

# Counselor Perceptions and Impression of HIV Counseling Using a Rapid HIV Test **RESPECT-2**

Suzanne M. Padilla, Beth Dillon, Michael Iatesta,  
Lesley Brooks, Lena Raveneau, Kevin Malotte,  
Vel McKleroy, and the RESPECT-2 Study Group



# Study Purpose

- Study to determine R2 counselors' perceptions and impressions of counseling patients using a Rapid Test

# Clinic Flow Using a Rapid Test

- Two sessions of counseling completed in a single clinic visit
  - Initial session with HIV counselor
  - Clinic visit with clinician for STD exam
  - HIV results given during second session after STD exam
- Total clinic visit time: 1.5-2.5 hours (varies between sites)
  - Includes study recruitment, baseline audio-CASI survey, STD exam and treatment, HIV rapid test, and HIV counseling with results

# Single Visit Rapid Test Prevention Counseling Protocol (RTC)

- **Initial Session (10-18 minutes)**
  - Introduction and orientation
  - Enhancement of client's self-perception of risk
  - Exploration of the specifics of the most recent risk incident
  - Review of previous risk-reduction experiences
  - Synthesis of risk incident and risk pattern

# Single Visit Rapid Test Prevention Counseling Protocol (RTC) (continued)

- Results Session (10-21 minutes)
  - Provision of rapid HIV test results
  - Negotiation of a risk-reduction plan
  - Identification of sources of support & provision of referrals (if indicated)

# Standard HIV Counseling Protocol

- Initial session lasts approximately 20 minutes
- Results given during 15 minute counseling session at second visit, 7-10 days later
- Counseling protocol parallels rapid test protocol

# How RTC Protocol Differs from Standard 2-visit Protocol

- Need to explain rapid test procedure and the meaning of results
  - Preliminary positive results need confirmation
  - Need to focus the client if distracted by the prospect of receiving his/her HIV result the same visit as the HIV test
- Preliminary positives
  - Interpretation of result dependent on client risk factors
- Greater emphasis on use of referrals and social support to enhance risk-reduction

# General Principles of Prevention Counseling

- Structured protocols with multiple components
- Use of open-ended questions
- Suggested questions for each component as a guide---(use of “counseling cards”)
- Data-gathering and routine use of informational messages discouraged
- Focus on specific risk circumstances, risk pattern, and risk triggers and vulnerabilities

# General Principles of Prevention Counseling (continued)

- Positive reinforcement of past and intended efforts at risk reduction
- Identification & discussion of conflicts between client's concern about HIV risk, and risky behavior (dissonance)
- Stepwise reduction of risk in small achievable steps
- Client-specific risk-reduction plan

# Training

- R2 Counselor Training: Most R2 counselors participated in 2-day group training sessions facilitated by CDC staff involved in the development of the counseling protocol
- Later site managers trained newly hired counselors
- On-site Training: Site managers provided additional on-site training

# Quality Assurance

- A quality assurance protocol was used to ensure adherence to the counseling protocol and consistency of the delivery of the intervention
  - A portion of sessions were observed by a trained observer (5%) or taped for later review (10%) with the use of structured QA forms to assess adherence to counseling protocols
  - Counselors & supervisor participated in group tape reviews during routine case conferences
  - Supervisors review of counselor notes
  - Supervisors provided ongoing mentoring and feedback

# Methods

- A sample of 10 out of 17 (59%) RESPECT-2 study counselors were interviewed across three sites; LB=5, Newark=3, Denver=2
  - All but one counselor were actively counseling for the study at the time the interviews were conducted
  - Three site managers who also conducted counseling sessions were not included in the sample
- Open-ended interview guide was used
- Individual and small group interviews (2-4) were conducted

# Methods (continued)

- Interviews administered by site managers
- Interviews were conducted in January and February, 2001
  - Last participant enrolled:
    - Denver: 10/11/00
    - Long Beach: 11/6/00
    - Newark: 12/19/00

# Counselor Characteristics

## Demographic variables

### ■ Sex

- 50% Male
- 50% Female

### ■ Race/ethnicity

- African American/Black: n=4
- Caucasian/White: n=4
- Latino: n=1
- Other: n=1

# Counselor Characteristics (continued)

- Age: mean=33.5 (range=23-52 years)
- Number of years of previous HIV counseling experience: mean=2.1 (range=0-7 years)
- Number of months counseling on R2 study: mean=11.6 (range 4-22 months)
- Level of Education:
  - Some college=4
  - B.A.=5
  - M.A.=1

# Perceived Disadvantages & Concerns

- **Initial apprehension:** Majority of counselors reported being apprehensive about conducting RTC initially (n=6).
  - Three out of the four counselors without initial concerns all joined the study after sites had gained experience at RTC (13-19 months after enrollment began).

# Perceived Disadvantages & Concerns (continued)

- **Preliminary positives:** Eight counselors were uncomfortable about possibility of disclosing preliminary-positive results
  - Possibility of false positive
  - Limited time to prepare for the disclosure session
  - Possibility of limited resources on site (e.g. EIP personnel)

# Perceived Disadvantages & Concerns (continued)

- **Client fatigue:** Most counselors were concerned that clients must wait too long in the clinic between the initial and results session (n=6)
- **Length of visit:** Most counselors found it challenging to allocate a larger block of time in order to conduct 2 consecutive sessions (n=9)
  - Counselors must plan to spend an increased amount of time with one client, and manage their time between sessions

# Perceived Disadvantages & Concerns (continued)

- **Single counseling opportunity:** Majority of counselors expressed concern about not having an opportunity to speak to the client after counselor and client had time to reflect on risk-issues and the client had time to try the risk-reduction plan (n=7)
- **Accuracy of test:** Four counselors were concerned about clients' perception of the accuracy of a same-day test result

# Perceived Advantages

- **Test Counseling Preference:** Once familiar with RTC, nearly all counselors preferred RTC to standard 2-session counseling (n=9)

# Perceived Advantages

- **Continuity of RTC:** Most counselors believed that the continuity of doing a risk-assessment and disclosure the same day improves counseling (n=7)
  - Both client and counselor can easily recall issues; client risks, triggers, etc. are “fresh” in both the counselor and client’s minds
  - Same day results alleviated the concern that clients would forget about the counseling session during the 1-2 week waiting period, compared to a half-hour waiting period with a rapid test

# Perceived Advantages (continued)

- **Focus:** Six counselors believed that clients seemed more focused on their risk issues during RTC
- **Receipt of test results:** All counselors agreed that rapid testing is beneficial as it ensures that nearly all clients will receive their HIV result and a second counseling session
- **Convenience:** All counselors believed that providing the HIV result the same day was more convenient for both clients and counselors, despite the longer visit

# Limitations

- Small sample size
- Conducted by site managers, who supervise the counselors
- Cross-sectional interviews conducted after completion of study enrollment. Change in counselor impressions over time are subject to recall bias

# Conclusions

- From a counselor perspective, the advantages of RTC outweigh the disadvantages for both counselor and client
- The efficacy of RTC relative to standard 2-session counseling is not yet known