

**Project  
RESPECT  
Brief Counseling  
Intervention  
Manual**

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*Baltimore  
Denver  
Long Beach  
Newark  
San Francisco*

**July 1993**

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**Centers for  
Disease  
Control and  
Prevention**

**Brief Counseling Intervention (2 sessions)**

## **Project RESPECT**

### **Brief Counseling Intervention – 2 Sessions**

#### **(Study Arm 2)**

**Project RESPECT was a multicenter randomized trial evaluating the efficacy of HIV prevention counseling in changing behavior and reducing new STDs. The HIV Prevention Counseling Intervention was one of two counseling models tested in the study. This two-session prevention counseling intervention is based on the Client-Centered HIV Counseling that has been recommended by CDC for use in public clinic settings where HIV testing is done.**

**The two-session intervention was conducted by a trained HIV counselor, with both sessions conducted by the same counselor. Each session involved a client-centered, interactive approach, with sessions lasting 15 to 20 minutes each. Session 1 was given during the enrollment visit, and session 2 conducted when the HIV test results returned, from 7 to 10 days later.**


**This client-centered counseling intervention had the following aims: increase participants' perception of personal risk, support participant initiated changes, and focus on small, achievable steps toward reducing personal risks. Whenever appropriated or feasible, participants were encouraged to choose condom related goals.**

## Using the Project Respect Intervention Manual

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This manual is organized into Brief Counseling Sessions 1 and 2. Pages are numbered by session and page number (e.g., Session 1-1), and each Session is organized as follows:

- **Brief Counseling Intervention Sessions contain:**
  - **Purpose** statement
  - **Goals** - Statements of what the session will enable the client to accomplish
  - **Objectives** - Statements of what actions the client will be able to perform by participating in the session
  - **Guidelines** (Standard Intervention Sessions 1 and 2 only) marked 
  - **Session Structure**, a four-column chart containing the following headings:

| Activity | Method | Time (Minutes) | Materials |
|----------|--------|----------------|-----------|
|----------|--------|----------------|-----------|

At the bottom of each structure chart, you'll notice a line that says:

**Total Time Required: (Total number of ) minutes**

This is a guide for you to judge the average length of time the session should take. Actual session length will vary depending on the client's need for understanding, need for more time to talk, etc.

- **Intervention sessions also contain:**
  - Session Scripts

These are step-by-step guides for you to follow in delivering the session. Action verbs are underlined to stand out so that you can keep track of the tasks you are to perform during the session. For example:

Say: "In this session, we'll talk about how your first step toward reducing..." or "Encourage and reinforce the client..."

Quotes are included as a guide and need not be stated verbatim. They may be phrased in your own words so long as the essence is captured.

## Brief Counseling Intervention Sessions

### Use of Symbols

Throughout the scripts and accompanying materials, you will notice the following symbols:

| Symbol | Usage   |
|--------|---|
| ☞      | Guidelines for Standard Sessions 1 and 2. Some of the guidelines are general and may apply to the entire intervention.  |
| ☞      | Important instructions, set off in italics, that should be read carefully and followed strictly.  |
| ☞      | Lists of questions, possible client responses, or steps, for example, in condom use. These arrows are used in place of bullets (•).   |
| ☞<br>☞ | These arrows are used for bulleted lists on visuals (See pages 3-8 and 3-9) and on page 4-6 to indicate potential client situations that will guide discussion.   |
| ☐      | Check boxes are used on page 2-17 (condom belief cards). If appropriate, you can check off those beliefs the client has chosen and retain a copy in his/her record for reference during Sessions 3 and 4. |
| ✓      | Checkmarks are used on page 4-8 to mark Steps to Condom Use cards.  |
| *      | Asterisks are used on pages 1-3, 1-4 and 1-6 to indicate possible points to discuss retesting, and elsewhere to denote footnotes (See grey box on page 1-6).  |

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## SESSION 1—Brief Counseling Intervention

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### Purpose

The purpose of this session is to help clients assess their risk for HIV and establish a risk reduction plan that incorporates a self-identified risk reduction behavior goal.

### Goals

Session 1 of the Brief Counseling Intervention will enable participants to:

1. Initiate a behavioral change process that will be effective in preventing HIV infection or transmission.
2. Increase self-perception of HIV risk(s).
3. Recognize and obtain reinforcement for previous HIV risk reduction efforts.
4. Increase understanding of personal barriers to HIV risk reduction.
5. Articulate an action plan for reducing HIV risk.
6. Utilize the counseling relationship in risk reduction planning.
7. Understand resources available for support of behavior change.

### Objectives

By the end of Session 1 of the Brief Counseling Intervention, participants will:

1. Establish rapport with the counselor.
2. Assess personal risk for HIV infection/transmission.
3. Develop a realistic perception of personal HIV risk behaviors.
4. Identify and plan specific actions related to increasing personal use of condoms.
5. Obtain reinforcement and support from counselor for previous and planned risk reduction efforts.
6. Obtain appropriate referrals to resources for support of desired behavior change.

### Guidelines

- ☞ Strict protection of client confidentiality is maintained for all persons offered HIV counseling.
- ☞ At the beginning of each session, explain to the client the purpose of the session, expected duration, and what is hoped to happen in the session.
- ☞ The session is interactive and client-focused: that means you should enhance the client's participation in the session (client should be speaking more than counselor in the session), and the session should be responsive and relevant to the client's particular needs. Listen effectively to what the client says, use open-ended questions, do not interrupt the client needlessly, and respond to client's questions appropriately.

## Project RESPECT Brief Counseling Intervention (same as Session 1 of Enhanced Counseling)

- ☞ Avoid making a preconceived set of points during the session, and focus on *exploring client-specific issues* to HIV risk behaviors and *developing goals* for the client rather than simply providing information.
- ☞ During the session, communicate at the client's *level of understanding*, avoiding technical terms, jargon, or words beyond the comprehension of the client (e.g., "window period," "non-reactive").
- ☞ Take what the client says at face value, while exploring relevant circumstances and details of the client's life/risks to establish a context for what the client reports/believes.
- ☞ Optimize opportunities to reinforce the client's intentions and reported actions relative to addressing HIV/STD issues in his/her life.
- ☞ Respond appropriately to what the client states, and to the client's feelings.
- ☞ Help the client to understand dissonant statements when they come up (e.g., dissonance between reported behavior and risk perception, between behavior and intentions, between reported behavior and conflicting information).

### Session Structure

| Activity                                    | Method               | Time (Minutes) | Materials                 |
|---|----------------------|----------------|---------------------------|
| Introduction/Establish Rapport              | Discussion           | 1              |                           |
| Risk Assessment                             | Discussion/Questions | 2              |                           |
| Enhanced Self-Perception of Risk            | Discussion/Questions | 3              |                           |
| Identification of Client Actions            | Discussion/Questions | 2              |                           |
| Identification of Client Barrier            | Discussion/Questions | 2              |                           |
| Negotiation of Risk Reduction Plan (Condom) | Discussion/Questions | 4              | Documentation of Plan     |
| Appointment for Post-Test Counseling        | Discussion           | 1              | Business/Appointment Card |

**Total Time Required            15 minutes**

### Project RESPECT Brief Counseling Intervention

#### BRIEF COUNSELING SESSION 1: INTERVENTION SCRIPT (same as Sess. 1 of Enhanced)

**1 minute            Introduction/Establish Rapport**

Introduce yourself as a health counselor. Describe the purpose of the session the expected duration, and what is hoped to be achieved in the session. Seek consensus

from the client as to the objective of the session and agreement to maintain this focus throughout the intervention.

During the session, be polite, professional, and display respect, empathy, and sincerity to the client. Become involved and invested in the process and convey an appropriate sense of concern and urgency relative to the client's HIV risk behaviors and STD clinic visit. Use plausible and factual motivations, and seek to deal with the client's concerns.

**Suggested open-ended introductory questions:**

What have you heard about AIDS?

How do you think the virus is passed from one person to another?

How did you decide to take the HIV test today?

Why did you come to the clinic today?

What would you like to know before you leave here today?

**2 minutes**

**Risk Assessment**

Focus on the client's specific sexual behavior(s) and the circumstances that affect that behavior. Attempt to build from the presenting problem (symptoms, referral, etc.) That brought the client to the clinic. (Refer to the screening form and the client's responses to the above questions.) Establish an atmosphere that conveys a collaborative and creative exploration of the relevant issues. With the client, identify the categories and range of behaviors that place him or her at risk for HIV while attempting to focus the client on specific behaviors, situations and partner encounters that contribute to his/her HIV risks.

✂ *The exploration of behaviors during the risk assessment is an integral component of the HIV prevention counseling intended to facilitate the client's self-understanding of his/her risks. It is not intended as a screening tool or a data collection process.*

**Suggested open-ended risk assessment questions:**

What do you think will be the outcome of the test? Why?\*

If you were infected, how do you think you may have become infected?

Have you been tested before? If so, when and why? What were the results?\*

## Project RESPECT Brief Counseling -- Session 1

How many different people do you have sex with? How often?

- Do they shoot up drugs? How often?
- How many people are they having sex with?

When was the last time that you put yourself at risk for HIV?\* What was happening then?

When do you have sex without a condom?

What are the riskiest things that you are doing?\*

What are the situations in which you are most likely to be putting yourself at risk for HIV?

How often do you use drugs or alcohol? How does this influence your HIV risk behaviors?

### 3 minutes      **Enhanced Self-Perception of Risk**

Help the client relate his/her sexual behavior to the STD clinic visit and help the client recognize specific sexual behaviors that place him/her at risk for HIV.

☞ *The enhancement of client risk perception begins within the context of the risk assessment.*

#### **Suggested open-ended risk awareness questions:**

What kinds of conversations have you had with your sex partner(s) about AIDS?

Why are you interested in having the HIV test?

What role did a friend or sex partner play in you coming in for the test?

What other STDs have you been diagnosed with?

What do you do to put yourself at risk for this infection?

How do you think you may have been exposed to HIV?

How would you describe your own risk of being infected?

How often do you do drugs, specifically drugs that you shoot?

How do you think you got [STD]?

How often do you use condoms with your steady partner?

How often do you use condoms with partners whom you do not know very well?

How have your behaviors that we have discussed put you at risk for HIV?



## Project RESPECT Brief Counseling -- Session 1

### 2 minutes Identification of Client Actions

Help the client identify any self-initiated changes already made in response to HIV/AIDS and inquire into the client's social (peer) and community perception of HIV/AIDS. Reinforce/support the client's actions, intentions, and communications about safer sex behavior. Clarify misinformation and educate only as needed in the client's specific situation.\*

#### **Suggested open-ended questions to explore client HIV-related intentions, concerns, and risk reduction attempts:**

What are you presently doing to protect yourself?\*

What would you like to do to reduce your risk of HIV?\*

Who have you talked to about your HIV concerns/risks?

What have your friends/partners said about HIV/AIDS?

Whom have you talked to about using condoms?

Explain to me when you use condoms. How has that worked?

Whom do you use condoms with?

How often do you use condoms with your steady partner?

How often do you use condoms with partners whom you do not know very well?

What thoughts have you had about reducing your risk for HIV infection?

Do you know anyone with HIV infection? How does that situation impact your own sense of risk?

What have you seen or heard about HIV in your/this community?

When have you reduced your risk? What was going on that made that possible?

How is that working for you?

#### **Suggested statements reinforcing positive change already made:**

It's great that you are here!

You've taken the first step; you're doing a great job; keep it up!

The fact that you are concerned about HIV is important.

It is important that you recognize how you have clearly been thinking about reducing your HIV risk.

## Project RESPECT Brief Counseling Intervention – Session 1

### 2 minutes Identification of Client Barriers

Help the client *identify barriers* to safer sex behavior, particularly condom use. Explore risk reduction attempts in detail with the client, and identify and define impasses and difficulties. Focus on the client's sense of self-efficacy for specific risk reduction activities, community/peer norms, and relevant attitudes and beliefs.

#### **Suggested open-ended questions to identify client barriers:**

What has been the most difficult part of changing your behavior?

When, and in what situations, do you not use condoms?

How often do they break?

When are you least likely to use condoms?

When do you have the most difficulty in discussing condoms?

What have you discussed with you partner(s)?

With which partners has it been hardest to talk about/suggest the use of condoms?

What was the role of drugs/alcohol in your decision to engage in high-risk sex?

In what situations are you most likely to be putting yourself at risk for HIV?

### 4 minutes Negotiation of Risk Reduction Plan\*

Help the client establish a reasonable yet challenging risk reduction step toward condom use that will reduce his/her risk for acquiring HIV. This plan should address the client's baseline risk behavior identified in the risk assessment phase of the session and should incorporate the client's previous attempts and perceived barriers to reducing HIV risks. Discuss how the client will operationalize the plan, using *specific and concrete steps*, and establish a back-up plan. Encourage the client to develop a plan that involves condom use to reduce HIV/STD risk: however, plans not involving condom use are also acceptable.

Confirm that this plan is personalized and is acceptable to the client. Document the plan, give a copy to the client and retain a copy for the file. Acknowledge that the plan is a challenge and assure the client that you will work with him/her to discuss and review the outcome at the next visit. Explain that together you can renegotiate the plan, if necessary, in the post-test session. Ask the client to repeat his/her plan back to you to make sure that you are clear and can help look at the plan again at the next session. Solicit questions and validate the client's initiative in agreeing to try to negotiate a risk reduction plan.

## Project RESPECT Brief Counseling Intervention – Session 1

### Suggested open-ended questions to use when negotiating a risk reduction plan:

What one thing can you do to reduce your risk right now?

What can you do that would work for you?

What could you do differently?

How/when will you use condoms?

How are you going to bring up condoms with your sex partner(s)?

What will you say?

When do you think you will have the opportunity to first try this (behavior, discussion, etc.)?

How realistic is this plan for you?

Who can help you?

What will be the most difficult part of this for you?

What might be good about changing this?

What will you need to do differently?

How will things be better for you if you...?

How will your life be easier/safer if you change...?

How would your drug practices have to change to stay safe?

**\*RETEST:** All asterisks represent points in the session when it may be appropriate to discuss the need for retest based on recent client risk behaviors. If this has not been broached by the beginning of the negotiated risk reduction plan, discuss the specific previous risk behavior(s) and the subsequent period by which the client should return for retest. The negotiated risk reduction plan should be conceptualized as the short-range plan and explanation and recommendation of retest addressed in the context of the longer-range plans. A brief explanation of this need for retest is critical but should not be overemphasized: “Because you had unprotected sex during the last 3 months this test may not tell you all you need and want to know about your exposures to HIV. In order for these exposures to show up on the test, you will need to return in [specific month] for a retest.”

## Project RESPECT Brief Counseling Intervention – Session 1

1 minute

### Closure and Appointment to Receive Test Results (Post-Test Counseling)

Make an appointment with the client to return for his/her test results and post-test counseling. Note the day, time, and place of the appointment on your business card and give this to the client. Emphasize to the client the need to call and reschedule if he/she is unable to keep the appointment. If the client is assigned to the enhanced intervention, schedule the next enhanced appointment.

## Project RESPECT Brief Counseling Intervention – Session 2

### SESSION 2 - Brief Counseling Intervention

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#### Purpose

The purpose of this session is to provide the client with test results and focus on a plan to sustain risk reduction.

#### Goals

Session 2 of the Brief Counseling Intervention will enable participants to:

1. Obtain and understand HIV test results.
2. Identify, strengthen, and reinforce efforts made toward the safer sex behavior goals (risk reduction plan) defined in the previous session.

#### Objectives

By the end of Session 2 of the Brief Counseling Intervention, participants will:

1. Receive the HIV test result, with interpretation based on personal risk for HIV infection.
2. Understanding what the test result means.
3. Review, renegotiate, and reinforce the existing plan for reducing risk.

#### Session Structure

| Activity                                   | Method     | Time (Minutes) | Materials            |
|--|------------|----------------|----------------------|
| Provide HIV Test Results                   | Discussion | 1              | Client's Test Result |
| • The Meaning of Test Results              | Discussion | 2              |                      |
| • Recommendations                          | Discussion | 2              |                      |
| Review and Renegotiate Risk Reduction Plan | Discussion | 10             |                      |

**Total Time Required**

**15 minutes**

#### Guidelines

- ☞ See guidelines for Brief Counseling Session 1.
- ☞ Provide HIV test results only by personal contact.
- ☞ Have resources describing appropriate referrals.

## Project RESPECT Brief Counseling -- Session 2

### **BRIEF COUNSELING SESSION 2: INTERVENTION SCRIPT**

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#### **1 minute      Provide the HIV Test Results**

Provide the HIV test results to the client, avoiding jargon and technical terms, and interpret the results in light of the client's risk behaviors. Ensure that the client understands the need for retesting should there be any recent or ongoing participation in risk behaviors.

#### **2 minutes      The Meaning of Test Results**

Explain the meaning of the client's test results:

*A negative test result means that there is no current evidence of infection with HIV, the virus that causes AIDS. Remember, if the person was recently infected, the test might not yet be positive. People's bodies can react to HIV in as little as 2 weeks, but most people take longer to make markers in the blood that indicate the presence of the virus. The test can pick up HIV infection in most people within 3 months of the time of infection, although it can take up to 6 months in some cases.*

*An indeterminate test results means that the test results are inconclusive. This could indicate a recent HIV infection where the antibody reaction is not yet strong enough to show as a definite positive, but in most cases it represents a reaction to something other than HIV.<sup>1</sup>*

☺ *A positive test result should be handled according to the usual clinic routine for newly diagnosed HIV infection. A client with a positive test result will not require further study follow-up.*

#### **2 minutes      Recommendations**

Provide the following recommendations based on test results:

*Negative* - If it is likely that you were exposed to HIV in the past 3 to 6 months, a retest is recommended 6 months from your last risk behavior. Avoid high-risk activities.

*Indeterminate* - Retest in 6 to 12 weeks.\*

#### **10 minutes      Review and Renegotiate the Risk Reduction Plan**

Discuss the steps taken by the client to reduce HIV risk reduction behaviors as negotiated in Session 1. Review the risk reduction plan; reinforce and support efforts. Refine the goal as necessary to maximize STD/HIV protection. Encourage the client as appropriate. Obtain a commitment from the client to adhere to the risk reduction plan.

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\* Address only if the client's result is *indeterminate*.

## **Project RESPECT Brief Counseling Intervention – Session 2**

### **Suggested statements for discussion of last session's risk reduction plan:**

In our last session, we discussed some of your risks for HIV, which were....

Based on those risks, we came up with some risk reduction steps for you to try before today. How did that go for you?

### **Explore this with the client by asking any or all of the following questions:**

How did the action you took [planned to take] feel to you?

How did your partner react?

Was it like you expected?

Were you happy with how it went?

### **Reinforce client for accomplishing assignment with statements like:**

Sounds like you did a great job!

It's great you were able to do that!

I'm impressed how you handled that !

You've really tried and have accomplished some things - good for you!

### **If client did not accomplish or had difficulty with assignment, explore why with any or all of the following questions:**

What parts of the plan worked best/were most challenging?

What got in the way?

What stopped you/made it difficult?

What could you have done differently?

What were you feeling/thinking?

When can you try this again?

What will make it easier for you?

What else could you try?

As appropriate, offer referral for further assistance in maintaining low-risk behaviors.

Provide closure to the session. Thank the client and wish him/her well. Reiterate that he/she can call the clinic if questions or concerns arise.



# **Project RESPECT Brief Counseling Intervention Manual**

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*Baltimore  
Denver  
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San Francisco*

**July 1993**

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**Centers for  
Disease  
Control and  
Prevention**

**Quality Assurance Forms -- Brief Counseling Intervention (2 sessions)**

## **Project RESPECT**

### **Brief Counseling Intervention (2 Sessions)**

#### **(Study Arm 2)**

**The two-session intervention was conducted by a trained HIV counselor, with both sessions conducted by the same counselor. Each session involved a client-centered, interactive approach, with sessions lasting 15 to 20 minutes each. Session 1 was given during the enrollment visit, and session 2 was conducted when the HIV test results returned, from 7 to 10 days later.**

**This client-centered counseling intervention had the following aims: increase participants' perception of personal risk, support participant initiated changes, and focus on small, achievable steps toward reducing personal risks. Whenever appropriate or feasible, participants were encouraged to choose condom related goals.**

#### **Quality Assurance components included:**

**1) Standard training course for all Project RESPECT counselors (2 day course)**

**New counselors were encouraged to practice counseling sessions on other counselors, and for initial sessions with clients, to be observed by experienced counselors or supervisors.**

**2) Observation of counseling sessions by counseling supervisors, with immediate feedback to counselors. (Forms follow).**

**Throughout the study, counselors were routinely observed on whether counseling goals were achieved and how well they followed the protocols. Check off forms were used to indicate how well counselors achieved specific objectives, but supervisors attempted to make this a "discussion" more than a "rating". Counselors were also encouraged to observe their peers whenever possible, to pick up or consider new skills.**

**3) Process evaluations for counselors and study participants (Forms follow).**

**4) A one-hour meeting per week during which counselors were asked to review difficult situations, and use discussion and role play to consider possible options.**

## BRIEF COUNSELING OBSERVATION AND FEEDBACK GUIDE

|                                     |                                  |
|-------------------------------------|----------------------------------|
| HIV COUNSELOR: _____                |                                  |
| Project RESPECT Site: _____         |                                  |
| Duration of Session(s): _____       |                                  |
| <b>Brief Counseling – Session 1</b> |                                  |
| Observer: _____                     | Date completed: _____            |
| Client Age: _____                   | Race/Ethnicity: _____ Sex: _____ |

1. This Brief Counseling inventory is a tool to assist counselors and intervention coordinators by summarizing single or multiple (4) observations of the counselor’s communication, prevention counseling and seronegative counseling skills. Conclusions should be based on counselor demonstration each skill and achievement of prevention counseling objectives (client-perception of risk, identification and support of client initiated risk reduction, identification of barriers to risk reduction and the negotiation of a specific and incremental risk reduction plan).
2. When observing, record your impressions immediately following each session. To establish foundation for counselor observer dialogue, you should note partial quotations and specific observations from the counseling session.

| COMMUNICATION SKILLS   | Status of Brief Counseling Objective |              |              |              |              |
|--|--------------------------------------|--------------|--------------|--------------|--------------|
|  | Not Achieved                         | Achieved     | Excellent    |              |              |
| 1. Demonstrated professionalism.   | <u>  1  </u>                         | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 2. Establishes rapport (introduction, define scope and duration of session)                                      | <u>  1  </u>                         | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 3. Listened effectively, allowed client to speak and did not needlessly interrupt.                               | <u>  1  </u>                         | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 4. Used open-ended questions.  | <u>  1  </u>                         | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 5. Communicated at the client’s level of understanding.  | <u>  1  </u>                         | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 6. Clarified important misconceptions.   | <u>  1  </u>                         | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 7. Solicited client’s feedback.  | <u>  1  </u>                         | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 8. Consistently provided reinforcement to the client.  | <u>  1  </u>                         | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 9. Uses appropriate nonverbal communication.   | <u>  1  </u>                         | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 10. Assist the client in recognizing risks (link client STD symptoms, history, concerns to HIV risks)            | <u>  1  </u>                         | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 11. Identify, reinforce and support client concerns, interactions, actions and/or communications about HIV/AIDS. | <u>  1  </u>                         | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 12. Address community, peer perceptions of HIV/AIDS.   | <u>  1  </u>                         | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 14. Maintain focus on the client’s sexual behavior and circumstances that affect that behavior.                  | <u>  1  </u>                         | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 15. Assess barriers to HIV risk reduction; identify and define impasses and difficulties.                        | <u>  1  </u>                         | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 16. Negotiate a realistic plan to help the client reduce HIV risks.  | <u>  1  </u>                         | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |

| COMMUNICATION SKILLS  | Status of Brief Counseling Objective |              |              |              |              |
|---|--------------------------------------|--------------|--------------|--------------|--------------|
|   | Not Achieved                         | Achieved     |              |              | Excellent    |
| 17. Establish a reasonable yet challenging incremental step.                            | <u>  1  </u>                         | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 18. Operationalize risk reduction into concrete and specific steps.                     | <u>  1  </u>                         | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 19. Confirm with the client that the plan is reasonable and acceptable.                 | <u>  1  </u>                         | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 20. Document negotiated risk reduction plan, maintain copy and provide client with copy | <u>  1  </u>                         | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 21. Establish a plan for receiving results.   | <u>  1  </u>                         | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 22. Sensitively provide test results.   | <u>  1  </u>                         | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 23. Review risk behaviors and assessments   | <u>  1  </u>                         | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 24. Review client progress on negotiated risk reduction plan.                           | <u>  1  </u>                         | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 25. Renegotiate new risk reduction plan.  | <u>  1  </u>                         | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 26. Assist client with other referrals when appropriate.                                | <u>  1  </u>                         | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |

**ADDITIONAL COMMENTS AND RECOMMENDATIONS:**

**End Time:**

**PROJECT RESPECT  
BRIEF COUNSELING OBSERVATION AND FEEDBACK GUIDE**

|   |                       |            |
|---|-----------------------|------------|
| HIV COUNSELOR: _____                      |                       |            |
| Project RESPECT Site: _____               |                       |            |
| Duration of Session: _____                |                       |            |
| <b><u>Brief Counseling Session 2:</u></b> |                       |            |
| Observer: _____                           | Date completed: _____ |            |
| Client Age: _____                         | Race/Ethnicity: _____ | Sex: _____ |

1. This Brief Counseling tool is designed to assist counselors and intervention coordinators by summarizing observation of a single Brief session documenting the counselor’s communication, counseling skills and completion of the required enhancement activities. Conclusions should be based on counselor demonstration of each skill, completion of the activity and identification of client initiated risk reduction plan/task. When observing, record your impressions immediately following each session. To establish foundation for counselor observer dialogue, you should note partial quotations and specific observations from the counseling session.
2. When observing, record your impressions immediately following each session. To establish foundation for counselor observer dialogue, you should note partial quotations and specific observations from the counseling session.

| COMMUNICATION SKILLS   | Brief Counseling Session Two |              |              |              |              |
|--|------------------------------|--------------|--------------|--------------|--------------|
|  | Not Achieved                 | Achieved     | Achieved     | Excellent    | Excellent    |
| 1. Demonstrated professionalism.   | <u>  1  </u>                 | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 2. Established rapport (introduction, defined scope and duration of session).      | <u>  1  </u>                 | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 3. Listened effectively, allowed client to speak and did not needlessly interrupt. | <u>  1  </u>                 | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 4. Used open-ended questions.  | <u>  1  </u>                 | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 5. Communicated at client’s level of understanding.                                | <u>  1  </u>                 | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 6. Clarified important misconceptions.   | <u>  1  </u>                 | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 7. Solicited client’s feedback.  | <u>  1  </u>                 | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 8. Consistently provided reinforcement to the client.                              | <u>  1  </u>                 | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 9. Used appropriate nonverbal communication.                                       | <u>  1  </u>                 | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 10. Sensitively provided HIV test results.   | <u>  1  </u>                 | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 11. Reviewed risk behaviors and assessment.  | <u>  1  </u>                 | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 12. Reviewed client progress on negotiated risk reduction plan.                    | <u>  1  </u>                 | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 13. Renegotiated new risk reduction plan.  | <u>  1  </u>                 | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |
| 14. Assisted client with other referrals when appropriate.                         | <u>  1  </u>                 | <u>  2  </u> | <u>  3  </u> | <u>  4  </u> | <u>  5  </u> |

**ADDITIONAL COMMENTS AND RECOMMENDATIONS:**

**End Time:**





**Process Evaluation -- Brief Counseling Intervention (2 Sessions)**

**As part of this study you have received counseling both before and after taking your HIV test.**

**1. Would you say that the counseling you received about HIV and STD prevention was:**

|             |           |          |          |           |                 |
|-------------|-----------|----------|----------|-----------|-----------------|
|             | extremely | somewhat | somewhat | extremely |                 |
| Pleasant    | _____     | _____    | _____    | _____     | Unpleasant      |
| Informative | _____     | _____    | _____    | _____     | Uninformative   |
| Helpful     | _____     | _____    | _____    | _____     | A waste of time |
| Good        | _____     | _____    | _____    | _____     | Bad             |

**2. When you first talked to the counselor, during your initial visit (when you agreed to participate in this study), what sexual activities were you doing that put you at risk for AIDS and other sexually transmitted diseases?**

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**3. During this initial visit, did you and your counselor agree on a specific behavior or action that you would do or try to do?**

\_\_\_\_\_ (1) NO  
\_\_\_\_\_ (2) YES-----> **What did you agree to do?**

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**4. Who chose what you would do -- you or the counselor?**

\_\_\_\_\_Me ----> **How much help did the counselor give you?**

(1) Little or none (2) Some (3) A Lot

\_\_\_\_\_The Counselor ----> **How much help did you give the counselor?**

(1) Little or none (2) Some (3) A Lot

**5. In the session you just completed, did you and the counselor agree on a specific behavior or action that you would do or try to do?**

\_\_\_\_\_ (1) NO  
\_\_\_\_\_ (2) YES ----> **What did you agree to do?**

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**6. Who chose what you would do -- you or the counselor?**



\_\_\_Me ----> **How much help did the counselor give you?**

(1) Little or none (2) Some (3) A Lot

\_\_\_\_\_The Counselor ----> **How much help did you give the counselor?**

(1) Little or none (2) Some (3) A Lot

7. **Thinking about both counseling sessions, would you say that, in general:**

- \_\_\_\_\_ (1) the counselor talked and you listened
- \_\_\_\_\_ (2) you talked and the counselor listened or
- \_\_\_\_\_ (3) that you each talked and listened, i.e., that you had a real conversation

8. **Again, thinking about both counseling sessions, how well did the counselor cover your questions, problems or worries?**

Well                      very                      somewhat                      somewhat                      very                      Poorly  
\_\_\_\_\_

9. **How honest were you with the counselor?**

\_\_\_\_\_                      completely                      somewhat                      somewhat                      completely                      Dishonest  
Honest

10. **Do you have anything you'd like to say about your experience with the counselor?**

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