

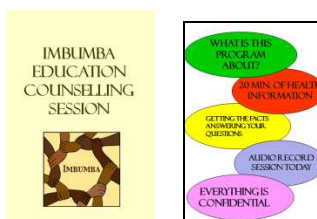
Skills Counselling Session 29 January 2014

## Imbumba

### Training Manual for the Imbumba Skills Counseling Session

#### SKILLS COUNSELLING SESSION

**Note to counselor: The text in quotes is a useful guide for how the counselor could deliver the intervention sections. It should not be used as a script. Counselors should develop their own style for how to deliver the required sections.**



#### Introduction and Project Explanation

The counseling/ participant interaction starts even before the counselling session begins. So establish good rapport to make the participant feel comfortable by being warm and friendly.

Introduce yourself to the participant. Welcome the participant to the session and thank them for participating. Give them a brief introduction to the session and let them know what will occur and an indication of time.

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“I wanted to welcome you today and say thank you for participating. I would like to start by letting you know what this program is about? We are going to spend some time talking about health information. We will get the facts about HIV/AIDS and I will answer any questions you may have. I should make you aware that everything we talk about today will be kept in this room. So feel comfortable to share information with me about yourself because I will not share it with anyone else. How does that sound? Also I want to remind you that I am going to audio record our session today. Only the researchers will be able to listen to the session, no one at the Clinic or anywhere else. The session is recorded so the researchers can be sure I am doing my job correctly. Okay?”

Start the recording and state... This is PID #####, today is [state date], this is [state your name] and this is a [state the session type Education, Skills or Communication] session.

- “Feel free to stop me if you have any questions.”

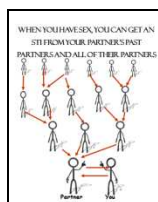
**Tell me about yourself**

Start the session of by asking the participant to talk a little about themselves and why they have come to the clinic. End this page by transitioning into a discussion about Sexually Transmitted Infections.

- “So tell me a little about yourself so I can know you better.”
- “What brought you to the clinic when we first met you?”
- “How do you feel right now?”
- “Thank you for sharing.”
- “To start today I would like to talk with you about Sexually Transmitted Infections or STI’s. What do you know about Sexually Transmitted Infections?”

Try and elicit from the participant some of their knowledge of STI’s. Positively reinforce what they tell you when they state the correct facts. Do not correct misinformation here. Remember their misinformation and when you begin the education portion of the session, address the misinformation then.

“So it seems like you have quite a bit of knowledge about STI’s. Let’s start at the beginning and talk about how people get an STI. You may know some of this, but hopefully some of the information I share with you today will be new to you.”

**When you have sex with someone**

The purpose of this page is to illustrate how sexually transmitted infections are transmitted to sex partners. It may be beneficial to use an example or use the participant’s own situation as an example to illustrate this concept.

- “You should be aware that having unprotected sex, or sex without a condom, is considered a high-risk behavior especially when it involves multiple partners. This is because body fluids are being exchanged with multiple people.

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When you have sex with someone, you can get a Sexually Transmitted Infections from your partner's past partners and all their partners. One way to protect yourself is to use a condom when you have sex."



### Opening for Sexually Transmitted Infections

"Now that we know that STI's are passed between sex partners when they do not wear condoms, let's talk about the signs and symptoms of STI's. First you should know that you or your sex partner can have an STI and not know it. The reason is that at different stages, STI's may not have signs or symptoms to tell you that you have a Sexually Transmitted Infection."

The counselor is going to be showing the participant pictures of sexually transmitted infections and the purpose of this page is to prepare participant to see the pictures.

- "You should be aware that the signs and symptoms of Sexually Transmitted Infections are not pretty. I will be showing you pictures of some common Sexually Transmitted Infections. Are you ready to see the pictures?"



### Sexually Transmitted Infection Facts

The purpose of this page is to educate the participant on the sign and symptoms of common Sexually Transmitted Diseases. Briefly talk and describe each one. Do not ask the participant which Sexually Transmitted Infection they have. However, if the participant offers that information, then explore how that makes the participant feel.

- "These are the Sexually Transmitted Infections that are prevalent in our area such as Syphilis, Gonorrhea, Genital Herpes, and Genital Warts. You should be aware of the signs and symptoms of these infections because it is important to protect yourself. Here are the male pictures and here are the female pictures. The images here are of STI's that have not been treated. It is really important that when you START to have any sign of an STI that you go to the Clinic so you can get treated."

Now focus on HIV as a Sexually Transmitted infection.

- "Another common Sexually Transmitted Infection is HIV. As you can see, there is no picture for HIV. That is because you cannot tell when someone is infected. There is no sore, no discharge, no burning, no pain, and no cure."

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### Participant's Knowledge of HIV

Participants should be encouraged to share what they know about HIV/AIDS. Listen for myths and misinformation. Reinforce their knowledge. Do not correct misinformation here, but take note of it. You will address in the upcoming session. The goal is to have the participant talk and share with you. "What have you heard about HIV/AIDS?"



### You can only get HIV from

The goal here is to let the participant know that just these body fluids are capable of transmitting HIV. This will clear any misconceptions about any other body fluids that do not transmit HIV.

- "You can only get HIV from Unprotected Sex, Blood, and Mother to Child." Answer any questions and address any misinformation that the participant shared earlier.



### You cannot get HIV from

Clarify any myths that the participant may have about how HIV is transmitted. The participant may ask some questions here about possible modes of transmission, such as insects or kissing.

- "You can not get HIV from Kissing, Touching, Toilets, Insects, Food, and Sharing Utensils."



### How can you tell if someone is HIV positive?

The purpose of this page is to start a conversation on HIV stigma. Ask the participant how they would tell if someone was HIV positive. This should lead into a discussion that you can tell the difference between someone who is HIV positive or negative so they should be treated the same. Also remind the participant that there are no signs and symptoms for HIV/AIDS.

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**People with HIV are like you and me- Stigma Page**

The purpose of this page is to dispel stigma about people living HIV/AIDS. Since HIV stigma is very prevalent, the counselor should give the participant some destigmatization statements and clear up any HIV myths or misconceptions.

- “You can’t tell if someone is HIV positive because there are no symptoms. So we should treat them like everyone else.
- “People with HIV are just like you and me. This is a problem that affects everyone so we should treat them all the same.”
- “How do you feel about that?”

**SUMMARY OF HIV**

Summarize the session by reviewing the facts. Ask the participant if they have any further questions about HIV.

**Find the Risk- Risk Continuum**

This is an opportunity to let the participant relay the information from the session thus far. The risk continuum is an activity that focuses on sexual behaviors that can transmit HIV. The activity involves the participant receiving cards with sexual behaviors printed on them. Participants then place the Sex Behavior Cards on the Risk Continuum under risk labels.

**Step by Step Process to do this activity**

1. Give the participant clear instructions on how to do this activity and what will happen. Describe what the scale means, what is on the cards, and what the process is for this activity.
  - “On the table is a scale that goes: No Risk for HIV, Little Risk for HIV and High Risk for getting HIV. I have these cards with certain sexual activities on them. I am going to give you the cards and I want you to place the cards where you think they belong on the scale. Do you think a certain activity is No Risk, Little Risk, or High Risk for getting HIV? So put the cards where you think they belong and we will talk about them.”
2. Now give the cards to the participant and let them place all the cards on the scale. The counselor may have to explain some activities that the participant has never heard of before.

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3. When the participant has placed all the cards on the scale go through each section of the scale to talk about the common using the process below. Start with No Risk, then Little Risk, and finally High Risk,

- State all the cards placed on that section.
- Ask the participant why they placed all the cards in that section.
- Reinforce answers that are correct.
- Clarify misconceptions with answers that are incorrect.
- Ask the participant where the misplaced card goes now.
- Move the misplaced card to the correct spot.
- Reinforce the main point for each section of the scale

**Main Point for No Risk-** No body fluids that transmit HIV are being exchanged.

**Main Point for Low Risk-** You are protecting yourself with condoms. But if condoms are not being used properly, they can break.

**Main Point for High Risk-** Exchanging fluid that can transmit HIV with no protection.

**No Risk**

Kissing

Condom

Hugging

Masturbation w/a partner

Sex toys with no sharing

Thigh sex

**Low Risk**

Vaginal Sex w/ condom

Anal sex w/ Condom

Oral sex with condom

**High Risk**

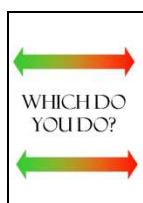
Vaginal Sex w/o

Anal sex w/o condom

Sex during Menstruation

Oral sex w/o condom

4. Conclude by reinforcing the risks of unprotected anal and vaginal intercourse and the role of condoms and other methods of avoiding risks of unprotected intercourse. Show the shift for a given activity when you take steps to protect yourself.

**Risky Profile**

Leave the cards and the continuum on the table. The purpose of this section is to turn the focus now towards the participant's own risky situation. We start this section by transitioning from the risk continuum into the risky situation by asking the participant which activities apply to them. This will give the counselor an idea of which activities the participant engages in. By identifying which activities are being performed, this will lead into a discussion of a risk profile.

- "Thank you for doing the risk continuum. Now I was wondering if you could tell me which of these activities you do."



Ask the participant to describe a risky situation that occurred where the participant did one of the risk behaviors. It can be very difficult for the participant to talk about a risky situation because they have to isolate it. A participant at this point may not identify a situation as being risky. Here are some suggestions.

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- “Under what circumstances do you do these activities?”
- “Tell me about a risky situation that happened with you recently where you had unprotected sex.”

Your goal now is to get as much information as possible from the participant about this situation and in the process probe for triggers for the next section. The more information you get, the more personally tailored the intervention will be for the participant because you can talk about specific behaviors. To make the participant feel comfortable, the counselor should talk to the participant like they would a friend to get details of the situation. You want to show empathy for the situation to make the participant feel comfortable. The counselor shouldn't be judging about the participant's behaviors, but should be present himself or herself as someone to trust. Ask them the following questions about that situation and write their answers on the triggers section of the card under the appropriate heading. Engage the participant into a discussion about their situation.

- “Where did you meet her/him?”
- “Why were you attracted to her/him?”
- “What about this person made you attracted to them?”
- “What did you feel in the moments leading up to sex?”
- “Tell me what emotions were associated with that moment?”
- “Were you drinking or using drugs?”
- “What about your partner?”

Summarize the situation as a transition to move on to the trigger section.



### Triggers

There are four parts to the trigger section. The counselor will take the participant's answers from the risky situation to talk about triggers. The overall purpose of the trigger discussion is to make the participant aware of his or her own triggers for the next time the situation occurs.

Through your discussion of the risky situation, you should already know what the participant's triggers are and they should be written down in the brochure.

1. Explain to the participant what triggers are in general with very simple examples.
  - "The reason why I asked about your own situation is that I want to talk to you about triggers. Triggers are things around you that make you want to have sex. They are your turn-on; they get you going. They can be People, Places, Substances or Feelings. People triggers are something you like about a person. Places could be a quiet place or a club. Substances could be alcohol or drugs. Feelings could be where you are really happy, or really sad, or really lonely. These can be good things, but they may get you in trouble. You might find yourself in a compromising situation where you might be wrapped up in the moment. If this happens, you might not protect yourself.
2. Now refer to the participant's own risky situation for a more specific discussion on triggers. Discuss each trigger with the participant by problem solving and being aware.
  - “What do you think may have been your triggers for this situation we just talked about?”



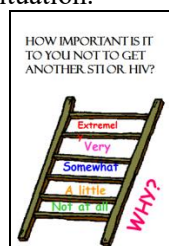
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- “Looking at what some of your triggers are, how might you manage your triggers to avoid a risky situation next time?”
  - “Remember when we talked about how risky different behaviors are, there are quite a few behaviours that are No Risk but still can be fun and gratifying.”
3. Now summarize and stress again why it is important to talk about triggers.
- "We all have triggers. It's just important to know what your triggers are. So the next time \_\_\_\_ (use examples of triggers)\_\_\_ you can protect yourself and have safe sex."

**One important Trigger for many people is Alcohol**

This is the transition page into the Alcohol Section of the intervention.

- “Now that we have talked about triggers, it is important to know that for some people, alcohol is a trigger for them that may lead to a risk situation.”

**How Important ladder-Health Perception Scale**

This is the first question for the commitment ladder that focuses on the participant’s health perception. If the participant is already HIV positive, then the focus of these ladders should be on staying safe from Sexually Transmitted Infections.

- "Now that we have talked about your risk, I'd like to understand how important it is for you to reduce your risk for HIV or other STIs using this ladder scale. The first step means that you do not think it is important, and the top step means that it is extremely important for you to reduce your risk for HIV and STIs. Tell me, where do you stand on this ladder?"

After a response is given, ask the participant why it is important for them to reduce their risk for HIV or other STIs.

- "You said that it is \_\_\_\_ to reduce your risk for HIV and STIs."
- "Tell me, why you think it is extremely important to reduce your risk."
- "What would need to happen in order for you to give this a higher rating?"
- "What do you think is up ahead if you continue as you are?"
- "What have been the consequences so far?"
- "How do you think you would you cope with a diagnosis of HIV?"



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**How Confident Ladder- Self-Efficacy Scale**

The next question will ask the participant to rate their self-efficacy on a confidence-rating ladder. Start off by reminding the participant how important they thought it was to reduce their risk and then ask them how confident they are in reducing their risk for HIV/STDs. There are three parts to this section.

1. Ask the participant where they see themselves on the confidence ladder.  
"You have told me that it is \_\_\_\_\_ important for you to reduce your risk and you have given me some good reasons why it is important to you. Now I'd like to know how confident you think you are that you can reduce your risk for HIV. Let's use the same scale as with the last question. The first step means you are not at all confident and the top step means you are extremely confident."
2. Engage the participant in a discussion of what could limit their confidence. This will lead into a discussion about barriers to change. If the participant doesn't mention anything you may suggest a barrier from previous discussions.  
"What could get in the way?"
3. Now help the participant try to problem solve barriers.  
"What could you do to overcome this barrier?"

Note to counselor: If the person selects very, ask them if there are any things that could get in the way. Relate it back to what they said previously. What were the barriers before and has the person changed since then? Maybe these are still barriers.

**Male Condoms- What do you think?**

For the male condom section, if the participant has used a condom before, the participant will put a condom on the penis model for the counselor to observe. If the participant has never used a condom, the counselor should demonstrate first. Then the participant will repeat the exercise by him or herself.

- "Now we are going to do the part of the session which is a condom demonstration. You may already know how to put on a condom, but you never know, you still might learn something new. How do you feel about male condoms? Have you ever used one?"



Give the participant a male condom to use for the demonstration.

- "Tell me, what are some things you notice on the condom's packaging?"
- This is a latex condom and it protects against these things. You should always use a latex condom."
- Expiration date – "Condoms have an expiration date that tell you how long they are good for. Don't use condoms that have expired because they could be dried out and crack easily. Don't expose your condoms to extreme temperatures because that could make them ineffective."

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- "Now we are going to open them. What works well is to move the condom aside to open the package. Do not use your teeth. And be careful not to tear the condom."
- "When you are in the dark, how can you tell which way the condom is going? "
- "Put it on like a little hat. Pinch the condom at the tip with one hand. Use the other hand to roll the condom all the way down to the base."
- "After you have sex, be careful when you take the condom off. Be careful not to spill the contents. Throw them in the trash and not the toilet. So that is how you put on a male condom and you will get some to take home with you today."

**KY can make condoms feel better**

The lubricant demonstration gives the participant the opportunity to understand which lubricants are good to use with condoms and which lubricants should not be used with lubricants. Show the participant the tube of KY jelly to show that it is appropriate to use with condoms.

- "Make sure not to use oil-based lubricants. So do not use Vaseline, or baby oil. If you use an oil-based lubricant, it can easily break the condom."
- "If you are going to use a lubricant, use a water-based lubricant like KY jelly."

**Female Condoms-Have you heard of the female condom?**

For the female condom demonstration, the counselor will show the participant what the female condom looks like and how it is used.

- "Have you ever heard of a female condom?"
- "They are actually a male/female condom or a shared condom. They look like this. They have two rings. This inner ring gets inserted into the vagina and fits over the cervix like a cap. The outer ring stays on the outside of the vagina and protects the opening. During sex, the penis inserts in and out of the sleeve. After you have sex, you need to twist the condom to keep the contents in. Then reach in and pull it out."
- "Female condoms are good because they are not made out of latex. They are made out of a type of plastic. So they transfer heat a lot better than a male condom. Men also say that the female condom is less constricting during sex."

**Talking to your partner about Condoms**

- "Now that you know how to use condoms, how do you feel about talking to your partners about condoms?"
- "Why don't you try right now to get some practice? Then you will feel more prepared when you do talk to your partner about condoms."

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**Risk scenario set up- Going back into Time**

For this part, the counselor and the participant are going to role-play the risky situation. This gives the participant the opportunity to take everything they have learned up to this point and apply it to their own risky situation. The counselor should refer back to the risk scenario that was used previously in the session to discuss triggers. By role-playing that situation with a different outcome, it gives the participant the opportunity to practice risk reduction skills with the counselor so that they will be prepared for a future similar situation.

For the role-play to be successful, the counselor needs to provide clear instructions about what is going to happen. The role-play needs a distinctive beginning and a distinctive end so the participant knows when they are in and out of the role-play. The purpose of this page (Going back in Time) is to set-up the role play exercise with the participant.

- "Now we are going to do a role-playing exercise. I want you to go back to that risky situation where\_\_\_\_\_. Here is your chance to redo that scenario. Except this time, I want you to do or say something that will keep you safe in this situation.
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**Role Play Figures (male and female)**

These pages or male and female silhouettes represent the participant's partner. When they do the role play, the counselor can have the participant speak directly to the silhouette to further remove the risky scenario away from the counselor.

It is possible that the counselor and the participant will have to do several role-play exercises before the participant can do condom persuasion effectively. The following are some examples of what may be said while role-playing. Additional things may be added depending on the participant's risky situation.

- "So for this role-play exercise you will talk to this figure as though it were your partner. You will be you and I will say what your partner might say. We will begin at the point where you are about to have sex. Let's go back to that moment. Where did you have the sex? Do you have any questions before we get started?"

**Possible Role-play with a Female Participant**

*Therapist: So your partner says: I had such a great time with you tonight and I really want to be with you tonight.*

*Participant: We need to use a condom.*

*T: What if he says: Why do you want to use a condom?*

*C: I want to have protected sex because I want to stay clean.*

*T: And he says: Are you saying that I am unclean?*

*C: I am not saying you are, but I don't know who you have been sleeping with.*

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*T: Well, I don't have any condoms.*

*C: I have some.*

*T: He would say: That's fine, but I would prefer not to use them. I want to feel you and with a condom I can't feel you.*

*C: I understand that you feel that way, but we need to use condoms.*

*T: What if he says: What if I don't want to.*

*C: Then we aren't going to have sex.*

*T: Ok, We will stop here. How do you think it went?*

### **Possible Role-play with a Male Participant**

*Therapist: Your girl says: I had a really nice time with you tonight. I feel so comfortable with you and I really want to be with you tonight.*

*Participant: That's nice. Do you have any condoms?*

*T: Condoms? I don't want to use a condom. We never use condoms, why start now.*

*C: Because we need them. So we don't have kids or get diseases.*

*T: Well, I am on the pill. So we don't have to worry about having kids. And diseases! I don't have anything.*

*C: That's good, but we need to do this for me.*

*T: So you don't trust me.*

*C: I trust you. I wouldn't be here if I didn't.*

*T: That's true. So why do we need to use a condom? And besides, I don't have any.*

*C: I don't have any either, but I am going to go to the gas station around the corner.*

*T: So you are going to put all your clothes back on to go to the gas station to get condoms?*

*C: Yes.*

*T: Let's stop here. (Counselor stops the session.) That was good. How do you think it went? So tell me, how satisfied would you be if you had to go to the store to get condoms?*

*T: Why don't we try it again? Except, this time you have the condom and you are trying to get me to use it.*

It is a good idea to end the role-play when the participant says "NO CONDOM, NO SEX". If you end the role-play with the participant saying he or she will go to the store to buy condoms, then that doesn't give the participant the opportunity to practice effective condom persuasion.

### **Restarting Role-play with the Same Male Participant**

*Therapist: So you want to use a condom?*

*Participant: Yeah. Don't you want to?*

*T: Well, I am on the pill. I don't need to worry about that.*

*C: What does the pill got to do with anything? The pill isn't going to protect you. Just think. I have been promiscuous all my life, for years.*

*T: I have known you for so long time and I trust you.*

*C: I haven't been checked for any diseases. I don't have any problems with myself, but you never know.*

*T: You look clean. You look like you don't have any problems.*

*C: I feel clean, but looks can be deceiving. You look clean to me too, but I really don't know for sure. Yeah, condoms will take away form the feeling. But it won't take that much away from the feeling because of what we feel for each other. We need to use condoms because I don't want to worry about this after tonight.*

*T: So, if we are going to have sex we need to use condoms?*

*C: We need to use the condoms.*

*T: What if I don't want to?*

*C: Then we aren't going to have sex.*

*T: Good, we will stop here.*

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**How did that feel?**

After the role-play exercise is over, take the time praise the participant for their effort, and review the participant's statements with them. Have the participant restate their lines from the role-play so you reinforce and praise their statements. If the participant cannot remember what they said during the role-play exercise, then the counselor can remind the participant of their statements. The goal here is to build the participant's self efficacy to talk to their partner.

- "How do you think it went?"
- "I think you said some really good things during the role-play. Do you remember some of the things you said?"
- "You did very well. Do you think that if this situation were to occur again, you might be able to say some of the things you said today? Well, I think you could do it."

**Risk Reduction Goal**

By developing a risk reduction goal with the participant, the counselor is helping them develop their own menu of options that are an alternative to doing high-risk behaviors. It not only summarizes the content of this section, but it also gives the participant something to focus on and take away from the session. The goals are written on the brochure. With the goals, discuss with the participant what action steps are needed to achieve their goals. If the participant thinks of no action steps, then the counselor can suggest a risk reduction action step based on what was discussed in the session. There are four steps to this section.

- "At this point I would like to know... What is your Goal for staying safe?"
- "So think about all the things that we have talked about in our session. There are a number of options you could do after today that could be steps to achieving your goal. What are you willing to do at this time as steps towards achieving your goal?"
- "What barriers could get in the way?"
- "How do you think you might overcome these barriers?"



To finish up this component, reemphasize to the participant that things talked about in this section are just some things to think about that the choice to change lies within them. End by expressing therapist empathy that they can achieve the goals set forth.

- "The choice is yours and only you can decide."
- "I think you learned a lot today and I am confident that you can do some of the things we talked about today?"

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**Remember**

The last page summaries main points discussed in the counseling session. They are also listed on the last page of the brochure. List these main points and give the brochure to the participant.

- “So remember. HIV is an STI, fewer partners can mean fewer risks, know your triggers for a risky situation, plan to have safer sex, talk to your partner, use condoms, never use any oil/Vaseline with condoms, and take steps toward your goal.
- “Do you have any questions?”
- Give them their brochure. “This brochure is yours and you can take this home as a reminder of what we talked about today.”

**Session Wrap Up and Questions**

At the end of the session, the counselor should ask if the participant has any questions. Then give the participant male and female condoms and their brochure. End the session by thanking the participant for coming to the session.