



## Conditions for Receiving CHCT Services

There are several conditions the couple should agree upon, in order to receive couples HIV counseling and testing services. These conditions include:

- **Partners agree to discuss HIV risk issues and concerns together.**
- **Couple is willing to receive results together.**  
This means that the couple will know each other's test results.
- **Couple commits to shared confidentiality.**  
The couple should make decisions together about sharing their test results with other people.
- **Disclosure decisions are made mutually.**  
The couple should agree not to tell anyone their test results unless both partners agree.

**Roles, responsibilities, and expectations** for how the couple should interact during the CHCT session include:

- Each partner participating equally in the discussion
- Listening carefully and responding to each other
- Treating each other with respect and dignity
- Being as open and honest as possible
- Providing understanding and support to each other

These roles, responsibilities, and expectations are addressed in the initial session when the counselor introduces the couple to CHCT and obtains their concurrence to receive couple services.

## Realities of Couples HIV Counseling and Testing

Couples counseling is different from individual counseling in the approach that the counselor must take and in the issues that may be raised. The counselor should keep the following points in mind when working with couples:

- Remember that CHCT is **NOT** marriage counseling.
- The **couple's issues are more important than individual issues** during a CHCT session.
- If the counselor forms alliances and creates a safe and open atmosphere, the couple **may reveal feelings that have not been discussed previously within the couple.**
- **Couples may attempt to use CHCT to address longstanding issues in their relationship** or as a lifeline for a failing relationship.
- **Couples may have issues and problems in their relationship unrelated to HIV** or made worse by HIV issues and concerns.
- **The couple—not the counselor—is ultimately responsible for what happens in the relationship.** The couple's counselor is neither "binder" nor "breaker".

Remember, research shows that with support, couples do make it through the difficulties and challenges that may arise from being tested for HIV together.

## Using a Protocol: Terms and Definitions

### **Intervention—**

An intervention is a strategy for achieving a specific goal.

For example: Prevention of mother-to-child transmission (PMTCT) of HIV; prevention of sexual HIV transmission through abstinence, being faithful, and using condoms; and couples HIV counseling and testing

### **Component—**

A component is a sequence of specific and related tasks that should be addressed when going through the intervention.

For example: Component I: Introduce Couple to CHCT and Obtain Concurrence to Receive Couple Services

### **Task—**

Components are made up of tasks, which are a series of ordered activities to be fulfilled in order to accomplish each component.

For example: Introduce yourself and describe the role of the counselor

### **Objective—**

Objectives provide the rationale for focusing on and achieving each of the tasks to be completed.

For example: Establish the initial rapport and inform the couple of the counselor's responsibilities

### **Script—**

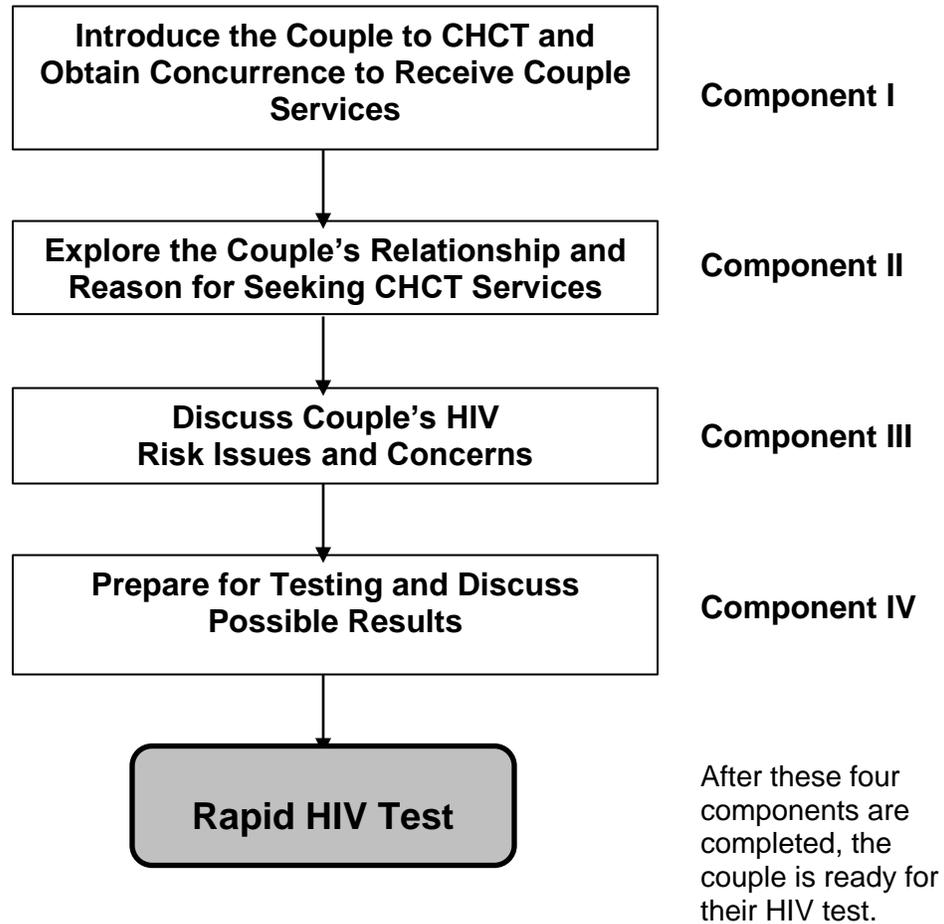
Scripts for counselors to follow have been written specifically for this CHCT intervention. The script consists of questions and remarks that are designed to draw information from the couple and accomplish each task.

For example: "Hello my name is \_\_\_\_\_, and I will be your counselor today. My role as your counselor is to guide the two of you through the couples counseling session."

## The Initial Session

The CHCT intervention is divided up into sessions: the initial session and the second session. A significant and vital portion of the counseling session takes place before the HIV test is performed. This portion of the counseling session is referred to as the **initial session**.

The initial session consists of five important components that guide the counselor through the session.



## **Component I: Introduce the Couple to CHCT and Obtain Concurrence**

### **Background**

The goal of Component I is to clarify the purpose and content of CHCT for the couple. The counselor's objective is to ease the couple's anxieties and concerns and set a collaborative tone for the session. From the moment the counselor first interacts with the couple, he or she should competently apply the specific counseling skills we addressed in Module Two. The most important of these include:

- Demonstrating neutrality and balance
- Facilitating dialogue between the couple
- Modeling calm, open, and reasoned discussion

An important aspect of this component is discussing the conditions for receiving CHCT services and determining if the couple is ready to receive services. These conditions include:

- Partners agree to discuss HIV risk issues and concerns together.
- Couple is willing to receive results together.
- Couple commits to shared confidentiality.
- Disclosure decisions are made mutually.

The initial session is the only practical point in the CHCT session when the counselor may, based on assessment, decide to refer the couple to individual counseling and testing services instead of couples services. However, if the couple is able to agree to the above terms, they should be encouraged to continue with couples services because of the many benefits of receiving HIV counseling and testing together.

During the first component of the initial session, the counselor should take the couple through the following tasks:

<b>Task</b>	<b>Counselor's Objective</b>
1. Introduce yourself and describe the role of the counselor.	Establish initial rapport and describe the responsibilities of the counselor.
2. Discuss the benefits of CHCT: <ul style="list-style-type: none"><li>• Learning about their HIV status together</li><li>• Providing an opportunity for both partners to deal with their HIV concerns together</li></ul>	Motivate and support the couples to engage in CHCT.

<p>3. Describe the conditions for receiving CHCT services:</p> <ul style="list-style-type: none"> <li>• Discussing risk issues and concerns</li> <li>• Willingness to receive results together</li> <li>• Commitment to shared confidentiality</li> <li>• Mutual disclosure decisions</li> </ul>	<p>Ensure the couple understands the requirements of CHCT.</p>
<p>4. Address expectations, roles, and responsibilities of the couple in CHCT.</p> <ul style="list-style-type: none"> <li>• Partners participate equally</li> <li>• Listen and respond to each other</li> <li>• Treat each other with respect and dignity</li> <li>• Engage in open and honest discussion</li> <li>• Provide understanding and support</li> </ul>	<p>Establish expectations regarding interpersonal interactions during the session.</p>
<p>5. Obtain concurrence to receive CHCT.</p>	<p>Confirm that both members of the couple are willingly engaging in CHCT.</p>
<p>6. Give a session overview. Include what will be covered and estimate how long the session will take. The session includes:</p> <ul style="list-style-type: none"> <li>• Reviewing the couple's situation</li> <li>• Discussing HIV risk issues and concerns</li> <li>• Preparing for the HIV test and discussing possible results</li> <li>• Taking the rapid HIV test</li> <li>• Receiving results</li> <li>• Counseling based on results</li> </ul>	<p>Provide clarity about the content of the session and the facility procedures.</p>

## Types of Couples Seeking HIV Counseling and Testing Services

### Pre-sexual Couples

Pre-sexual couples may be using CHCT to decide whether to pursue a long-term relationship based on their test results. This is a prudent course of action, and the couple should be commended for their commitment to acting responsibly and getting tested. However, it presents the counselor with some challenges. If the couple is discordant, it's possible the relationship will dissolve. Also, the HIV-positive partner may be concerned about confidentiality and whether the HIV-negative partner will disclose the test results. Therefore, the counseling session may focus on how the couple will supportively manage changing the course of their relationship.

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### Engaged Couples

Engaged couples have often been recognized publicly by family and friends as in a serious relationship. Elaborate plans for a wedding may have been made. There are numerous confidentiality and disclosure implications if the couple decides to alter their plans based on their test results. Discordant, engaged couples may have difficulty continuing their relationship. However, it may be quite difficult for the couple to initially acknowledge this, since emotions at this point in a relationship are very intense. The partners may make testimonials to their commitment and the power of their love. Young couples receiving concordant positive results are faced with difficult psychological and interpersonal challenges at a time in their lives when they thought their future was full of dreams and promise. Many engaged couples have limited skills and experience in dealing with stressful and difficult circumstances as a couple.

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**Married or Cohabiting Couples**

Couples that are married or cohabitating generally define their lives collectively, as a partnership. They may be more interdependent socially, financially, and emotionally. Married or cohabitating couples may have more skills and experience coping together with problems. However, these couples may also have pre-existing conflicts and issues in their relationship that impede their communication and their ability to work together to address HIV issues in their lives.

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**Polygamous Couples**

Polygamous couples have many complex dynamics. The wives may not be equal partners with the husband. If all partners are receiving CHCT together, the dynamics may be challenging. If only one wife is present, there are significant implications for the absent wife or wives who are also affected by the counseling session and the test results.

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### **Reuniting Couples**

For reuniting couples, the circumstances behind their separation may influence the dynamics of the CHCT session and have a substantial impact on the partners' ability to deal with their test results. Couples who separate because of marital discord often have struggled with issues of trust, faithfulness, and communication. If the couple has not addressed these issues before reuniting and seeking CHCT services, it may be difficult for the partners to deal supportively with concordant positive or discordant test results. In other instances, the couple may have been separated for a long time because of employment, educational opportunities, or family responsibilities. When working with reuniting couples, the counselor may want to facilitate the partners' acknowledge of the existence of past issues and that their time apart may have had both benefits and potential risks. The counselor should keep the couple focused on the present and future.

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## Component II: Explore the Couple’s Life Stage and Reason for Seeking CHCT Services

### Background

The main objective of Component II is to learn about the couple’s relationship status and history while assessing their communication style and decision-making process.

CHCT focuses on the couple as a unit. This unit has history, experiences, expectations, resources, and dynamics that will have an impact on the CHCT session. The couple’s relationship exists in an interpersonal and socio-cultural context that extends beyond the particular characteristics of the individuals within the couple. The counselor should encourage the partners to deal with their HIV-related issues together and to embrace CHCT as a couple, rather than as individuals. This will increase the likelihood that they will respond positively to the experience.

The duration of the couple’s relationship, their marital status, childbearing history, living arrangements, future plans, and extended family relationships will influence the issues addressed in this session. This information will allow the counselor to tailor the CHCT session to the couple’s unique circumstances. Further, the couple’s life stage may substantially influence how the couples deals with their test results and risk behaviors, as well as the future of the relationship.

Task	Counselor’s Objective
1. Establish the nature and duration of the couple’s relationship, including: <ul style="list-style-type: none"> <li>• Living arrangements (including if couple has been separated due to employment)</li> <li>• Marital status (ask if in polygamous relationship)</li> <li>• Plans for the future</li> </ul>	Develop an understanding of the couple’s history and interpersonal and family resources that may influence the couple’s adjustment to their test results and their ability to adopt necessary behavior changes.
2. Address family planning and childbearing issues and choices, as appropriate.	Assist the couple in considering HIV-related childbearing issues and corresponding choices (if relevant).

<p>3. Review how the couple came to the decision to seek CHCT services:</p> <ul style="list-style-type: none"> <li>• Decision process</li> </ul>	<p>Validate the couple's disclosure of their life circumstances.</p>
<p>4. Assess the couple's feelings associated with receiving CHCT. Be sure to get input from both partners.</p>	<p>Understand, validate, and normalize the couple's experience.</p>
<p>5. Summarize and reflect on the couple's history and current situation.</p>	<p>Validate the couple's disclosure of their life circumstances.</p>

## Johari's Window for Couples

<p style="text-align: center;"><b>OPEN</b></p> <p style="text-align: center;">Issues that are open, shared, discussed</p>	<p style="text-align: center;"><b>PRIVATELY DISCUSSED</b></p> <p style="text-align: center;">Issues that are understood, acknowledged, or privately discussed</p>
<p style="text-align: center;"><b>NOT DISCUSSED</b></p> <p style="text-align: center;">Issues that are imagined or believed, and rarely, if ever, discussed</p>	<p style="text-align: center;"><b>HIDDEN</b></p> <p style="text-align: center;">Issues that are hidden, protected, and kept secret</p>

(Source: Luft 1970)

The **“Open” box** represents things that you are proud of and that you share and discuss openly with your family and extended family. For example:

- Your child’s accomplishments
- Professional goals and ambitions
- Relationship status (such as engaged or married)

The **“Privately Discussed” box** represents things that you share in your home between you and your partner. For example:

- Financial circumstances
- Detailed information regarding personal family situations

The **“Not Discussed” box** represents things in your relationship you know about but do not talk about. For example:

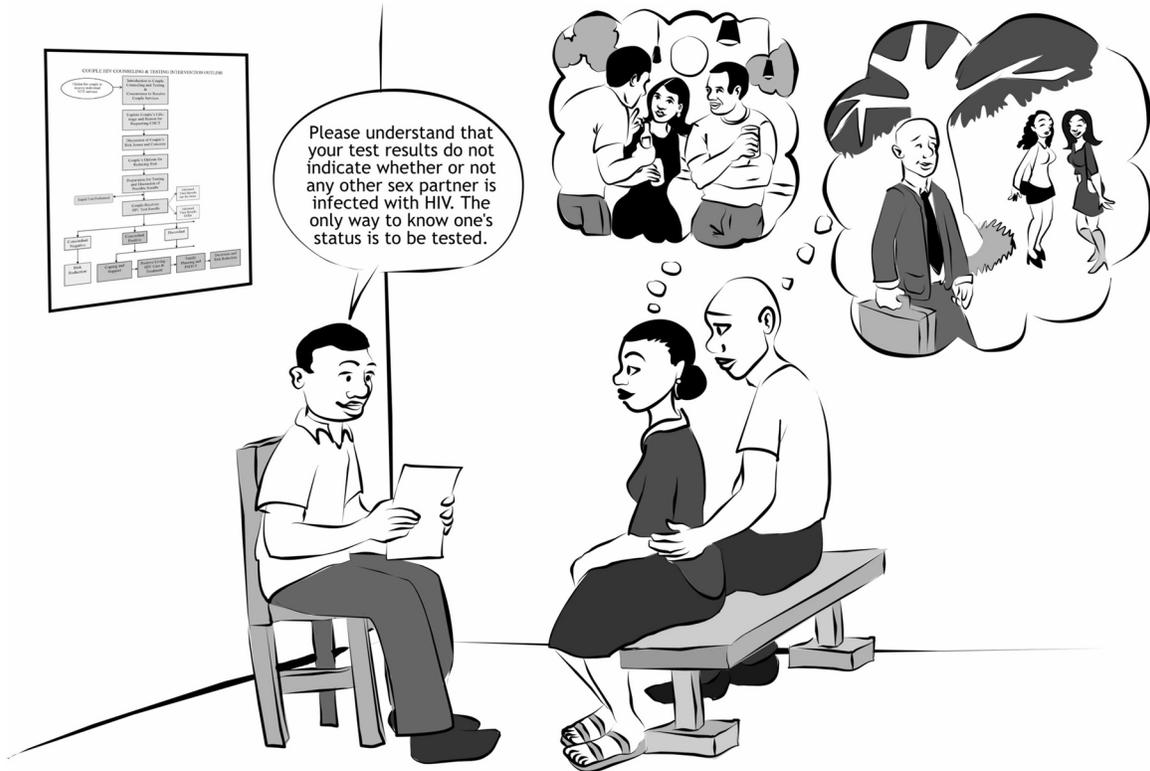
- Believing your partner drinks when away from home on business
- Believing your partner dislikes your mother or relatives

The **“Hidden” box** represents things that cause you to feel guilty, ashamed, or embarrassed. For example:

- A sexual encounter or fantasy
- Something you did under the influence of alcohol
- Having been in an abusive relationship
- Having been sexually assaulted or forced to have sex

## Discussion of Couple's HIV Risk Issues and Concerns: Dealing with Issues in the Abstract

Knowing when and how to address risk issues and concerns is an important part of couples counseling.



When discussing the couple's risk issues and concerns, keep in mind the following points:

- **Focus on the couple's present and future**  
It's not the counselor's job to pull out past issues. The past cannot be changed and should be left in the past.
- **Diffuse blame**  
Discussion of risk is not about blame—it is about prevention. Discussion of when and by whom one or both partners became infected is discouraged. In countries where HIV is widespread, anyone could be HIV-positive. Being HIV-positive does not mean that a person did something wrong.
- **Address risk issues each partner is capable of disclosing**  
Again, it's not the counselor's job to pull out past issues.
- **Emphasize communication and cooperation**
- **Deal with undisclosed potential risk issues in the abstract**

## **Limitations in Conducting an Individual Risk Assessment in the Context of CHCT**

Although some sites may offer the counselor the option to separate couples for individual risk assessments, the following points highlight why this protocol does NOT recommend individual risk assessments in the context of CHCT.

- The partners sought services as a couple, not as individuals. By doing so, they have indicated that they are choosing to deal with HIV issues in their relationship as partners. Separating partners may undermine this commitment.
- Information disclosed in individual sessions is confidential. It is therefore possible that one partner may disclose something to the counselor that he or she is unwilling to share in the CHCT session, and the counselor cannot reveal this information.
- Once a counselor becomes aware of information one partner is unwilling to disclose to the other, it may cause the counselor unintentionally to support one partner over the other.
- When couples are separated to discuss risk issues and concerns, it implies that there are secrets. Secrets generate distrust and represent a failure to communicate.

Risk reduction for the couple requires trust, communication, and cooperation. Mutual risk assessment models these values and provides an opportunity to strengthen these skills.

**A preferred alternative to separating couples is to proceed with a discussion of the couple's risk issues and concerns and to offer one or both partners the opportunity to return individually to discuss issues and concerns in another session.**

## Component III: Discuss Couple's HIV Risk Issues and Concerns

### Background

Engaging the couples in a discussion of their HIV risk issues and concerns enhances the couple's ability to communicate about HIV risk behaviors and related issues. The capacity to communicate about sensitive issues is crucial to the couple's ability to reduce risk after receiving CHCT services. It is important for the counselor to understand the extent to which the couple has discussed their HIV risk behaviors and concerns.

During the CHCT session, the exploration and discussion of past sexual relationships is not relevant to the couple's current situation beyond the recognition that past history may influence the partners' respective test results. Therefore, the counselor should not force disclosure of risk behaviors. If one or both partners acknowledge past risk, the counselor may facilitate partner disclosure of past behavior. The counselor should normalize this and indicate it is not uncommon. If the couple has current risks they disclose and choose to discuss, then the counselor should be willing to address these in a constructive, nonjudgmental manner. Often, the counselor's simple acknowledgement in general terms of the possibility of HIV infections occurring before the relationship (which is the reality in most couples) may ease tension and diffuse blame should one or both partners be infected. This situation becomes more complicated when one or both partners deny any previous partner or partners. If possible, the counselor should attempt to redirect testimonials concerning virginity and fidelity because these are difficult to reconcile with positive test results. Should the counselor have an inclination that other partners exist currently, he or she should address this risk in hypothetical terms.

In Component I the couple agreed to receive CHCT together and this intervention does not recommend separating the couple for individual risk assessment. Should there be concerns about individual risk assessment; a preferred alternative to separating couples is to proceed with the CHCT discussion of risk issues and to offer one or both partners the opportunity to return individually to discuss issues and concerns at another session.

Task	Counselor's Objective
1. Discuss possible HIV risks in the abstract and remind the couple to focus on the present and future.	Understand the couple's perception of risk and to what extent the couple has discussed HIV risk issues and concerns previously. Have the partners communicated about HIV? Do they share any concerns regarding risk? Be sure to keep the couple focused on the present and future, not the past.

<p>2. Address indicators of increased likelihood of testing HIV positive.</p> <ul style="list-style-type: none"> <li>• Note factors frequently associated with risk behavior, such as a history of illnesses, STIs, or TB.</li> <li>• Listen for possible risk circumstances, such as: <ul style="list-style-type: none"> <li>○ Separation because of travel or work</li> <li>○ Alcohol or drug use (especially intravenous drug use)</li> <li>○ Second wife or multiple ongoing sex partners</li> <li>○ Men having sex with men</li> <li>○ Commercial sex workers</li> <li>○ Occupational exposure for health care workers</li> </ul> </li> </ul>	<p>Note factors that are frequently associated with increased risk behavior and increased risk of acquiring or transmitting HIV.</p>
<p>3. Summarize the risk reduction discussion and provide the couple with motivation and support.</p>	<p>Organize and describe the complexity of factors and dynamics that constitute the couple's HIV risk.</p>

## Component IV: Prepare for Testing and Discuss Possible Results

### Background

This component provides the opportunity for the counselor to review the meaning of positive and negative test results with the couple. This ensures that both partners clearly understand the results. It also provides an opportunity for the couple to prepare for the test results they may receive and to anticipate the implications of these results. The counselor should talk through potential test result scenarios and help the couple identify issues they will need to address. This will require the counselor to normalize the possibility of any combination of test results. The counselor should also encourage mutual support and diffuse blame. Since discordance is often difficult for couples to understand, the counselor should address issues specific to this potential outcome.

To help contain the couple's anxiety, the counselor should explain the testing process. This includes how long it will take, when results will be available, and how the counselor will deliver the results to the couple. Because the couple as a unit is seeking services, their results are provided as a summary of their combined results: First the counselor tells the couple if their results are the same or if they are different; then they are told their individual results.

Task	Counselor's Objective
1. Explain the meaning of positive and negative results.	Ensure both individuals clearly understand the meaning of test results.
2. Explain that the couple could have the same results: <ul style="list-style-type: none"><li>• Concordant positive</li><li>• Concordant negative</li></ul>	Discuss with the couple the possibility of receiving the same results.
3. Discuss discordance: <ul style="list-style-type: none"><li>• Discordance occurs frequently</li><li>• Discordance does not mean uninfected partner is immune</li><li>• Uninfected partner remains at risk</li></ul>	Explain discordance and clarify the implications.

<p>4. Guide the couple through the testing process and describe how the test results will be provided:</p> <ul style="list-style-type: none"><li>• The couples will have results that are either the same or different</li><li>• Individual results will be provided</li><li>• Counseling is provided based on the test results</li></ul>	<p>The counselor can reduce the couple's anxiety by providing a clear description of the testing process and how the couples will be informed of their results.</p>
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## Considerations for Delivering HIV Test Results to a Couple

When deciding how to deliver HIV test results to a couple, there are several factors to consider:

- The partners chose to come together to learn their HIV status as a couple.
- The couple may be either discordant or concordant.
- Each partner individually is either positive or negative.
- The better able the partners are to handle HIV in their shared lives as a couple, rather than as individuals, the more likely they will be able to cope.
- The counselor's interaction with the couples should support the couple's efforts to address HIV in terms of "we" and "our" rather than "I," or "his," or "hers".
- The counselor provides the couple with a summary of the results. This reinforces that the partners are dealing with the results together.
- If the results are discordant, the counselor informs the couple first that the test results are different. Then the counselor allows a moment for both partners to consider that either one of them could be HIV-infected.
- If the results are discordant, the counselor provides the HIV-positive partner his or her result first. This places the focus of the session on supporting the infected partner.

Counselors should prepare the couple to receive their test results by making sure they clearly understand when and how the results will be provided to them. Counselors can do that by explaining to the couple that the results are provided at the same time to the couple together. The results are given as a summary of the couple's combined results.

### **If the couple is concordant, the counselor should say:**

EITHER: "Both of you have tested HIV-positive."

OR: "Both of you have tested HIV-negative."

### **If the couple is discordant, the counselor should say:**

FIRST: "Your test results are different."

THEN: Provide the HIV-positive result to the infected partner.

*(Source: Skerrett 2003)*

## References

Luft J, Group Processes: An Introduction to Group Dynamics. Palo Alto, California: National Press Books, 1970.

Skerrett K. Couples dialogues with illness: expanding the “we”. Families, Systems & Health 2003; 21(1):69-80.