerned that one partner is threatening the other, forcing the other to test, or is likely to perpetrate intimate partner violence as a result of the couple testing together.

During the couple’s risk assessment, counselors must be careful not to probe too deeply into past sexual behavior. Many people will reveal these experiences as part of the risk assessment, particularly if it feels acceptable to them to do so in their partner’s presence. For those who do not, it is important to remember that the couples intervention is “forward focused”: it is about maintaining health and preventing HIV transmission in the future, not about documenting past behavior.\textsuperscript{18} The hope is that if couples know that they will not be forced to reveal past sexual behavior—and potential recriminations—they will be more likely to access services and, as a result, benefit from all of the advantages of couples testing.

At the same time, as noted above, of the CIF or to answer any questions the client may have about the form. Counselors would have to adapt to these approaches, since in either case they would not be able to use the CIF responses to guide sessions. Counselors would still begin the session by asking the couple what brought them in to test as a couple today, confirming that both partners know how HIV is transmitted, and asking in what ways the five fluids that transmit HIV could have gotten into their bodies. But they would not probe for detail about past behavior unless a client raised the behavior.

**Special Skills of the Couples Counselor**

Since effective couples counseling demands special skills, the CDC guidance recommends that only experienced HIV test counselors attempt this intervention.\textsuperscript{18} It identifies several skills necessary to effective counseling:

- Maintaining a neutral stance during the session, which can be much more complicated when working with two clients versus one client.
- Demonstrating respect for the couple’s relationship, helping both partners to participate in the session in a safe and balanced way, and modeling good communication skills for the partners.
- Reducing tension and blame in the room.
- Fostering an environment in which the couple can identify their own goals and come up with their own strategies for meeting those goals.
In addition, the dynamics of a couples session are different from those of an individual session. In an individual session, the partnership is between the counselor and the client. In a couples session, there are three key different partnerships, each with its own dynamics: the dynamic between the counselor and each of the individual partners; the counselor’s dynamics between the couple as a unit; and the dynamic within the couple itself. (See the “Essential Alliances in Couples Counseling” diagram on page 5.)

Couples counselors must be able to acknowledge the variety of feelings—including anger and disappointment—that come up for the couple, respond to these emotions and concerns in a sensitive manner, and still keep the session on track. Counselors must also be aware of how they are responding internally to the clients, both as individuals and as a couple, and how these responses influence the session. It may be particularly difficult to support challenging clients in a couples session, since the counselor must attend to the needs of more than one person.

Conclusion

Couples HIV counseling and testing offers the opportunity to interrupt HIV transmission in serodiscordant couples, help seronegative couples negotiate concrete plans to stay uninfected, and link seropositive couples to care—all while enlisting the support of each partner for the other. The focus of the couples test counseling session is on empowering partners to communicate in a way that will establish goals that fit their situation. Experienced counselors with the skills to conduct couples sessions can offer clients an innovative counseling and risk reduction at a time when innovation is sorely needed.

References for This Issue


16. Testing Together: http://testingtogether.org/. The CDC will begin offering a three-day training on Couples HIV Counseling and Testing next year, which will focus on the process and a range of issues particular to the couples counseling dynamic, including easing tension, diffusing blame, and assessing and responding to concerns about intimate partner violence. Testing Together also offers training on its model. For more information, contact Rob Stephenson at rsteph@emory.edu.


Test Yourself

Review Questions

1. True or False: The “forward-focused” approach to counseling encourages clients to emphasize disclosure of past activities in preparation for planning for the future.

2. The counselor briefly pauses after giving a serodiscordant “couples result” to: a) give the counselor time to prepare for this difficult disclosure; b) build suspense to underscore the magnitude of the result; c) allow the couple to consider that either partner could be living with HIV; d) a pause is not recommended.

3. During the couples session consent process: a) partners must witness each other’s consent; b) each partner must explicitly grant the counselor permission to share HIV test results with the other partner for the couples session to go forward; c) the counselor always denies couples testing to bickering partners because of potential coercion; d) none of the above.

4. One reason couples test counseling has been adapted for men who have sex with men is: a) the gay male community has demanded it; b) same-sex couples need more support than heterosexual couples; c) typical HIV testing messages for individuals do not resonate with gay men in couples; d) couples counseling efficiently tests many more gay men.

5. True or False: Couples test counseling was pioneered 20 years ago in the United States and is now being attempted as an intervention in Africa.

6. The “Testing Together” intervention is important because it: a) allows partners to support each other during the testing procedure; b) performs disclosure to a main partner immediately at the time of testing; c) offers the couple an opportunity to engage in risk reduction planning together; d) all of the above.

Discussion Questions

1. How would testing couples together benefit some of your clients? What are some of the complications—and solutions—that you foresee?

2. What are the primary challenges to implementing couples testing at your site? How do you think these issues could be addressed?

3. What would it be like to conduct a “forward-focused” counseling session? What might be some of the ways that you would help partners avoid blaming each other for past behaviors?

4. What referrals would be useful for a couples test counselor to have on hand?

5. What are signs a counselor should look for to indicate possible coercion or potential violence? How would you handle such a situation?

Answers to Review Questions

1. False. Forward-focused counseling does not emphasize disclosure of past HIV-related activities. It focuses instead on receiving test results together and risk reduction planning for the future, rather than on past sexual behavior—and potential recriminations.

2. c

3. b

4. c

5. False. Couples Voluntary Counseling and Testing was pioneered in Africa with notable studies in Zambia and Rwanda.

6. d